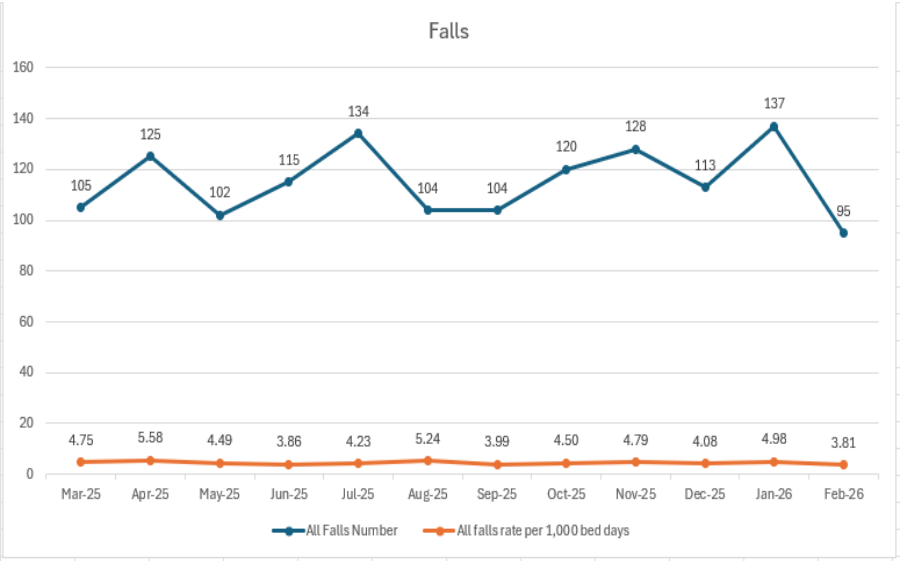
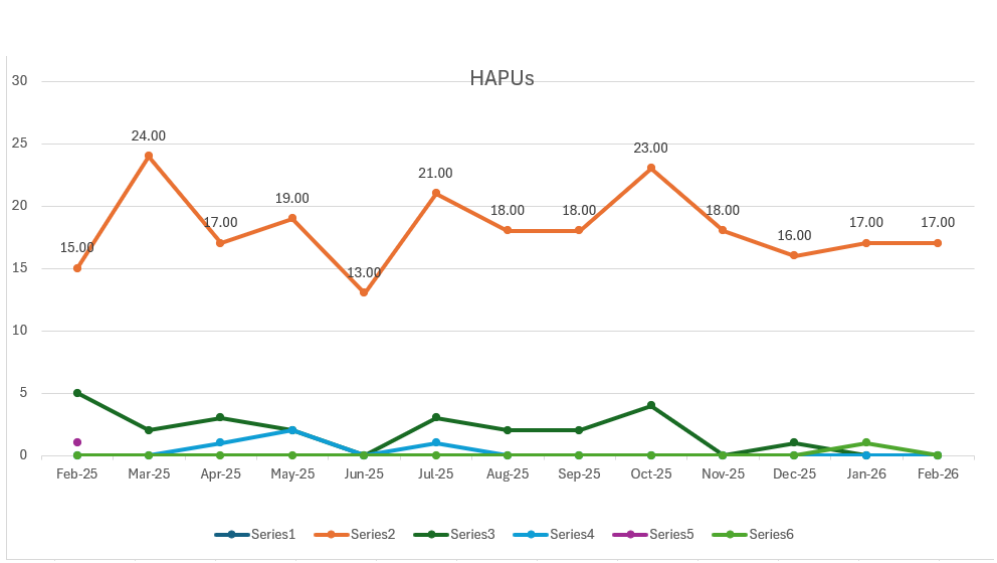
4.Measure and Improve

4.1 Patient outcomes



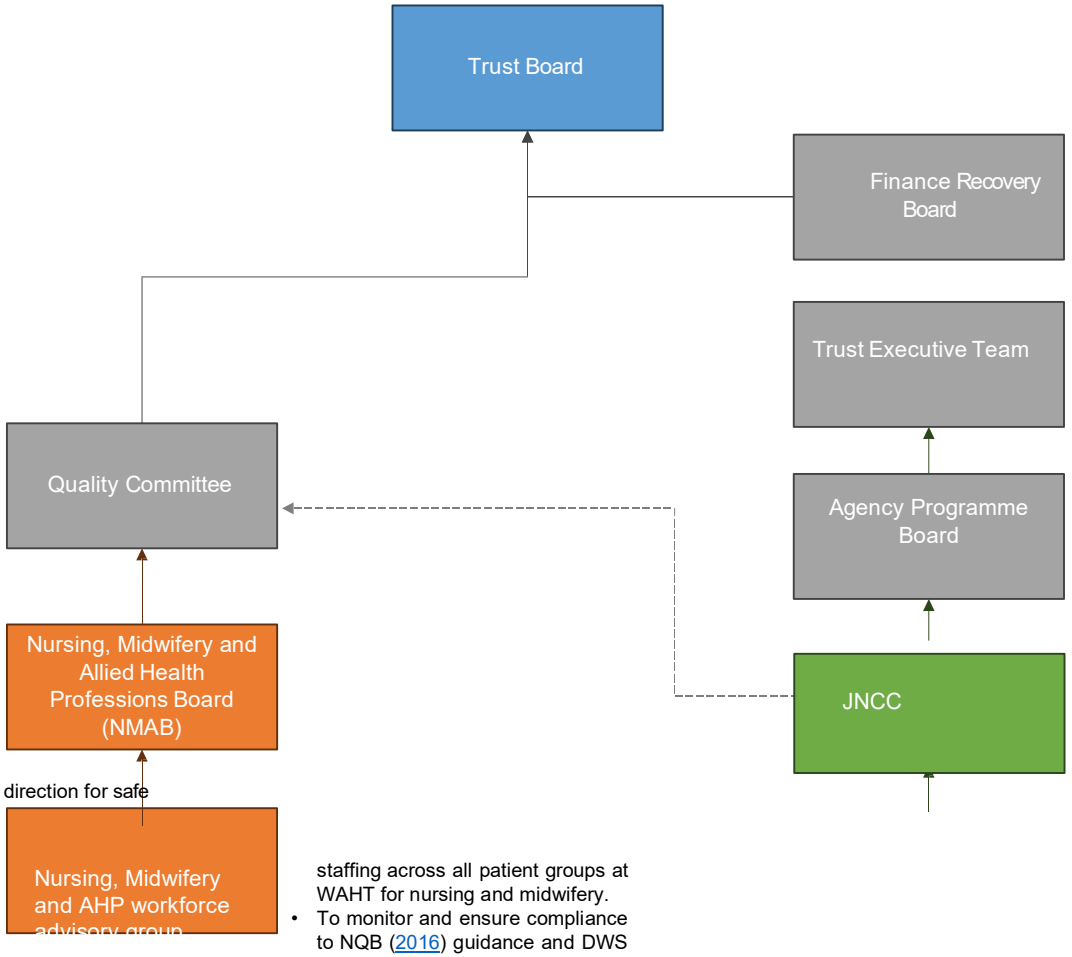


Narrative

- The total number of falls has decreased significantly in month (95 from 137 in Jan). The overall numbers of HAPUs are stable.
- Unable to draw parallels to falls and HAPUs to safer staffing metrics at this current time.
- There are initiatives taking place across WAHT in relation to falls and patient safety, including the introduction of roles which are intended to focus on education and assessments to proactively reduce the number of Nurse Sensitive Indicators.

5.0 Appendices

5.1 WAHT Safe Staffing and Workforce Applications governance structure



NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST REPORT COVERSHEET

Report to:	Public Trust Board
Date of Meeting:	14/04/2026
Title of Report:	Standing Orders Review
Lead Executive Director:	Chief Finance Officer
Author:	Gwenny Scott, Company Secretary
Reporting Route:	n/a
Enclosures included with this report:	Revised Standing Orders
Purpose of report:	☐ **Assurance** ☒ **Approval** ☐ **Information**

Brief Description of Report Purpose

The Trust's Standing Orders have been reviewed and updated for 2026/27. The revised version is attached with the following proposed changes. A tracked version showing the changes is available on request. The proposed changes are endorsed by the Audit and Assurance Committee.

a) Previously, a single, combined set of Standing Orders was in place for the three NHS trusts of the Foundation Group, which enabled a single approval process at a four boards Foundation Group meeting. Following the recent changes to the Foundation Group meeting arrangements, the four Trust Boards will approve their governance documents separately. The attached Standing Orders have therefore been amended to relate solely to the Trust. These changes are not shown on the attached version but a tracked version is available for reference.

b) As the Standing Orders now relate only to this Trust, some additional minor amendments have been made to terminology where this differ to other trusts in the Group.

c) One material change is proposed by all three NHS trusts in the Group. This relates to the emergency powers of the Chair and Chief Executive to exercise emergency or urgent decisions on behalf of the Board. It is proposed that, for practical purposes, this power is also extended to the Deputy Chair. This change is highlighted at paragraph 37.

d) At paragraph 59 Register of Sealing a provision has been added to allow the register to take an electronic form.

Recommended Actions required by Board or Committee

Review and approve the revised Standing Orders for 2026/27.

Executive Director Opinion[1]

The Proposed changes have been reviewed and endorsed by the Chief Finance Officer and the Audit and Assurance Committee.

Wells Jo
13/04/2026 16:23:02

[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

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST STANDING ORDERS

Table of Contents

Foreword to Standing Orders

NHS Trusts are required by law to make Standing Orders (SOs), which regulate the way in which the proceedings and business of the Trust will be conducted. Regulation 19 of the NHS Trusts (Membership and Procedure) Regulations, 1990 (as amended) requires the meetings and proceedings of an NHS Trust to be conducted in accordance with the rules set out in the Schedule to those Regulations and with SOs made under Regulation 19(2).

These SOs and associated documents are extremely important. High standards of corporate and personal conduct are essential in the NHS. As the NHS is publicly funded, it is accountable to Parliament for the services it provides and for the effective and economical use of taxpayers' money. The SOs, Standing Financial Instructions (SFIs), procedures and the rules and instructions made under them provide a framework and support for the public service values which are essential to the work of the NHS of:

- Accountability – the ability to stand the test of Parliamentary scrutiny, public judgements on propriety and professional codes of conduct.
- Probity – an absolute standard of honesty in dealing with the assets of the Trust; integrity in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.
- Openness – transparency about NHS activities to promote confidence between the organisation and its staff, patients and the public.

Additional documents, which form part of these "extended" SOs are:

- SFIs, which detail the financial responsibilities, policies and procedures to be maintained by the Trust.
- Schedule of Decisions Reserved to the Board of the Trust
- Scheme of Delegated Authorities, which sets out delegated levels of authority and responsibility

These extended SOs set out the ground rules within which Board directors and staff must operate in conducting the business of the Trust. Observance of them is mandatory. Such observance will mean that the business of the Trust will be carried out in accordance with the law, Government policy, the Trust's statutory duties and public service values. As well as protecting the Trust's interests, they will also protect staff from any possible accusation of having acted less than properly.

All executive and non-executive directors and senior staff are expected to be aware of the existence of these documents, understand when they should be referred to and, where necessary and appropriate to their role, make themselves familiar with the detailed provisions.

INTRODUCTION

1. The Worcestershire Acute Hospitals NHS Trust (WAHT) is a statutory body established on 1st January 2000 under the NHS Trust (Establishment) Order 1990 under Order No 3473.
2. The principal place of business of WAHT is Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.
3. NHS Trusts are governed by statute, mainly the National Health Service Act 2006 and the Health and Social Care Act 2012.
4. The statutory functions conferred on the Trust are set out in the NHS Act 2006 (Chapter 3 and Schedule 4) and in the Establishment Order.
5. As a body corporate, the Trust has specific powers to contract in its own name and to act as a corporate trustee. In the latter role, it is accountable to the Charity Commission for those funds deemed to be charitable as well as to the Secretary of State for Health and Social Care. The Trust also has a common law duty as a bailee for property held by the Trust on behalf of patients.
6. The Department of Health and Social Care (DHSC) requires that Boards draw up a schedule of decisions reserved to the Board and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior managers. The Code of Conduct and Code of Accountability makes various requirements concerning possible conflicts of interest of Board directors. The NHS Trusts (Membership and Procedure) Regulations 1990 requires the establishment of audit and remuneration committees with formally agreed terms of reference.
7. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 sets out the requirements for public access to information on the NHS.
8. Through these SOs, the Board exercises its powers to make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee appointed by virtue of the SOs; or by an officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit or as the Secretary of State for Health and Social Care may direct.
9. These documents, together with SFIs, provide a regulatory framework for the business conduct of the Trust. They fulfil the dual role of protecting the Trusts' interests by ensuring, for example, that all transactions maximise the benefit to the Trust and protecting staff from possible accusations that they have acted less than properly.
10. The SOs, Scheme of Delegation document and SFIs provide a comprehensive business framework. All directors and all staff should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions to the extent required for the proper conduct of their duties.
11. **The failure to comply with SOs and SFIs can be regarded as a disciplinary matter that could result in dismissal.**

SECTION A - INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS

Save as otherwise permitted by law, at any meeting the **Chair** of the Trust shall be the final authority on the interpretation of Standing Orders (SOs) on which the **Chief Executive**, guided by the **Company Secretary**, shall advise them.

WAHT is part of a Foundation Group of hospitals who share a **Chief Executive**.

The **Chief Executive** works with the **Chair** to ensure that the Board maintains its capacity and is continually developed in order to remain 'fit for purpose' in the context of a changing NHS and wider healthcare environment. In support of these responsibilities a key part of the **Chief Executive** role is a focus on the integration agenda, system leadership and partnership working.

To this end, this role involves robust engagement with stakeholders, commissioners, other health and social care providers, public, private and third sector partners, children and families, to maximise the opportunities for improved service delivery at every opportunity.

The **Managing Director** is responsible for the day to day management of the Trust on behalf of the **Chief Executive** leading the Executive Team and Chairing the Trust Management Board. This role encompasses internally and externally the development and implementation of the Trust strategy, the management of relationships, engagement with staff and stakeholders and embedding partnerships with key stakeholders to the organisation, overseeing all communications activity across the Trust, both internally and externally, and the delivery of the Board Assurance Framework.

The following definitions apply for this document.

Legislation definitions:

- the **2006 Act** is the National Health Service Act 2006
- the **2012 Act** is the Health and Social Care Act 2012
- **Membership and Procedure Regulations** are the National Health Service Trust (Membership and Procedure) Regulations 1990 (SI(1990)2024), as amended.

Other definitions:

- **Accountable Officer** means the NHS Officer responsible and accountable for funds entrusted to the Trust. The officer shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust, it shall be the **Chief Executive**.
- **Board** means the Chair, Officer (Executive Directors) and Non-Officer (Non-Executive Director) members of the Trust collectively as a body.
- **Budget** means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.
- **Budget holder** means a director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.
- **Chair of the Board (or Trust)** is the person appointed by the Secretary of State for Health and Social Care and Social Care (delegated to NHS England (NHSE) to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chair of the Trust" shall be deemed to include

the Deputy Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.

- **Chief Executive** means the Chief Officer of the Trust. The **Chief Executive** is also the Accountable Officer.
- **Chief Finance Officer** means the Chief Financial Officer of the Trust.
  Clinical Directors are specialty leads reporting to and accountable to the **Chief Executive**, with professional oversight from the Chief Medical Officer. They are ***excluded*** from the term "director" for the purposes of this document, unless specifically stated otherwise.
- **Commissioning** means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.
- **Committee** means a committee or sub-committee created and appointed by the Trust.
- **Committee members** means persons formally appointed by the Board to sit on or to chair specific committees.
- **Contracting and procuring** means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.
- **Executive Director** is an officer of the Trust. Up to five will be voting members of the Trust Board, appointed in accordance with the Membership and Procedure Regulations, 1990. The remainder will not be eligible to vote on the Trust Board.
- **Funds Held on Trust** are those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under Part 11 (eleven) of the NHS Act 2006. Such funds may or may not be charitable.
- **Managing Director** means the Managing Director of the Trust and the person responsible for the day to day management of the Trust.
- **Member** means Executive Director (officer) or Non-Executive Director (non-officer) member of the Board as the context permits. Member in relation to the Board does not include its Chair.
- **Associate Member** means a person appointed to perform specific statutory and non-statutory duties, which have been delegated by the Trust Board for them to perform, and these duties have been recorded in an appropriate Trust Board minute or other suitable record.
- **Membership, Procedure and Administration Arrangements Regulations** means NHS Membership and Procedure Regulations (SI 1990/2024) and subsequent amendments.
- **Motion** is a formal proposition to be discussed and voted on during the course of a Trust Board or Committee meeting.
- **NHS England (NHSE)** is responsible for the oversight of NHS Trusts and has delegated authority from the Secretary of State for Health and Social Care and Social Care for the appointment of the Non-Executive Directors, including the Chair of the Trust.
- **Nominated officer** means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.
  Non-Executive Director also is a member of the Trust Board who is not an Executive Director of the Trust and is not to be treated as an Executive Director by virtue of regulation 1(3) of the Membership, Procedure and Administration Arrangements Regulations.
- **Officer** (or **staff**) means an employee of the Trust or any other person holding a paid appointment or office with the Trust. (This includes all employees or agents of the Trust, including medical and nursing staff and consultants practising upon the Trust's premises and shall be deemed to include employees of third parties contracted to the Trust when acting on behalf of the Trust).

Officer member means a member of the Trust Board who is either an Executive Director of the Trust or is to be treated as an Executive Director by virtue of regulation 1(3) (i.e. the Chair of the Trust or any person nominated by such a Committee for appointment as a Trust member).

- **Senior Independent Director (SID)** means an independent non-officer member appointed by the Board to provide a sounding board for the Chair and serve as an intermediary for the other directors when necessary.
- **SFIs** means Standing Financial Instructions.
- **SOs** means Standing Orders.
- **Trust** means the George Eliot Hospital NHS Trust/Worcestershire Acute Hospitals NHS Trust/Wye Valley NHS Trust.
- **Company Secretary** means a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chair and monitor the Trust's compliance with the law, Standing Orders, and Department of Health and Social Care guidance.
- **Vice-Chairperson/Deputy Chairperson** means the non-officer member appointed by the Board to take on the Chairperson's duties if the Chairperson is absent for any reason.
- **Working day** means any day, other than a Saturday, Sunday or legal holiday
  Any reference to an Act of Parliament, Statutory Instrument, Direction or Code of Practice shall be construed as a reference to any modification, replacement or re-enactment for the time being in force.
  All reference to the masculine gender shall be read as equally applicable to the feminine gender and vice-versa.

Policy statements: general principles

These SOs and SFIs must be read in conjunction with the following guidance and any other issued by the Secretary of State for Health and Social Care:

- Caldicott Guardian 1997
- Human Rights Act 1998
- Freedom of Information Act 2000
- Bribery Act 2010

The Trust Board will from time to time agree and approve policy statements and procedures which will apply to all, or specific groups of staff employed by the Trust. The decisions to approve such policies and procedures will be recorded in an appropriate Trust Board minute and will be deemed where appropriate to be an integral part of the Trust's SOs and SFIs.

SECTION B – STANDING ORDERS FOR THE REGULATION OF PROCEEDINGS

Part 1 – Membership

1 Name and business of the Trust

1.1. All business shall be conducted in the name of Worcestershire Acute Hospitals NHS Trust ("the Trust").

1.2. All funds received in trust shall be in the name of the Trust as corporate trustee. The powers exercised by the Trust as corporate trustee, in relation to funds held on trust, shall be exercised separately and distinctly from those powers exercised as a Trust.

1.3. The Trust has the functions conferred on it by Schedule 4 of the 2006 Act.

1.4. Directors acting on behalf of the Trust as a corporate trustee are acting as quasi-trustees. Accountability for charitable funds held on trust is to the Charity Commission and to the Secretary of State for Health and Social Care. Accountability for non-charitable funds held on trust is only to the Secretary of State for Health and Social Care.

1.5. The Trust has resolved that certain powers and decisions may only be exercised or made by the Trust Board in formal session, which may include members participating by video or telephone. These powers and decisions are set out in the Schedule of Decisions Reserved and Standing Financial Instructions (SFIs) which are a separate document and have effect as if incorporated into the SOs.

2 Composition of the Membership of the Trust Board

In accordance with the Membership, Procedure and Administration Arrangements regulations the composition of the Board shall be:

2.1 The Chair of the Trust (Appointed by NHSE);

2.2 The voting membership of the Trust Board shall comprise the Chair and five non-executive directors (appointed by NHSE), together with up to five executive directors. At least half of the membership of the Trust Board, excluding the Chair, shall be independent non-executive directors.

2.3 In addition to the Chair, the non-executive directors shall normally include:

a. one appointee nominated to be the Vice-Chair
b. one appointee nominated to be the Senior Independent Director
c. one or more appointees who have recent relevant financial experience

Appointees can fulfil more than one of the roles identified.

2.4 Up to five executive directors (but not exceeding the number of non-executive directors) including:

- **Chief Executive**
- Chief Finance Officer

- Medical Practitioner (Chief Medical Officer)
- Registered Nurse/Midwife (Chief Nursing Officer)
- **Managing Director**

2.5 The Board may appoint additional executive directors, in crucial roles in the Trust, and also additional non-executive directors and Associate non-executive directors to be non-voting members of the Trust Board.

2.6 The Trust shall have not more than 11 and not less than eight members (unless otherwise determined by the Secretary of State for Health and Social Care and Social Care and set out in the Trust's Establishment Order or such other communication from the Secretary of State).

3 Appointment of Chair and Members of the Trust Board

3.1 The Chair and non-executive directors of the Trust are appointed by the NHSE, on behalf of the Secretary of State for Health and Social Care.

3.2 The **Chief Executive** shall be appointed by the Chair and the non-executive directors.

3.3 Executive directors shall be appointed by a committee comprising the Chair, the non-executive directors and the **Chief Executive**.

3.4 Where more than one person is appointed jointly to an executive director post in the Trust, those persons shall become appointed as an executive director, jointly.

4 Appointment and Powers of Deputy Chair & Senior Independent Director

4.1 Subject to SO 4.2 below, the Chair and members of the Trust may appoint one of their numbers, who is not an executive director, to be Deputy Chair & Senior Independent Director (SID), for such period, not exceeding the remainder of their term as a member of the Trust, as they may specify on appointing them.

4.2 Any member so appointed may at any time resign from the office of Deputy Chair and SID, by giving notice in writing to the Chair. The Chair and members may thereupon appoint another member as Deputy Chair and SID, in accordance with the provisions of SO 4.1.

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

5 Tenure of office

5.1 The regulations setting out the period of tenure of office of the Chair and members and for the termination or suspension of office of the Chair and members are contained in Sections 2 to 4 of the Membership, Procedure and Administration Arrangements Regulations.

6 Code of Conduct and Accountability and the Trust's commitment to openness

All directors shall subscribe and adhere at all times to the principles contained in the Code of Conduct and Code of Accountability in the NHS and in the Trust's Code of Conduct (HR.93) and Managing Conflicts of Interest Policy (MF.36).

7 Functions and roles of Chair and directors

The function and role of the Chair and members of the Trust Board is described within these SOs and within those documents that are incorporated into these SO.

Part 2 – Meetings

8 Ordinary meetings of the Trust Board

8.1. All ordinary meetings of the Trust Board shall be held in public and shall be conducted in accordance with relevant legislation, including the Public Bodies (Admission to Meetings) Act 1960, as amended, and guidance issued by the Secretary for State for Health. Members of the public and representatives of the press shall be afforded facilities to attend.

8.2. Ordinary meetings of the Trust Board shall be held at regular intervals at such times and places as the Trust Board may from time to time determine. A minimum of six meetings shall be held each year.

8.3. The Chair shall give such directions as he thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press to ensure that the Trust Board's business may be conducted without interruption and disruption.

8.4. The Trust Board may, by resolution, exclude the public from a part or the whole of a meeting whenever publicity would be prejudicial to public interest by reason of the confidential nature of the business to be transacted Without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public and representatives of the press will be required to withdraw upon the Trust Board resolving as follows:

"***That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Board to complete business without the presence of the public***"

8.5. Business proposed to be transacted when the press and public have been excluded from a meeting as provided in SO 8.4, shall be confidential to members of the Board.

8.6. Members and officers or any employee or representative of the Trust in attendance at a private meeting or private part of a meeting, shall not reveal or disclose the contents of papers, discussions or minutes of the items taken in private, outside of the Trust Board meetings without the express permission of the Trust Board.

8.7. Nothing in these Standing Orders shall require the Trust Board to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Trust Board.

8.8 The Chair may invite any member of staff of the Trust, any other NHS organisation, an officer of the local council(s) or any other individual acting in an advisory capacity to attend meetings. These invitees shall not count as part of the quorum or have any right to vote at the meeting.

8.9 An annual public meeting shall be held on or before 30 September in each year for the purpose of presenting audited accounts, annual reports and any report on the accounts.

8.10 The provisions of these SOs relating to meetings of the Trust Board shall refer only to formal Trust Board meetings, whether ordinary or extraordinary meetings. The provisions shall not apply to seminars or workshops or other meetings attended by members of the Trust Board.

9 Extraordinary meetings of the Trust Board

9.1 The Chair may call a meeting of the Trust Board at any time. Directors may ask the Chair to call a meeting of the Trust Board at any time.

9.2 A meeting may be called forthwith, by the directors who are eligible to vote, if the Chair refuses to call a meeting after such a request has been presented to them, signed by at least one third of the whole number of directors who are eligible to vote (including at least one executive and one non-executive director); and has been presented to them at the Trust's principal place of business. The directors who are eligible to vote may also call a meeting forthwith if, without refusing, the Chair does not call a meeting within seven days after receipt of such request.

10 Notice of meetings

10.1 The Trust shall set dates and times of regular Trust Board meetings for the forthcoming financial year by the end of December of each year.

10.2 One third or more members of the Trust Board may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting. In the case of a meeting called by directors in default of the Chair, the notice shall be signed by those directors and no business shall be transacted at the meeting other than that specified in the notice.

10.3 A notice of the meeting shall be delivered to every director by the most effective route, at least three working days before the meeting. Notice shall be presumed to have been served two days after posting and one day after being sent out via email.

10.4 Lack of service of such notice on any individual director shall not affect the validity of a meeting. However, failure to serve such a notice on at least three directors who are eligible to vote will invalidate the meeting.

10.5 Where a part or the whole of a meeting is to be open to the public, official notice of the time, place and agenda of the meeting shall be announced in public. As required by the Public Bodies (Admission to Meetings) Act 1960 Section 1(4)(a)), notice will be given by one or more of the following announcements:

a. in the local press,

b. on the Trust's internet website,
c. displaying the notice in a conspicuous place in the Trust's hospitals or other facilities
d. displaying the notice in other "central and conspicuous places".

10.6 The Trust Board may decide to limit publication to details of the items on the meeting agenda that will be considered in the part of the meeting to be held in public. A copy of the notice including the agenda may also be sent to local organisations that will have an interest in the decisions of the Trust Board. These organisations include bodies responsible for commissioning acute and community NHS services locally, patient and public representative groups and local councils.

10.7 Notice will be given at least three working days before the meeting. Failure to do so will render the meeting invalid.

11 Agenda and Supporting Papers

11.1 The Trust Board may determine that certain matters will appear on every agenda for an ordinary meeting of the Trust Board and that these will be addressed prior to any other business being conducted at the discretion of the Chair. On agreement by the Trust Board, these matters may change from time to time.

11.2 A director may request that a matter is included on an agenda. This request should be made in writing, including by electronic means, to the Chair, **Chief Executive**, or the Company Secretary at least seven working days before the meeting, subject to SO10. Requests made less than seven working days before the meeting may be included on the agenda at the discretion of the Chair, or to the extent that this discretion is delegated to the **Chief Executive** and the **Company Secretary.**

11.3 Notwithstanding SO 11.2, a director may with the consent of the Chair of the meeting, add to the agenda of any meetings any item of business relevant to the responsibilities of the Trust under "Any Other Business".

11.4 The agenda will be sent to directors five working days before the meeting and supporting papers, whenever possible, shall accompany the agenda but will certainly be despatched no later than three clear working days before the meeting, save in an emergency.

12 Chair of meetings

12.1 The **Chair** shall preside at any meeting of the Trust Board, if present. In his absence, the Deputy Chair shall preside.

12.2 If the Chair and Deputy Chair are absent, the directors present, who are eligible to vote, shall choose a non-executive director who shall preside. An executive director may not take the chair.

12.3 The decision of the **Chair** of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and his interpretation of the SOs shall be final. In this interpretation he shall be advised by the **Chief Executive** and the Company Secretary and in the case of SFIs he shall be advised by the Chief Finance Officer.

13 Voting

13.1 It is not a requirement for decisions to be subject to a vote. The necessity of a vote shall be indicated by the agreement of at least one third of those attending and eligible to vote. The Chair shall be responsible for deciding whether a vote is required and what form this will take.

13.2 Save as provided in SO27 Suspension of Standing Orders and SO28 Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of members present and voting on the question. In the case of an equal vote, the person presiding i.e. the Chair of the meeting, shall have a second, and casting vote.

13.3 At the discretion of the **Chair**, all questions put to the vote shall be determined by oral expression or by a show of hands, unless the **Chair** directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot. Unless specifically agreed beforehand, the voting record of each individual director in a paper ballot will not be made public or recorded.

13.4 The voting record, other than by paper ballot, of any question will be recorded to show how each director present voted or did not vote, if at least one-third of the directors present and eligible to vote so request.

13.5 If a Board member so requests, their vote shall be recorded by name. Such a request will not be accepted if doing so would reveal the votes of other directors that do not wish to have their vote recorded.

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

13.7 An officer who has been formally appointed by the Trust to act up for an executive director during a period of incapacity or temporarily to fill an executive director vacancy shall be entitled to exercise the voting rights of the executive director. An officer attending the Trust Board meeting to represent an executive director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the executive director. An executive director's status when attending a meeting shall be recorded in the minutes.

13.8 Where the post has voting rights attached, joint appointees will have the power of one vote; and shall count for the purpose of SO 2 as one person:

a. either or both of those persons may attend or take part in meetings of the Board;
b. if both are present at a meeting they should cast one vote if they agree;
c. in the case of disagreements no vote should be cast;
d. the presence of either or both of those persons should count as the presence of one person for the purposes of SO14 Quorum.

13.9 For the voting rules relating to joint members see SO 3.4.

13.10 Where necessary, a director may be counted as present when available constantly for discussions through an audio or video link and may take part in voting on an open basis.

14 Quorum

14.1 No business shall be transacted at a meeting unless at least one-third of the whole number of the **Chair** and members, including at least one executive director and one non-executive director is present.

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

14.3 If the **Chair** or executive director or non-executive director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution because of a declaration of a conflict of interest (see **Part 3 – Standards of Business Conduct**) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting shall then proceed to the next business.

15. Record of attendance

15.1 The names of the directors and others invited by the **Chair**, in accordance with Standing Order 8, present at the meeting, shall be recorded in the minutes.

15.2. If a director is not present for the entirety of the meeting, the minutes shall record the items that were considered whilst they were present.

16. Minutes

16.1. The minutes of the proceedings of a meeting shall be drawn up, entered in a record kept for that purpose and submitted for agreement at the next meeting.

16.2. There should be no discussion on the minutes, other than as regards their accuracy, unless the **Chair** considers discussion appropriate.

16.3. Any amendment to the minutes as to their accuracy shall be agreed and recorded at the next meeting and the amended minutes shall be regarded as the formal record of the meeting.

17 Petitions

Where a petition has been received by the Trust, the **Chair** shall include the petition as an item for the agenda of the next meeting.

18 Notice of Motion

Subject to the provision of SO20, a director of the Trust desiring to move a motion shall give notice of this, to the **Chair**, at least seven working days before the meeting. The **Chair** shall insert all such notices that are properly made in the agenda for the meeting. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

19 Emergency Motions

Subject to the agreement of the **Chair**, and subject also to the provision of SO20, a member of the Trust Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Trust Board at the commencement of the business of the meeting as an additional item included in the agenda. The **Chair**'s decision to include the item shall be final.

20 Motions: Procedure at and during a meeting

20.1 A motion may be proposed by the **Chair** of the meeting or any member present, it must also be seconded by another member.

20.2 The **Chair** may exclude from the debate, at their discretion, any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- the reception of a report;
- consideration of any item of business before the Trust Board;
- the accuracy of minutes;
- that the Trust Board proceed to next business;
- that the Trust Board adjourns;
- that the question be now put.

21 Amendments to motions

21.1 A motion for amendment shall not be discussed unless it has been proposed and seconded.

21.2 Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board.

21.3 If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

22 Rights of reply to motions

22.1 Amendments. The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

22.2 Substantive/original motion. The member who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

23 Withdrawing a motion

A motion, or an amendment to a motion, may be withdrawn.

24 Motions once under debate

24.1 When a motion is under debate, no motion may be moved other than:

- an amendment to the motion
- the adjournment of the discussion, or the meeting
- that the meeting proceeds to the next business
- that the question should be now put
- the appointment of an 'ad hoc' committee to deal with a specific item of business
- that a member/director be not further heard
- a motion under Section l (2) or Section l (8) of the Public Bodies (Admissions to Meetings) Act l960 resolving to exclude the public, including the press (see SO 29).

24.2 In those cases where the motion is either that the meeting proceeds to the "next business" or "that the question be now put" in the interests of objectivity these should only be put forward by a member of the Board who has not taken part in the debate and who is eligible to vote.

24.3 If a motion to proceed to the next business or that the question be now put, is carried, the **Chair** should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

25 Motion to rescind a decision of the Trust Board

25.1 Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the member who gives it and also the signature of three other members, and before considering any such motion of which notice shall have been given, the Trust Board may refer the matter to any appropriate Committee or the **Chief Executive** for recommendation.

25.2 When any such motion has been dealt with by the Trust Board it shall not be competent for any director/member other than the **Chair** to propose a motion to the same effect within six months. This SO shall not apply to motions moved in pursuance of a report or recommendations of a committee or the **Chief Executive**.

25.3 When the Trust Board has debated any such motion, it shall not be permissible for any director, other than the **Chair** to propose a motion to the same effect within a further period of six calendar months.

26 Chair's ruling

The decision of the **Chair** of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the SO and SFIs, at the meeting, shall be final.

27 Suspension of Standing Orders

27.1 Except where this would contravene any statutory provision or any direction made by the Secretary of State or the rules relating to the Quorum (SO 14), any one or more of the SOs may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Trust Board are present (including at least one executive director and one non-executive director) and that at least two-thirds of those members present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Trust Board's minutes.

27.2 A separate record of matters discussed during the suspension of SOs shall be made and shall be available to the **Chair** and members of the Trust.

27.3 No formal business may be transacted while SO are suspended.

27.4 The Audit Committee shall review every decision to suspend SO.

28 Variation and amendment of Standing Orders

These SOs shall not be varied except in the following circumstances:

- upon a notice of motion under SO 18
- upon a recommendation of the **Chair** or **Chief Executive** included on the agenda for the meeting
- that two thirds of the Trust Board members are present at the meeting where the variation or amendment is being discussed, and that at least half of the Trust's non-executive members vote in favour of the amendment
- providing that any variation or amendment does not contravene a statutory provision or direction made by the Secretary of State.

29 Admission and exclusion on grounds of confidentiality of business to be transacted

The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Trust Board as follows:

> "***that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest***", Section 1 (2), Public Bodies (Admission to Meetings) Act l960.

30 General disturbances

The **Chair** (or Deputy Chair) shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust's business shall be conducted without interruption and disruption. Section 1(8) of the Public Bodies (Admissions to Meetings) Act 1960 provides the Trust Board power of exclusion to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The public will be required to withdraw upon the Trust Board resolving:

> "***That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Trust Board to complete its business without the presence of the public***".

31 Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings

Nothing in these Standing Orders shall require the Trust Board to allow members of the public or representatives of the press to record proceedings in any manner whatsoever,

other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Trust Board.

32 Observers at Trust meetings

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

Part 3 – Standards of business conduct

33 Declarations of interest

33.1 In addition to the statutory requirements relating to pecuniary interests dealt with in SO 34, the Trust's Management of Conflicts Policy (MF.38) requires directors to declare interests which are relevant and material to the Trust Board. All existing directors and decision-making staff as set out in the Policy should declare such interests on an annual basis, or as otherwise recommended in the Policy. Any directors and decision-making staff appointed subsequently should declare these interests on appointment.

33.2 Interests are:

- **Financial interests**, where an individual may get direct financial benefit from the consequences of a decision they are involved in making.
- **Non-financial professional interests**, where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests**, where an individual may benefit personally in ways which are not linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests**, where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

33.3. Subject to the requirements stated in Standing Order 22, the interests of directors' spouses, partners, or other family members must be disclosed where these maybe in conflict with the Trust.

33.4 If directors have any doubts about the relevance of an interest, this should be discussed with the **Chair** of the Trust or with the Company Secretary. Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that the potential level of influence, rather than the immediacy of the relationship is more important in assessing the relevance of an interest.

33.5 Declarations of interests should be considered by the Trust Board and retained as part of the record of each Trust Board meeting. Any changes in interests should be declared at the next Trust board meeting following the change occurring.

33.6 If a conflict of interest is established during the course of a Trust Board meeting, whether arising from a declared interest or otherwise, the director concerned should

withdraw from the meeting and play no part in the relevant discussion or decision. The declared conflict of interest should be recorded in the minutes of the meeting. When a Director has declared an interest arising solely from a position with a charity or voluntary body under this Standing Order, the Trust Board may resolve that the director may remain in the meeting and take part in the discussion, but not vote on the relevant item. A record of this decision shall be made in the minutes.

33.7 Directors' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Trust's annual report. The information should be kept up to date for inclusion in succeeding annual reports. Register of Interests

33.8 The Company Secretary will ensure that a Register of Interests is established and maintained to record formally declarations of interests of directors and other decision-making staff. The Register of Interests will include details of all directorships and other relevant and material interests which have been declared by both executive and non-executive directors.

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

33.10 The Register of Interests will be available to the public on the Trust's web page and at the Trust's usual place of business at any time during normal business hours (between 09:00am and 17:00pm on any working day).

33.11 With the exception of the requirement to report interests in the Annual Report (Standing Order 21.7), this Standing Order also applies in full to any committee or subcommittee or group of the Trust Board; and to any member of such committee or subcommittee or group (whether or not they are a director).

34 Disability of directors in proceedings on account of pecuniary interest

34.1. Subject to SO33 and the provisions of this Standing Order, if a director has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.

34.2. The Secretary of State may, subject to such conditions as they may think fit to impose, remove any disability imposed by this Standing Order, in any case where it appears to them to be in the interests of the NHS that the disability should be removed.

34.3 The Trust Board, or any committee or sub-committee may, if it thinks fit, provide for the exclusion of a director from a meeting while any contract, proposed contract or other matter in which that person has a pecuniary interest, direct or indirect, is under consideration.

34.4 Any remuneration, compensation or allowances payable to a director by virtue of paragraph 233, Part 11 of the NHS Act 2006 shall not be treated as a pecuniary interest for the purpose of this Standing Order.

34.5 For the purpose of this SO a director shall be treated, subject to SO2 as having an indirect pecuniary interest in a contract, proposed contract or other matter, if:

- they, or a nominee of theirs, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or,
- they are a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration;
- and in the case of persons living together as a couple, whether married or not, the interest of one person shall, if known to the other, be deemed for the purposes of this SO to be also an interest of the other.

34.6 A director shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:

- of their membership of a company or other body, if they have no beneficial interest in any securities of that company or other body;

- of an interest in any company, body or person with which they are connected as mentioned in SO 34.5 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

34.7 This SO shall not prohibit a director from taking part in the consideration or discussion of the contract or other matter, or from voting on any question with respect to it, if:

- They have an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and
- the total nominal value of those securities does not exceed £5,000 or one hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and
- the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one hundredth of the total issued share capital of the class. This does not affect their duty to disclose the interest

34.8 This SO also applies in full to any committee or sub-committee or group of the Trust Board; and to any member of such committee or sub-committee or group (whether or not they are a director).

35 Standards of Business Conduct

35.1 The Trust considers it to be a priority to maintain the confidence and continuing goodwill of its patients, public and fellow service providers. The Trust will ensure that all staff are aware of the standards expected of them and will provide guidance on their personal and professional behaviour.

35.2 The NHS Constitution (updated January 2021) identifies a number of key rights that all staff have and makes a number of further pledges to support staff in delivering

NHS services. It goes on to set out the legal duties and expectations of all NHS staff, including:

- to accept professional accountability and maintain the standards of professional practice as set out by the relevant regulatory bodies;
- to act in accordance with the terms of contract of employment;
- not to act in a discriminatory manner;
- to protect confidentiality;
- to be honest and truthful in their work;
- to aim to maintain the highest standards of care and service;
- to maintain training and personal development to contribute to improving services;
- to raise any genuine concerns about risks, malpractice or wrongdoing at work at the earliest opportunity;
- to involve patients in decisions about their care and to be open and honest with them and;
- to contribute to a climate where the truth can be heard and learning from errors is encouraged.

35.3 The Trust adheres to and expects all staff to abide by the seven principles of public life set out by the Parliamentary Committee on Standards of Public Life. These are:

- **Selflessness**: Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- **Integrity**: Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
- **Objectivity**: Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
- **Accountability**: Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
- **Openness**: Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- **Honesty**: Holders of public office should be truthful.
- **Leadership**: Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

35.4 All staff are expected to conduct themselves in a manner that reflects positively on the Trust and not to act in a way that could reasonably be regarded as bringing their job or the Trust into disrepute. All staff must:

- act in the best interests of the Trust and adhere to its values and this code of conduct;
- respect others and treat them with dignity and fairness;
- seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion;
- be honest and act with integrity and probity;

- contribute to the workings of the Trust and its management and directors in order to help them to fulfil their role and functions;
- recognise that all staff are individually and collectively responsible for their contribution to the performance and reputation of the Trust;
- raise concerns and provide appropriate challenge regarding the running of the Trust or a proposed action where appropriate and;
- accept responsibility for their performance, learning and development.

35.5 All Directors must act in accordance with the Professional Standards Authority's 'Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England' 2012.

35.6 All staff shall declare any relevant and material interest, such as those described in SO 33 and in the Trust's Management of Conflicts Policy (MF.38). The declaration should be made on appointment to the executive director, clinical director, or senior manager to whom they are accountable. If the interest is acquired or recognised subsequently, a declaration should be made via the Trust's online declarations of interest system in line with the Management of Conflicts Policy (MF.38). The system will then add the interest to the Trust's Register of Interests.

35.7 Officers who are involved in, have responsibility for, or are able by virtue of their role or functions to influence the expenditure of taxpayer monies, may be required by the Trust to give statements from time to time, or in connection with particular contracts, confirming that they have no relevant or material interest to declare.

35.8 If an officer becomes aware of a potential or actual contract in which they have an interest of the nature described in SO 33 and SO 34, they shall immediately advise the **Chief Finance Officer** formally in writing. This requirement applies whether or not the officer is likely to be involved in administering the proposed or awarded contract to which they have an interest.

35.9 Gifts and hospitality shall only be accepted in accordance with the Trust's Management of Conflicts Policy (MF.38). Officers of the Trust shall not ask for any rewards or gifts; nor shall they accept any rewards or gifts of significant value.

35.10 All gifts and hospitality, other than those that are of clearly minimal value (as determined in the Trust's Declarations of Interest Policy), should be declared via the Trust's online declarations of interest system. Acceptance of gifts by way of inducements or rewards is a criminal offence under the Fraud Act 2006 and the Bribery Act 2010.

35.11 In addition to SO 33, SO 34 and this Standing Order, an officer must also declare to the Chief Executive or Company Secretary any other employment, business or other relationship of theirs, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with interests of the Trust, unless specifically allowed under that officer's contract of employment.

Part 4 – Arrangements for the exercise of functions by delegation and committees

36 *Exercise of functions*

Subject to SO 40 and such directions as may be given by the Secretary of State for Health and Social Care and Social Care, the Trust Board may delegate any of its functions to a committee or sub-committee or to a director or an officer of the Trust. In each case, these arrangements shall be subject to such restrictions and conditions as the board thinks fit.

37 Emergency powers and urgent decisions

The powers which the Trust Board has retained to itself within these Standing Orders may in emergency or for an urgent decision be exercised by the **Chief Executive** and the **Chair** or Deputy Chair acting jointly and, if possible, after having consulted with at least two non-executive directors. The exercise of such powers by the **Chief Executive** and the **Chair** or Deputy Chair shall be reported to the next formal meeting of the Trust Board for formal ratification.

38 Delegation to committees

The Trust Board shall agree from time to time to the delegation of specific powers to be exercised by committees or sub-committees, which it has formally constituted. The Trust Board shall approve the constitution and terms of reference of these committees and their specific powers.

39 Delegation to officers

Those functions of the Trust, which have not been retained as reserved by the Trust Board or delegated to a committee of the Trust Board, shall be exercised on behalf of the Trust Board by the **Chief Executive**. The **Chief Executive** shall determine which functions he will perform personally and shall nominate officers to undertake the remaining functions for which he will still retain accountability to the Trust Board.

40 Schedule of decisions reserved for the Trust Board

40.1 The Trust Board shall adopt a 'Schedule of Decisions Reserved for the Trust Board' setting out the matters for which approval is required by the Trust Board. The Schedule of Reservation, Delegation of Powers and Financial Delegation Limits (Standing Financial Instructions) are a separate document and shall be regarded as forming part of these SOs.

40.2 The Trust Board shall review such Schedule at such times as it considers appropriate; and shall update the Schedule of Reservation, Delegation of Powers and Financial Delegation Limits (Standing Financial Instructions) after each review.

40.3 The Schedule of Decisions Reserved for the Trust Board shall take precedence over any terms of reference or description of functions of any committee or sub-committee established by the Trust Board. The powers and functions of any committee or sub- committee shall be subject to and qualified by the reserved matters contained in that Schedule.

41 Scheme of Delegated Authorities

41.1 The Trust Board shall adopt a Scheme of Delegated Authorities setting out details of the directors and officers of the Trust to whom responsibility has been delegated for deciding particular matters; and in a director's or officer's absence, the director or officer who may act for them. The Schedule that is current at the date of

adoption of these SOs is contained in Appendices 1 and 2 and shall be regarded as forming part of these SOs.

41.2 The Trust Board shall review such Schedule at such times as it considers appropriate; and shall update such Schedule in Appendices 1 and 2 after each review.

41.3 The direct accountability, to the Trust Board, of the Director of Finance and other Executive Directors to provide information and advise the Trust Board in accordance with any statutory requirements shall not be impaired, in any way, by the delegations set out in the Scheme of Delegated Authorities.

42 Appointment of committees

42.1 Subject to such directions as may be given by, or on behalf of, the Secretary of State for Health and Social Care, the Trust may, and if directed by them, shall appoint committees of the Trust, consisting wholly or partly of directors of the Trust or wholly of persons who are not directors of the Trust. Committees will be subject to review by the Trust Board from time to time.

42.2 An appointed committee may, subject to such directions as may be given by, or on behalf of, the Secretary of State for Health and Social Care or the Trust Board, appoint sub-committees consisting wholly or partly of members of the committee (whether or not they include directors of the Trust) or wholly of persons who are not members of the committee (whether or not they include directors of the Trust).

42.3 The SOs of the Trust, as far as they are applicable, shall apply with appropriate alteration, to meetings of any committee or sub-committee.

42.4 The Trust Board shall approve the terms of reference of each such committee. Each committee shall approve the terms of reference of each sub-committee reporting to it. The terms of reference shall include details of the powers vested and conditions, including reporting back to the committee, or Trust Board. Such terms of reference shall have effect as if incorporated into the Standing Orders and be subject to review every two years, at least, by that committee; and adoption by the Trust Board.

42.5 Committees may not delegate their powers to a sub-committee unless expressly authorised by the Trust Board.

42.6 The Board shall approve the appointments to each of the committees and sub-committees that it has formally constituted. Where the Board determines that a committee shall include members who are neither directors nor officers, the Board shall determine the terms of such appointment. The payment of travelling and other allowances shall be in accordance with the rates as may be determined by the Secretary of State for Health and Social Care, with the approval of the Treasury (see Part 11, paragraph 233 of the 2006 Act).

42.7 Minutes, or a representative summary of the issues considered and decisions taken, of any committee appointed under this SO are to be formally recorded and submitted for inclusion onto the agenda of the next possible Trust Board meeting. Minutes, or a representative summary of the issues considered and decisions taken of any sub-committee shall be submitted for inclusion onto the agenda of the next committee meeting to which it reports.

42.8 The committees to be established by the Trust will consist of statutory and mandatory; and non-mandatory committees.

43 Statutory and mandatory committees

Role of Audit Committee

43.1 In line with the requirements of the Code of Governance for NHS Provider Trusts, NHS Audit Committee Handbook (fourth edition), NHS Codes of Conduct and Accountability, and the Higgs report, the Trust Board will establish an Audit Committee, constituted to provide the Trust Board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS.

43.2 The terms of reference of the Audit Committee shall have effect as if incorporated into these SOs and their approval shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board. The Terms of Reference will be approved by the Trust Board and reviewed on an annual basis.

43.3 The Code of Governance for NHS Provider Trusts, and Higgs report recommends a minimum of three non-executive directors be appointed, unless the Board decides otherwise, of which one must have significant, recent and relevant financial experience.

Role of Auditor Panel

43.4 The Trust Board shall nominate its Audit Committee to act as its Auditor Panel in line with schedule 4, paragraph 1 of the Local Audit and Accountability Act 2014.

43.5 The Auditor panel shall advise the Trust Board on the selection and appointment of the external auditor.

43.6 The terms of reference of the Auditor Panel shall have effect as if incorporated into these SOs and their approval shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board.

Role of Remuneration Committee

43.7 In line with the requirements of the Code of Governance for NHS Provider Trusts, NHS Codes of Conduct and Accountability, and the Higgs report, the Trust Board shall appoint a committee to undertake the role of a remuneration and terms of service committee. This role shall include providing advice to the Trust Board about appropriate remuneration and terms of service for the **Chief Executive** and other executive directors (Regulations 17-18, Membership and Procedure Regulations), as well as advising the Trust Board on the terms of service of other senior officers, and ensuring that the policy of the Trust Board on remuneration and terms of service is applied consistently.

43.8 The Committee shall advise the Trust Board on the size, structure and membership and succession plans for the Trust Board and maintain oversight of the performance of the **Chief Executive** and executive directors, including:

- all aspects of salary (including any performance-related elements/bonuses);
- provisions for other benefits, including pensions;
- arrangements for termination of employment and other contractual terms.

43.9 The terms of reference of the Remuneration Committee shall have effect as if incorporated into these SOs and their approval shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board.

43.10 The Code of Governance for NHS Provider Trusts and Higgs report recommends the committee be comprised exclusively of non-executive directors, a minimum of three, who are independent of management.

Role of the Charity Committee

43.11 The Trust Board, acting as Corporate Trustee, shall appoint a committee to be known as the Charity Trustee, whose role shall be to advise the Trust on the appropriate receipt, use and security of charitable monies.

43.12 The terms of reference of the Charity Trustee shall have effect as if incorporated into these SOs and shall be recorded in the appropriate minutes of the Trust Board, acting as Corporate Trustee, and may be varied from time to time by resolution of the Trust Board, acting in this capacity.

44 Non mandatory committees

44.1 The Trust Board shall appoint such additional non-mandatory committees as it considers necessary to support the business and inform the decisions of the Trust Board (Regulations 15-16, Membership and Procedure Regulations).

44.2 The terms of reference of these committees shall have effect as if incorporated into these SOs. The approval of the terms of reference shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board.

44.3 The membership of these committees may comprise non-executive directors or executive directors, or a combination of these. The membership and voting rights shall be set out in the terms of reference of the committee and shall be subject to approval by the Board.

44.4 The current non-mandatory committees in place are (March 2023):

- **Quality Assurance Committee**. The purpose of the Quality Committee/Quality Assurance Committee is to provide the Board with an independent and objective review of all aspects of quality and safety relating to the provision of care and services in support of ensuring the best clinical outcomes and experience for all patients; and, to assure the Board that the Trust is aligned to the statutory quality and safety demands of existing legislation relating to all areas of the Trust.
- **/Executive Risk Management Committee.** The purpose of the Risk Management Executive/Executive Risk Committee is to ensure the effective implementation of the Risk Management Strategy and there are core processes in place to manage risks across the organisation. The Executive Risk Management Committee reports on any issues where the Trust Board

may require additional assurance or where a Trust Board decision is required.

- **Finance and Performance Executive.** The purpose of the Finance and Performance Executive is to ensure the Executive Team holds all divisions and/or directorates (as appropriate) to account for their delivery of key quality, performance, workforce and financial objectives and as required by the Trust Board and/or regulators. The overall objective is to provide assurance and support at all levels that appropriate management action (by managers and clinicians) is being exercised and that the organisation can demonstrate it is well led from "ward to board".
- **Foundation Group Strategy Committee.** The purpose of the Foundation Group Strategy Committee is to advise the Boards of South Warwickshire University NHS Foundation Trust, George Eliot Hospital NHS Trust, Worcestershire Acute Hospitals NHS Trust and Wye Valley NHS Trust on all matters relevant to identifying and sharing best practice at pace.

These are subject to change at the discretion of the Trust Board.

45 Joint Committees

45.1 Joint committees may be appointed by the Trust by joining one or other Trusts consisting of, wholly or partly of the **Chair** and members of the Trust or other health service bodies, or wholly of persons who are not members of the Trust or other health bodies in question.

45.2 Any committee or joint committee appointed under this SO may, subject to such directions as may be given by the Secretary of State or the Trust or other health bodies in question, appoint sub-committees consisting wholly or partly of members of the committees or joint committee (whether or not they are members of the Trust or health bodies in question) or wholly of persons who are not members of the Trust or health bodies in question or the committee of the Trust or health bodies in question.

46 Proceedings in committee to be confidential

46.1 There is no requirement for meetings of Trust Board committees and sub-committees to be held in public, or for agendas or records of these meetings to be made public. However, the records of any meetings may be required to be disclosed, should a valid request be made under the rights conferred by the Freedom of Information Act, 2000 and there is no legal justification for non-disclosure.

46.2 Committee members should normally regard matters dealt with or brought before the committee as being subject to disclosure, unless stated otherwise by the **Chair** of the committee. The **Chair** shall determine whether specific matters should remain confidential until they are reported to the Trust Board.

46.3 A director of the Trust or a member of a committee shall not disclose any matter reported to the Trust Board, or otherwise dealt with by the committee if the Trust Board resolves that it is confidential.

46.4 Regardless of this Standing Order 26, individual directors and officers of the Trust have a right and a duty to raise with the Trust any matter of concern they may have about health service issues concerned with the delivery of care or services

47 Applicability of Standing Orders and Standing Financial Instructions to Committees

The SO and SFIs of the Trust, as far as they are applicable, shall as appropriate apply to meetings and any committees established by the Trust. In which case the term "**Chair**" is to be read as a reference to the **Chair** of other committees as the context permits, and the term "member" is to be read as a reference to a member of other committees also as the context permits.

48 Duty to report Non-Compliance with Standing Orders and Standing Financial Instructions

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

49 Terms of reference

Each such committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide and shall be in accordance with any legislation and regulation or direction issued by the Secretary of State. Such terms of reference shall have effect as if incorporated into the SOs.

50 Delegation of powers by committees to sub-committees

Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Trust Board.

51 Approval of appointments to committees

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

52 Appointments for statutory functions

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

53 Proceedings in committee to be confidential

53.1 There is no requirement for meetings of Trust Board committees and sub-committees to be held in public, or for agendas or records of these meetings to be made public. However, the records of any meetings may be required to be disclosed, should a valid request be made under the rights conferred by the

Freedom of Information Act 2000 and there is no legal justification for non-disclosure.

53.2 Committee members should normally regard matters dealt with, or brought before the committee as being subject to disclosure, unless stated otherwise by the **Chair** of the committee. The **Chair** shall determine whether specific matters should remain confidential until they are reported to the Trust Board.

53.3 A director of the Trust or a member of a committee shall not disclose any matter reported to the Trust Board, or otherwise dealt with by the committee if the Trust Board resolves that it is confidential.

53.4 Regardless of this SO, individual directors and officers of the Trust have a right and a duty to raise with the Trust any matter of concern they may have about health service issues concerned with the delivery of care or services.

54 Election of Chair of committee

54.1 Each committee shall appoint a **Chair**; and may appoint a Deputy Chair from its membership. The terms of reference of the committee shall describe any specific rules regarding who the Chair should be. Meetings of the committee will not be recognised as quorate if the Chair, or Deputy Chair, or other suitably qualified, nominated member of the committee is not present to undertake the role.

54.2 Each committee shall review the appointment of its Chair, as part of the annual review of the committee's role and effectiveness.

55 Special meetings of committee

The **Chief Executive** shall require any committee to hold a special meeting, on the request of the **Chair**, or on the request, in writing of any two members of that committee.

Part 5 – Custody of seal and sealing of documents

56 Custody of seal

The common seal of the Trust shall be kept by the **Company Secretary** in a secure place.

57 Sealing of documents

57.1 The Seal of the Trust shall only be attached to documents where there is a legal requirement for sealing and the subject matter of the relevant document has first been approved in accordance with these Standing Orders and Standing Financial Instructions in accordance with the Scheme of Delegated Authorities.

57.2 The seal shall be affixed in the presence of the signatories in accordance with Paragraph 33 of Schedule 4 of the 2006 Act:

> ***"33 Instruments etc. (1) The fixing of the seal of an NHS trust must be authenticated by the signature (a) of the chairperson or of some other person authorised (whether generally or specifically) by the NHS trust for that purpose, and (b) of one other director."*** 31. Bearing witness to the affixing of the Seal

57.3 A recommended wording for the witnessing of the use of the Seal is "The Common Seal of the Worcestershire Acute Hospitals National Health Service was hereunto affixed in the presence of…."

57.3 The seal shall be affixed in the presence of two executive directors, and not from the originating department, and shall be attested by them.

58 Bearing witness to the affixing of the Seal

A recommended wording for the witnessing of the use of the Seal is "*The Common Seal of the Worcestershire Acute Hospitals National Health Service/ was hereunto affixed in the presence of….*"

59 Register of sealing

The **Company Secretary** shall keep a register in which they will make an entry of every sealing, numbered consecutively in a book or electronic register provided for that purpose. The entry shall be signed by the persons who approved and authorised the sealing of the document; and who attested the seal.

60 Signature of documents

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

60.2 In land transactions, the signing of certain supporting documents will be delegated to managers and set out clearly in the Scheme of Delegation. This will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

Part 6 – Waiver of Standing Orders made by the Secretary of State for Health and Social Care

61 Power of the Secretary of State to make waivers

Under regulation NHS (Membership and Procedure) Regulations, there is a power for the Secretary of State to issue waivers if it appears to the Secretary of State in the interests of the health service that the disability in regulation 11 (which prevents a Chair or a member from taking part in the consideration or discussion of, or voting on any question with respect to, a matter in which he has a pecuniary interest) is removed. A waiver has been agreed in line with sub-sections (2) to (4) below.

62 Definition of 'Chair' for the purpose of interpreting this waiver

For the purposes of SO 80 (below), the "relevant Chair" is:

a. at a meeting of the Trust, the Chair of that Trust
b. at a meeting of a Committee:
   - in a case where the member in question is the Chair of that committee, the Chair of the Trust;

- in the case of any other member, the Chair of that committee.

63 Application of waiver

63.1 A waiver will apply in relation to the disability to participate in the proceedings of the Trust because of a pecuniary interest. It will apply to a member of the Trust, who is a healthcare professional, within the meaning of regulation 5(5) of the Regulations, and who is providing or performing, or assisting in the provision or performance, of:

- services under the National Health Service Act 1977; or
- services in connection with a pilot scheme under the National Health Service Act 1997;

for the benefit of persons for whom the Trust is responsible.

63.2 Where the 'pecuniary interest' of the member in the matter, which is the subject of consideration at a meeting at which, they are present:

a. arises by reason only of the member's role as such a professional providing or performing, or assisting in the provision or performance of, those services to those persons;
b. has been declared by the relevant Chair as an interest which cannot reasonably be regarded as an interest more substantial than that of the majority of other persons who:

- are members of the same profession as the member in question,
- are providing or performing, or assisting in the provision or performance of, such of those services as he provides or performs, or assists in the provision or performance of, for the benefit of persons for whom the Trust is responsible.

64 Conditions which apply to the waiver and the removal of having a pecuniary interest

The removal is subject to the following conditions:

a. the member must disclose their interest as soon as practicable after the commencement of the meeting and this must be recorded in the minutes;
b. the relevant **Chair** must consult the **Chief Executive** before making a declaration in relation to the member in question pursuant to SO 80.2b, except where that member is the **Chief Executive**;
c. in the case of a meeting of the Trust:
   - the member may take part in the consideration or discussion of the matter, which must be subjected to a vote, and the outcome recorded;
   - may not vote on any question with respect to it.
d. in the case of a meeting of the Committee:
   - the member may take part in the consideration or discussion of the matter, which must be subjected to a vote, and the outcome recorded;
   - may vote on any question with respect to it; but the resolution which is subject to the vote must comprise a recommendation to, and be referred for approval by, the Trust Board

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT

Report to:	**Private Board**
Date of Meeting:	**14/04/2026**
Title of Report:	Scheme of Delegation and Standing Financial Instructions – Update for 2026/27
Lead Executive Director:	**Chief Finance Officer**
Author:	Lynne Walden, Associate Director of Finance and Susana Salva, Deputy Financial Accountant
Reporting Route:	Audit & Assurance Committee
Appendices included with this report:	Scheme of Delegations Standing Financial Instructions
Purpose of report:	☐ **Assurance** ☒ **Approval** ☒ **Information**

Brief Description of Report Purpose

The purpose of this paper is to provide the Board with the updated Scheme of Delegation (SoD) and the Standing Financial Instructions (SFI's) following the annual review.

The present SoD and SFI's (March 2025) are published on the Trust Intranet with appropriate communications to all staff, including all Budget Holders, Budget Managers and DMT.

The SOD version 11 and the SFI's version 9 as at March 2026 were approved at AAC 12th March 2026 and TMB on the 1st April 2026.

Key areas of change are:

SFI's

- Section 8.4 Security of Cash – Added a sentence for the disbursements

SOD's

- Section 1 Management of Budgets – Added some notes
- Section 3b Revenue Business Cases – Added a delegated authority
- Section 4e Income – There is a new process which includes the transfer of funds between Trust and Charitable funds account
- Section 5 Non-Pay Expenditure – Removed under financial recovery. DAF's process updated
- Section 5A Non-Pay Expenditure – Section added for Financial Recovery only
- Section 6 Expenditure – Limit increase for authorising NHS supply chain invoices. Additionally, added a delegated matter for disbursements

- Section 17 Losses, Write off & Compensations – Delegated matter added for Ex-Gratia payments for patient to meet hardship caused by official failure or delay
- Section 19 Petty Cash – Email address updated and limit per week added
- Section 24 Delegated Matter – Budget manager added as an authoriser for the car & mobile phone users. Added delegated authority for authorising timesheets and overtime.

The SFIs and SoD's are key elements of the Organisation's financial governance. Therefore, it is essential that they undergo regular review and, when necessary, enhancement or clarification. The proposed amendments outlined in this review have been identified through internal evaluations and audit findings.

A comprehensive review of the SFIs and SoD's is planned for 2026/27, encompassing finance, procurement, HR, and company secretarial functions, ensuring the Trust maintains the most appropriate arrangements.

Upon approval from Trust Board, the Trust Intranet will be updated, and all relevant staff will receive emailed links to the updated documents.

Appendices

Scheme of Delegation March 2026 V11 - final version
Standing Financial Instructions – March 2026 v9 – final version

Recommendation(s)

The Trust Board is requested to approve the revised Standing Financial Instructions and Scheme of Delegation as at March 2026 for the financial year 2026/27.

Executive Director Opinion[1]

Wells Jo
13/04/2026 16:23:02

[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

Documentation control

Detailed Scheme of Delegation

Reference	
Approving Body	Trust Board (recommended for approval by AAC and TMB)
Date Approved	12th March 2026
Implementation Date	12th March 2026
Version	March 2026 v11
Summary of Changes from Previous version	Section 1 Management of Budgets – Added some notes Section 3b Revenue Business Cases – Added a delegated authority Section 4e Income – There is a new process which includes the transfer of funds between Trust and Charitable funds account Section 5 Non-Pay Expenditure – Removed under financial recovery. DAF's process updated Section 5a Non-Pay Expenditure – Section added for Financial Recovery only Section 6 Expenditure – Limit increase for authorising NHS supply chain invoices. Additionally, added a delegated matter for disbursements Section 17 Losses, Write off & Compensations – Delegated matter added for Ex-Gratia payments for patient to meet hardship caused by official failure or delay Section 19 Petty Cash – Email address updated and limit per week per department added Section 24 Delegated Matter – Budget manager added as an authoriser for the car & mobile phone users. Added delegated authority for authorising timesheets and overtime.

Supersedes	Version March 2025 v10
Consultations Undertaken	Associate Director of Finance (Financial Services and Coding)
Target Audience	All persons working within the Trust
Next Review Date	February 2027
Lead Executive	Name: Katie Osmond, Interim 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.financesfiandsod@nhs.net Tel: 01905 760393 Ext: 38369

CONTENTS

1.0 Introduction

1.1 The Standing orders including the Scheme of Delegation (SoD), Standing Financial Instructions (SFIs), Standards of Business Conduct Policy, Contract of Employment and Fraud Bribery and Corruption Policy provide a comprehensive regulatory and business framework for the Trust. All directors, and all 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 accusation that they have acted less properly.

2.0 Executive Summary

2.1 The Scheme of Delegation describes the powers which the Board reserves to itself and those which are delegated to officers.

3.0 Policy Statement

3.1 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.

4.0 Definitions

4.1 See scheme of Delegation in Appendix 1

5.0 Roles and Responsibilities

5.1 The Board is responsible for giving final approval to updated versions of the Scheme of Delegation.

The Audit and Assurance committee is responsible for considering draft revisions prior to submission to the Board.

5.2 The Chief Executive and the Company Secretary are responsible for ensuring that the Scheme of Delegation is maintained and regularly reviewed.

All directors and employees of the Trust are responsible for complying with the Scheme of Delegation.

6.0 Policy and/or Procedural Requirements

6.1 The Scheme of Delegation is provided, in full, at Appendix 1
6.2 All thresholds in this policy include VAT

7.0 Training and Implementation

7.1 There are no special training or implementation requirements arising from this version.

There are no additional resources requirements arising from this version.

8. Worcestershire Acute Hospitals NHS Trust – Detailed Scheme of Delegation

Delegated matters in respect of decisions which may have a far-reaching effect must be reported to the Chief Executive. The delegation shown below is the lowest level to which authority is delegated. Delegation to lower levels is only permitted with written approval of the Chief Executive or voting Executive Board member who will, before authorising such delegation, consult with other Senior Officers as appropriate. All items concerning Finance must be carried out in accordance with Standing Financial Instructions and Standing Orders

Absence of Officer to whom Powers have been Delegated

In the absence of a director or officer to whom powers have been delegated those powers shall be exercised by that officer's superior unless the Board has approved alternative arrangements. If the Chief Executive is absent, powers delegated to them may be exercised by the Chairman after taking appropriate advice from the Chief Finance Officer.

1. Management of Budgets – Accountability for maintaining expenditure within approved budgets throughout the financial year, including delivery of agreed Financial Recovery Plan targets

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Accountability for maintaining expenditure within approved budgets throughout the financial year, including delivery of agreed Financial Recovery Plan targets. At aggregate budget at specified group or individual directorate / departmental level	NA	Voting and Non-Voting Executive Director	Individuals exercising delegated authority remain accountable for decisions taken, including compliance with budgetary limits, procurement regulations, and governance requirements.
Accountability for maintaining expenditure within approved budgets throughout the financial year, including delivery of agreed Financial Recovery Plan targets. At total of budgets at other specified level	NA	Nominated Voting and Non-Voting Executive Director	
Accountability for maintaining expenditure within approved budgets throughout the financial year, including delivery of agreed Financial Recovery Plan targets. At total of budgets at a Divisional level	NA	Divisional Director / Directorate Management Team	
Responsibility for maintaining expenditure within approved budgets throughout the financial year, including delivery of agreed Financial Recovery Plan targets at directorate/departmental level	NA	Budget Holder	
Responsibility for maintaining expenditure within approved budgets throughout the financial year, including delivery of agreed Financial Recovery Plan targets at individual budget level, cost centre.	NA	Budget Manager	

2. Maintenance/Operation of Trust Bank Accounts

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Maintenance/Operation of Bank Accounts	NA	Chief Finance Officer	

3a Capital Programme & Capital Business Cases

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Consideration and Prioritisation of capital programme each financial year	NA	Capital Prioritisation Group	Reports into Strategic Programme Group and /TMB
Approval of the Trust's Annual Capital Programme	NA	Trust Board	
Financial monitoring and reporting on all capital scheme expenditure.	NA	Associate Director of Finance	
Change to the Capital Programme	NA	Capital Planning and Delivery Group (CPDG)	Reports into Strategic Programme Group and /TMB
Selection of architects, quantity surveyors, consultant engineer and other professional advisors within EU regulations.	NA	Director of Estates & Facilities	
Approval of capital Business cases not requiring NHSE approval		Relevant committee or authorised signatory depending on levels	Within agreed capital programme
Any capital business case that requires NHSE approval		NHSE	Subject to NHSE guidance on the Trust delegated limits
External Income/Funding Bids	NA	Chief Finance Officer or Deputy Director of Finance with delegated authority	Capital bids for external funding. All bids to be reviewed by finance department

3b Revenue Business Cases

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval of revenue Business cases not requiring NHSE approval	NA	Relevant committee or authorised signatory depending on levels	Within agreed budgets
Any revenue business case that requires NHSE approval	NA	Relevant committee or authorised signatory depending on levels and NHSE	Subject to NHSE guidance on the Trust delegated limits
External Income/Funding Bids	NA	Chief Finance Officer or Deputy Director of Finance	Revenue bids for external funding. All bids to be reviewed by finance department

4a. Income - The Trust receives income from many sources. It is not always the absolute value of the income which designates the risk and level of responsibility associated with it.

Healthcare Income Contracts

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Healthcare income from an NHS Body (Not Procured) and on NHS Standard Contract	Up to £500 million	Chief Executive Officer, Managing Director or Chief Finance Officer Individually	The majority of these contracts will be business as usual contracts with ICB, NHS Specialised Services, other commissioners or local providers. It is assumed contracts will always have values agreed annually and reported through /TMB.
Healthcare income from an NHS Body (Not Procured) and on NHS Standard Contract	Over £500 million	Trust Board	This is not a delegated matter as the Trust Board retains the right to all decisions but is included for completeness and reported through TMB
Other healthcare income (the total value of the contract needs to be considered) Not on a Standard NHS Contract, including Service Level Agreements (SLA's)	Over £1 million as a full contract but if a perpetual SLA not time limited contract such as shared IT an annual charge of over £500,001	Trust Board	Reported through TMB
Other healthcare income (the total value of the contract needs to be considered) Not on a Standard NHS Contract, including Service Level Agreements (SLA's)	Above £100,001 and Up to £1 million as a full contract but if a perpetual SLA not time limited contract such as shared IT an annual charge of £50,001 to £500,000	Chief Executive Officer, Managing Director or Chief Finance Officer Individually	Reported through TMB

Other healthcare income (the total value of the contract needs to be considered) Not on a Standard NHS Contract, including Service Level Agreements (SLA's)	Under £100,000 as a full contract but if a perpetual SLA not time limited contract such as shared IT an annual charge of up to £50,000	Chief Finance Officer or Deputy Director of Finance	

4b. Income - The Trust receives income from many sources. It is not always the absolute value of the income which designates the risk and level of responsibility associated with it.

Healthcare Income Prices

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Setting prices for non NHS healthcare bought on spot prices or contracts up to £100,000 (private patients, overseas visitors, SLA and other applicable work)	Contractually up to £100,000 per annum or setting spot prices with volumes unknown	Any finance officer graded 8C or above (Currently Chief Finance Officer, Deputy and Assistant Director of Finance)	Spot prices may need to be decided quickly and ensure the Trust is not financially disadvantaged by performing additional healthcare work. As both expenditure and income need to be considered there is a strong requirement for finance input.
Setting prices for non NHS healthcare bought on spot prices or contracts over £100,000 (private patients, overseas visitors, SLA's and other applicable work)	Contractually over £100,000 per annum	Chief Finance Officer	

4c. Income - The Trust receives income from many sources. It is not always the absolute value of the income which designates the risk and level of responsibility associated with it.

Non-Healthcare Income Contracts

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Income received from other NHS or other public sector bodies or non-NHS bodies on a contract basis	Up to £1million per annum	Chief Finance Officer, Managing Director or Chief Executive	Working across the STP, there may be times when Worcestershire Acute contracts on behalf of the STP and then receives income from other public bodies. In addition there is a long standing Service Level Agreement (SLA) with Worcestershire Health and Care Trust
Income received from other NHS or other public sector bodies or non-NHS bodies on a contract basis	Over £1million per annum	Trust Board	For example, funding from the Deanery.

4d. Crediting of Income - The Trust is required to raise credit notes against income which has been incorrectly raised

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Authorising of Credit Notes	Up to £100 million	Debtors Manager up to £500* Deputy Financial Accountant and Financial Accountant up to £5,000 Senior Financial Accountant up to £50,000 Associate Director of Finance (Financial Services and Coding) or Deputy Director of Finance up to £1 million. Chief Finance up to £100 million	Healthcare and NON Healthcare Income. *To enable deductions from staff for overpayments of salary to be applied to the invoices to reduce the debt.

4e. Income – The Trust receives income for Charitable Funds			
Delegated Matter	**Value**	**Authority Delegated to**	**Notes and Comments**
Authorising bank transfers between Lloyds Commercial Account and Lloyds Charitable Funds	Income received on behalf of charity	Cash & Debtors Manager Senior Financial Accountant Associate Director of Finance (Financial Services & Coding)	The contract encompasses income generated from charitable funds, cashier services, and related sources. Income allocated to charitable funds is subsequently transferred to the designated charitable fund bank account.

5.a Expenditure – Non-Pay Expenditure

The Scheme of Delegations states the levels of expenditure individuals are allowed to incur. It must be noted though that it is not just the limit of delegated authority that should be considered before making expenditure it is also the overall budget position and whether proper procurement processes have been followed and best value for money gained before committing to the expenditure. This applies equally to revenue and capital expenditure.

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Authorising Requisitions	Up to £1,000	Budget Manager	It is impossible to align grades to titles such as Budget Manager and this does vary. If uncertain, please speak with your finance team. It must be noted that all individuals are responsible for checking there is sufficient budget before committing the expenditure and being certain that procurement rules have been followed. Theatres receive a higher limit level, as single items of expenditure are higher than £1,000. This includes Contract Award Governance (CAGS) and Waivers. Leases agreements and Capital Schemes are included in the levels of expenditure. Capital schemes should be approved at committee level (CPDG, SPG or TMB) before any expenditure is committed. Capital investments will also require approval as per Trust delegated limits, subject to NHSE guidance. Capital Development Authorisation Forms (DAF's) need to be submitted through the DAF process. 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.
	Up to £3,000	Budget Manager – Theatres only	
	Up to £10,000	Budget Holder	
	Up to £100,000	Divisional Management Team	
	Up to £100,000	Director of Estates & Facilities, Deputy COO, Director of People and Culture, Director of Strategy, Chief Digital Director	
	Up to £100,000	Voting / Non-Voting Executive Directors	
	Up to £250,000	Deputy Director of Finance and Associate Director of Finance (Financial Services & Coding)	
	Up to £350,000	Chief Finance Officer	
	Up to £500,000	Chief Executive or Managing Director	
	Over £500,000	Trust Board	

Authorising Certificate of Sponsorship (CoS)	Up to £4,000	Assistant Director HR Corporate Services Assistant Director People & Culture Chief People Officer	Expenditure for Cos and maintenance costs claim by the applicant in line with the Pre-employment checks improvement event

5b. Expenditure – Non Pay Expenditure (Under Financial Recovery)

The Scheme of Delegations states the levels of expenditure individuals are allowed to incur. It must be noted though that it is not just the limit of delegated authority that should be considered before making expenditure it is also the overall budget position and whether proper procurement processes have been followed and best value gained before committing to the expenditure. This applies equally to revenue and capital expenditure.

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Authorising Requisitions	Up to £3,000	Budget Manager – Theatres only	It is impossible to align grades to titles such as Budget Manager and this does vary. If uncertain, please speak with your finance team. It must be noted that all individuals are responsible for checking there is sufficient budget before committing the expenditure and being certain that procurement rules have been followed. Theatres receive a higher limit level, as single items of expenditure are higher than £1,000. This includes Contract Award Governance (CAGS) and Waivers. Leases agreements and Capital Schemes are included in the levels of expenditure. Capital schemes should be approved at committee level (CPDG, SPG or TMB) before any expenditure is committed. Capital investments will also require approval as per Trust delegated limits, subject to NHSE guidance. Capital Development Authorisation Forms (DAF's) need to be submitted through the DAF process.
	Up to £10,000	Budget Holder	
	Up to £100,000	Divisional Management Team	
	Up to £100,000	Director of Estates & Facilities, Deputy COO, Director of People and Culture, Director of Strategy, Chief Digital Director	
	Up to £100,000	Voting / Non-Voting Executive Directors	
	Up to £250,000	Deputy Director of Finance and Associate Director of Finance (Financial Services & Coding)	
	Up to £350,000	Chief Finance Officer	
	Up to £500,000	Chief Executive or Managing Director	
	Over £500,000	Trust Board	

			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.
Authorising Certificate of Sponsorship (CoS)	Up to £4,000	Assistant Director HR Corporate Services Assistant Director People & Culture Chief People Officer	Expenditure for Cos and maintenance costs claim by the applicant in line with the Pre-employment checks improvement event

6. Expenditure – Purchase Invoices and other Payments – Internal Finance Team Only

The Scheme of Delegation states the levels of expenditure individuals are allowed to incur; however the Trust operations require the finance team to authorise some purchase invoices and other payments where appropriate controls are in place. This allows prompt processing and ensures the Trust meets the conditions and deadlines required for these payments

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Authorising NHS Supply Chain invoice and FP10 invoices	Up to £700,000	Senior Financial Accountant up to £350,000 Associate Director of Finance (Financial Services and Coding) up to £700,000	NHS Supply Chain products are part of the Procurement catalogue, and orders follow the same governance and approvals process as any other purchases. However, NHS Supply Chain invoice the Trust in bulk, therefore invoices are authorised separately. In addition, the Trust receives a settlement discount for invoices paid within 30 days.
Authorising Business Services Authority invoices for early retirement pensions	Up to £50,000	Associate Director of Finance (Financial Services and Coding) up to £50,000	
NHSP	Up to £600,000	Senior Financial Accountant up to £300,000 Associate Director of Finance (Financial Services and Coding) and Deputy Director of Finance up to £600,000	NHSP payments are processed once appropriate evidence of validity is in place.
Other Payments Wells Jo 13/04/2026 16:23:02	Up to £250,000	Senior Financial Accountant up to £50,000 Associate Director of Finance (Financial Services and Coding) up to £150,000 Deputy Director of Finance up to £250,000	*Other payments are processed once appropriate evidence of validity is in place, and can include*: Attachment of Earnings Consultants' private patient fees Contributions from salary e.g. Union subscriptions Mortuary fees Approval of ex gratia payments for losses and clinical negligence

			Business Service Authority
Authorising bank transfers from Lloyds commercial account to Nat West GBS account	Cleared funds available in excess of £50,000	Senior Financial Accountant or Associate Director of Finance (Financial Services and Coding)	DHSC guidance allows no more than £50,000 cleared funds on the commercial bank account. Any funds in excess of £50,000 are transferred to the Nat West account by Financial Accounts Assistant/ Debtors Manager.
Authorising bank transfers between Lloyds Charitable Funds account to Lloyds Commercial account	Expenditure incurred by the Trust on behalf of the charity	Senior Financial Accountant or Associate Director of Finance (Financial Services and Coding)	Worcestershire Acute Hospitals Charity uses the Trust's purchasing system to purchase goods. Charitable Funds Accountant transfers fund to cover expenditure on a monthly basis or as required
Authorising Faster payments/ CHAPS payments	Up to £1,000,000	Senior Financial Accountant up to £250,000 Associate Director of Finance (Financial Services and Coding) up to £500,000 CFO up to £1,000,000	Delegated authority for PFI concession payments as per the monthly contract value
Authorising of Bank Refunds	Up to £100 million	Deputy Financial Accountant and Financial Accountant up to £5,000 Senior Financial Accountant up to £10,000 Associate Director of Finance (Financial Services and Coding) or Deputy Director up to £1 million Chief Finance Officer up to £100 million	Healthcare and non-healthcare income. Refers to overpayments made by customers in the Trust's bank accounts which cannot be offset against ongoing invoicing arrangements and needs to be cleared for unallocated cash purposes.
Authorising of Credit Notes	Up to £100 million	Debtors Manager up to £500* Deputy Financial Accountant and Financial Accountant up to £5,000 Senior Financial Accountant up to £50,000	Healthcare and non-healthcare income. *To enable deductions from staff for overpayments of salary to be applied to the invoices to reduce the debt. All salary overpayments follow the SBS Overpayments Policy.

		Associate Director of Finance (Financial Services and Coding) Deputy Director of Finance or up to £1 Million Chief Finance Officer up to £10 Million	
PFI Concession payment – authorisation of faster payment or CHAPS	Up to agreed monthly contract value	Associate Director of Finance (Financial Services and Coding) or Deputy Director of Finance	Subject to the appropriate evidence of the charge being in line with the agreed contract schedule.
Authorising payments of PAYE, NIC, Pensions, Class 1a NIC, PAYE Settlement Agreements, and NEST	Up to £15,000,000	Senior Financial Accountant, Associate Director of Finance (Financial Services and Coding) or, Deputy Director of Finance	Reports on employment tax liabilities are generated from Electronic Staff Record system on a monthly/weekly basis. Staff in Financial Services department is responsible to compile a payment schedule, checked and approved to be paid by 19th each month.
Authorising submission of VAT returns	Value of Input Tax claimed	Senior Financial Accountant Associate Director of Finance (Financial Services and Coding), Deputy Director of Finance	VAT returns completed and checked by Financial Services staff before final sign off and submission by the 7th of the Month.
Disbursements from cash received, rebates or equivalent and non-cash benefits		Chief Finance Officer	This includes cash and non-cash benefits arising from any source

5. 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, Documented and approved 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	

6. 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		

7. 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.

8. 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.

9. 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/Budget Holder	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.

10. 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.

10.1 Staff – Appointment of permanent staff, admin and clerical

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer and Director of People and Culture (or their nominated deputy) in attendance at the Pay Control Panel/Financial Recovery Meetings.	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. Meetings and process may change during financial recovery

10.2 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.

10.3 Staff – Appointment of temporary staff, admin and clerical

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process) Wells Jo 13/04/2026 16:23:02	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.

11. 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.

12. 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	

13. 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	

14. 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.			All losses claims must follow the Trust Policy for Safekeeping of Patients Monies and Personal Belongings
	–up to £5,000	Associate Director of Finance (Financial Services and Coding) or Deputy Director of Finance	
	£5,001-£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)	
Request for Write off's and Write backs of debts. This includes Bad debts (NHS and Non NHS) and abandoned claims including Private patients, Overseas Visitors but is not exhaustive.	Up to 300,000	Associate Director of Finance or 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. All write offs / write backs, and bad debts are reviewed and presented to Audit and Assurance Committee prior to being authorised.
	£300,000-£500,000	Chief Finance Officer	
	Over £500,000	Chief Executive or Managing Director	
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 then to Managing Director	
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	Budget Manager	
	Between £1,001 and £5,000	Divisional Director of Operations/ DMT	
	Between £5,001 and £10,000	Deputy Chief Operating Officer	
	Between £10,001 and £50,000	Associate Director of Finance or Deputy Director of Finance	
	Between £50,001 and £100,000	Chief Finance Officer	
	Above £100,000	Trust Board	

15. 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	
Ex-Gratia payments for patient to meet hardship caused by official failure or delay	Up to £500	Budget Holder/PALS team	These payments include but are not limited to, refunds of car parking fees, travel claims for cancelled appointments, which follow an investigation and approval process
	£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	

16. 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 of 8D or above	

17. Petty Cash disbursements – Includes under Financial Recovery

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Petty Cash disbursements	Expenditure up to £20 per week per cost centre/department/ward.	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.purchasing@nhs.net
	Expenditure over £20	Associate Director of Finance (Financial Services and Coding) or Deputy Director of Finance	
	Refund of Patient Monies	Budget Manager	Any reimbursements will be made as per the DoHSC/DSS policy.

18. 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	

19. 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	

20. 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.

22. 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	

21. 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	

22. 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	

22. 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 or Roster Manager via the E-Rostering system Budget Holder or Roster Manager via the E-Rostering system 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 £3,000 (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);		Refer to the appropriate Study leave policy medical staffing and Non medical staff for the approval levels	Links to the 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	£8,000	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		Budger Manager or Budget Holder Budget Holder or Divisional Director of Operations	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	12th March 2026
Implementation Date	12th March 2026
Version	March 2026 v9
Summary of Changes from Previous version	Section 5.1.1 Audit and Assurance Committee – Removal of report for debtors and creditors over 6 months and £5K Section 8.4 Security of Cash – Added a sentence for the disbursements
Supersedes	March 2025 v8
Consultations Undertaken	
Target Audience	All persons working within the Trust
Next Review Date	Next review – February 2027
Lead Executive	Name: Katie Osmond, 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.financesfiandsod@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 the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.

g) 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. This includes any cash rebates or equivalent or non-cash benefits arising from any source.

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 Public Contract Regulations 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 are in alignment with Public Contract Regulations and procurement process is followed through Find a Tender;
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:

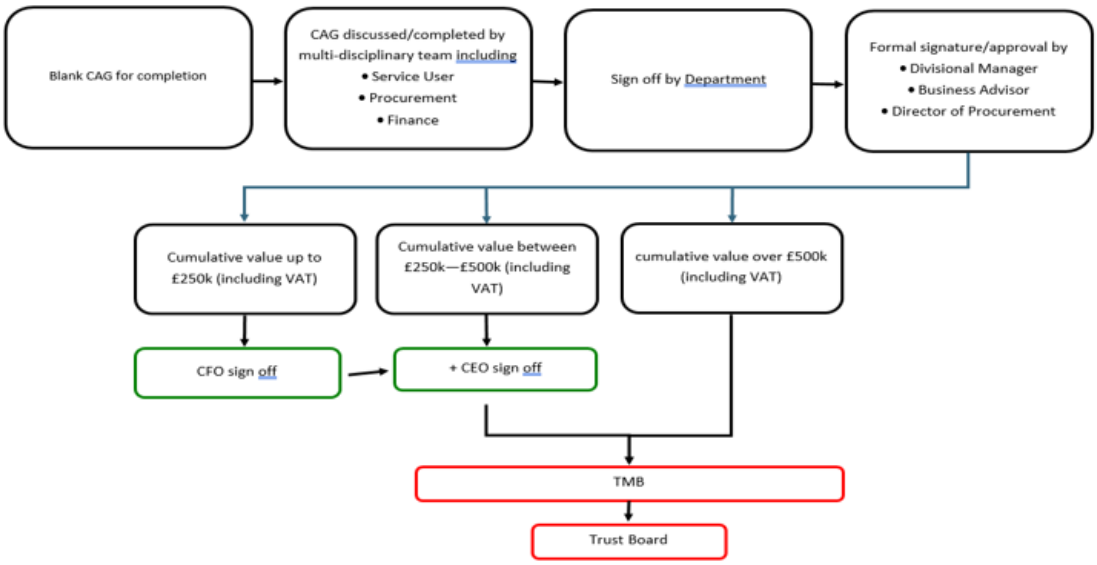
a. not in excess of the going market rate / price current at the time the contract was awarded; and

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.

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT

Report to:	**Public Board**
Date of Meeting:	**14/04/2026**
Title of Report:	Going Concern
Lead Executive Director:	**Chief Finance Officer**
Author:	Lynne Walden, Associate Director of Finance Charlotte Ogden, Senior Financial Accountant
Reporting Route:	Audit & Assurance Committee
Appendices included with this report:	Appendix A – Going Concern extract – Group Accounting Manual 2025/26
Purpose of report:	☐ **Assurance** ☒ **Approval** ☒ **Information**

Brief Description of Report Purpose

Accounting Standard IAS 1, Presentation of Financial Statements, stipulates that management must assess the entity's ability to operate as a going concern annually during the account's preparation process. The Treasury's Financial Reporting Manual (FreM) provides guidance on the application of IAS 1 requirements (paragraphs 25-26) as follows:

- *The anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents is normally sufficient evidence of going concern*
- *However, a trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up*
- *Where an entity ceases to exist, it should consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements.*
- *Where a body is aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the entity, these uncertainties must be disclosed. This may include for example where continuing operational stability depends on finance or income that has not yet been approved.*

The Government Financial Reporting Manual: 2025-26 –

https://www.gov.uk/government/publications/government-financial-reporting-manual-2025-26 - see appendix A – Going Concern Extract

The Going Concern Assessment is primarily derived from the historical financial position of the Trust, with an assessment of the future risks, opportunities and uncertainties, including for example any:

- Financial conditions
  - Historic financial performance
  - Future financial plan
  - Cost Improvement/Efficiency savings/ risk assessed delivery
  - Liquidity and ability to meet liabilities.
  - Existing borrowing and access to borrowing

- Operating conditions
  - Change in management structures
  - Change in commissioned services

- Risk of non-compliance with Terms of Authorisation

Context

The Trust has a forecast outturn for 2025/26 of £14m deficit, with a stretched ambition to reduce this to £11.6m (as at month 10, January 2026) after receipt of deficit support funding from Herefordshire and Worcestershire ICB of £47.3m. The underlying budgetary deficit is £68.1m based on the level of non-recurrent deficit support funding received, the level of non-recurrent contract funding from the ICB and the projected level of non-recurrent CPIP savings in the current forecast of c£14m. The forecast has been reviewed by the Board. The Trust is working towards aligning its organisational strategy to the emerging ICS Financial Strategy. It is also nearing conclusion of a detailed plan for 2026/27 which will include assumptions around the on-going provision of services in line with the ICS commissioning approach.

The key points considered when assessing going concern include:

- We are a significant partner in the Herefordshire and Worcestershire ICS which sets out the vision for healthcare services in the two counties in the medium term.
- We are actively working with system partners and the Foundation Group to address those services that are most challenged by scale and workforce scarcity to provide a more sustainable offer for our patients.
- There has been significant investment in health care infrastructure to support improved capacity, productivity and efficiency of services including, a new Urgent & emergency Care Centre on the Worcester site, new Theatres at the Alexandra site, new Diagnostic services at the Kidderminster site and the Trust has recently been given central funding to support much needed investment in backlog infrastructure at the Alexandra site.
- The expensive early adopter (cost plus) PFI contract, which has been a significant contributor to the Trusts financial challenges comes to an end in just over 6years and the Trust is working with its Foundation Group partner, Wye Valley NHS Trust on planning for the handover given that they are a year ahead of us in the process.

Other Financial Considerations

- The Trust has experienced a challenging financial position over recent years, with historic performance showing substantial operating losses as set out below:

	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000
Breakeven duty in-year financial performance	(80,844)	6,652	(1,082)	(19,775)	(36,576)	648
Breakeven duty cumulative position	(349,211)	(342,559)	(343,641)	(363,416)	(399,992)	(399,344)
Operating income	443,722	559,003	596,391	644,967	699,801	807,328
Cumulative breakeven position as a percentage of operating income	**(78.7%)**	**(61.3%)**	**(57.6%)**	**(56.3%)**	**(57.2%)**	**(49.5%)**

- The Trust is currently forecasting that it will fail to achieve its statutory duty to break even taking one year with another.
- The Trust continues to repay its two Normal Course of Business (NCB) capital loans. A repayment of £334k was made in September 2025 and an additional £334k due in March 2026, totalling £668k. There will be two repayments due in 2026/27: Sept 2026 and March 2027 totalling £668k.
- The cash balance at the end of month 11 was c£10m and forecast year end position is c£2m. The high balance as at month 11is due to the timing of the receipt of PDC Capital Funding, funding has been received but the related expenditure/creditors has not been paid.
- The Trust is in receipt of DSF for 2025/26 to support the Trusts cash position.
- An operational plan for 2026/27 through to 2028/29 was submitted to NHSE as part of the national planning process. This plan set out the planned income, activity, workforce and expenditure requirements, together with ambitious efficiency and productivity plans. Unless there is a material change in the national funding architecture it is anticipated that this will continue to reflect a deficit position, and exposure to a level of risks that will require mitigation.

A key consideration is whether we will have the cash resources to meet our obligations as they fall due in the foreseeable future. There is a comprehensive cash management and forecasting process in place, including daily, weekly and monthly cash flow forecasting and careful working capital management. Access to cash support remains available if required through monthly requests to the Department of Health and Social Care in line with the standard NHSE policy and process.

Conclusion

Assessment of Going Concern

Whilst we remain in a financially challenged position, and face several risks and uncertainties, there is clear evidence of continued provision of services being planned by NHSE, ICB and the Board itself to provide much needed services for the population of Worcestershire and the surrounding counties.

On the balance of assessment of the various risks, opportunities and uncertainties, the CFO recommends that the Trust considers itself to be a going concern in line with the accepted definition for public sector bodies. Neither NHSE, nor DHSC have deemed the going concern basis to be inappropriate for the Trust.

Recommended Actions required by Board or Committee

The Trust Board is asked to approve the recommendation from the Chief Finance Officer, AAC, and TMB that the Trust remains a going concern.

Executive Director Opinion[1]

Though the underlying financial position remains challenging, I am assured that it is appropriate to prepare the accounts on a going concern basis.

[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.

Appendix A – Going Concern Extract – Group Accounting Manual 2025/26

4.18 - The FReM notes that in applying paragraphs 25 to 26 of IAS 1, preparers of financial statements should be aware of the following interpretations of Going Concern for the public sector context.

4.19 - For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern.

4.20 - A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.

4.21 - Sponsored entities whose statements of financial position show total net liabilities must prepare their financial statements on the going concern basis unless, after discussion with their sponsor division or relevant national body, the going concern basis is deemed inappropriate.

4.22 - Where an entity ceases to exist, it must consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern in its final set of financial statements.

4.23 - While an entity will disclose its demise in various areas of its Annual Report and Accounts such as in the Performance Report and cross reference this in its going concern disclosure, this event does not prevent the accounts being prepared on a going concern basis or give rise to a material uncertainty in relation to the going concern of the entity.

4.24 - DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity.

4.25 - Where a DHSC group body is aware of material uncertainties in respect of events or conditions that may bring into question the going concern ability of the entity, these uncertainties must be disclosed.

4.26 - As the continued provision of service approach, per paragraph 4.22, applies to DHSC group bodies, material uncertainties requiring disclosure, will only arise in very exceptional circumstances.

4.27 - Should a DHSC group body have concerns about its “going concern” status (and this will only be the case if there is a prospect of services ceasing altogether), or whether a material uncertainty is required to be disclosed (which will only arise in exceptional circumstances), it must raise the issue with its sponsor division or relevant national body as soon as possible.

4.28 - Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept. Determining the financial sustainability of the organisation requires an assessment of its anticipated resources in the medium term. Any identified significant risk to financial sustainability is likely to form part of the risk’s disclosures included in the wider performance report but is a separate matter from the going concern assessment.

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST REPORT COVERSHEET

Report to:	**Trust Board**
Date of Meeting:	**14 April 2026**
Title of Report:	**Integrated Plan Final Re-submission (March 2026)**
Lead Executive Director:	**Julian Berlet, Chief Clinical Strategy Officer**
Author:	Lisa Peaty, Deputy Director: Strategy, Planning & Improvement; Jo Kirwan, Deputy Chief Finance Officer; Nikki O'Brien, Deputy Chief Information and Performance Officer; Bianca Edwards, Assistant Director of People and Culture; Tim Luckett, Senior Programme Manager
Reporting Route:	TMB
Enclosures included with this report:	N/A
Purpose of report:	☐ **Assurance** ☒ **Approval** ☒ **Information**

Brief Description of Report Purpose

This report presents the re-submitted integrated plan for 2026/27–2028/29 which has been developed through the Trust's planning process in line with NHS England (NHSE) national guidance and timescales. The plan outlined in this report was submitted to NHSE, following delegated Trust Board sign off, on 18th March 2026 with a further finance submission on 26th March 2026. The Trust was invited to resubmit its plan following discussions between the Trust, ICB and NHSE which took place after the February submission. The integrated plan is the basis of activity, performance and workforce plans and budgets delegated to divisions, directorates, and departments.

Recommended Actions required by Board or Committee

Trust Board is asked to:

i) Ratify the integrated plan re-submission (as set out in this report) which was submitted to NHSE under delegated authority due to timescales

ii) Receive the contents of this report and note the risks/assumptions made

Executive Director Opinion[1]

This paper outlines the Trust's integrated plan 2026/27 – 2028/29 as re-submitted to NHSE on 18th March 2026 with a further finance submission on 26th March 2026. The challenge of meeting all the requirements of the planning guidance across operational performance, workforce and finance should not be underestimated given the parameters of the national planning guidance and the system's underlying exit deficit position from 2025/26. There remains a significant level of risk associated with delivering the plan, for which mitigations continue to be sought.

Wells Jo 13/04/2026 16:23:02

[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.

1. Key points to note

The headline position for performance, activity, workforce finance, cash and capital is presented below:

1.1 Activity

Our non-elective activity plan has been submitted based on 1.8% growth in 2026/27 compared to the activity in 2025/26, followed by 1.7% growth in 2027/28 and a further 1.8% in 2028/29 for Type 1 ED attendances. Emergency admission growth for 2026/27 is based on 2.6% increase followed by 1.7% in 2027/28 and 3.1% in 2028/29. At the time of submission, the contractual negotiations were still ongoing with decisions regarding 'same day emergency care' activity that are not fully reflected in the activity and performance plans.

The growth applied to the non-elective plan over the next three years is less than we have experienced in recent years. The key to securing delivery will be admission avoidance via the development of community-based services to enable left-shift of activity.

Our elective activity plan for 2026/27 is for delivery of the 2025/26 forecast outturn, plus 3.5% growth in activity across all specialties. This includes a £3.8m RAS payment applied to specialties which are below Model Health System top decile performance for their outpatient new to follow up ratio. A 1% growth has been applied to both years 2 and 3.

However, the submitted activity plan does not achieve the performance standards as required by NHSE. We had to show ambition across RTT, Cancer and the 4hr emergency standard. The Trust will therefore need to over-perform against the submitted activity plan, so an internally developed equivalent will be published and used to monitor delivery.

The Trust will need to take a robust approach to ensuring delivery of the required activity at the lowest possible cost, to maximise the income contribution.

1.2 Performance

We have submitted a plan for the three years which is compliant with delivery of the key performance metrics included in the NHSE integrated planning guidance.

1.3 Workforce

There have not been any material changes to the three-year workforce plan submitted in February 2026. The plan continues to be compliant with our allocated NHSE bank and agency targets from a whole-time equivalent perspective.

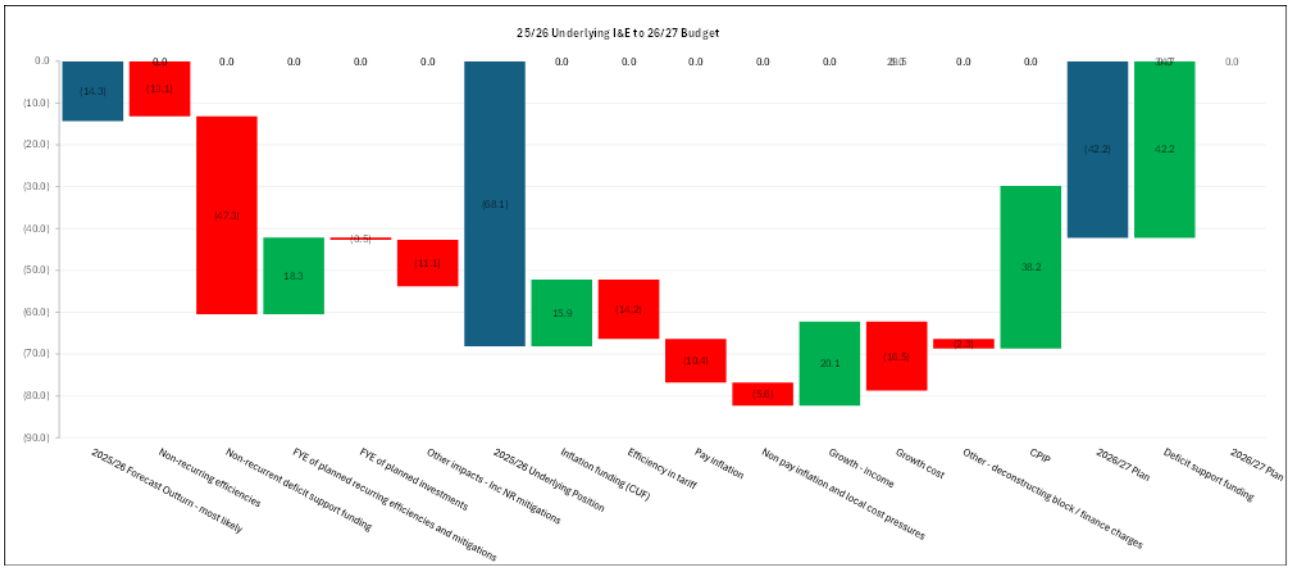
The Workforce plan has been developed aligned to HR strategic objectives and includes only approved Business Cases and externally funded posts known at the time of submission. Overall, by March 2027 it is planned there will be a reduction in WTE of 217.67

Our plan sets out trajectories for achieving a 4% sickness rate and 9.5% turnover rate by end March 2027.

1.4 Finance

We began our financial planning with an anticipated out turn trajectory of £14 million, whilst acknowledging the system's stretch ambition of £11.7 million. This approach ensured we were mindful of the target whilst maintaining a realistic perspective on achievable outcomes.

The chart below presents the Trusts headline planned position showing the journey from 2025/26 exit to our 2026/27 Plan.



The financial plan has been developed with careful consideration of the following key factors:

- A comprehensive assessment of the underlying exit position for 2025/26, with adjustments made to account for non-recurrent items.
- Implementation of agreed service changes, strictly aligned with approved business cases to support strategic objectives and operational needs.
- Incorporation of contractual amendments, including anticipated growth in activity, to ensure contractual obligations and future demand are adequately addressed.
- Application of inflationary adjustments based on official tariff and planning guidance, as well as actual known inflation values, to maintain financial stability.
- Recognition of both local and national cost pressures, ensuring these are factored into the plan to mitigate potential risks and challenges.
- Integration of the Cost Productivity Improvement Programme (CPIP), with profiled budget adjustments scheduled as schemes are verified, and no later than the end of quarter 1, to drive efficiency and cost savings.

Collectively, these elements underpin a financial plan designed to support the organisation's objectives.

In the 26 March submission, the pre–Deficit Support plan for 2026/27 has seen a reduction of £15.5m, moving from £57.7m to £42.2m. The following outlines the key drivers of this change and the implications for the Trust's financial position.

Key Drivers of Reduction

1. Contract Negotiations: Recent negotiations have enabled a refinement of cost assumptions and supported activity growth, resulting in a £4m improvement. All growth assumptions will be managed within the agreed expenditure envelope.
2. Increased Income: The revised plan includes an additional £3m of income, further supporting the reduction.
3. CPIP Target Adjustment: The CPIP target has increased by £8.5m, bringing the overall target to £57.1m (approximately 6.8% of operating expenditure). As a result, the value of unidentified CPIP has risen from £8m to £16.5m.
4. Deficit Support Funding: The original deficit support limit was £34.7m. NHSE has since agreed to provide an additional £7.5m in Deficit Support Funding (DSF), resulting in a total of £42.2m non-recurrent DSF.

Our financial plan is now compliant, and delivery of the phased plan will attract deficit support.

If the Trust successfully delivers the estimated cash-releasing CPIP, it will not require Provider Revenue Support in 2026/27.

There have been no changes to the capital programme in this revision.

The CPIP target for 2026/27 is £57.1m (6.8%) and £46.1m in both 2027/28 and 2028/29 (5.6% and 5.7% of operating expenditure respectively). Further work is required de-risk the savings programme.

Quarter 1 will be pivotal in building and de-risking our CPIP. Whilst there is significant value of carry forward of schemes from 2025/26, we will further strengthen our CPIP through maximising productivity, identification of further areas for cross-divisional working, securing benefits through application of our improvement methodology and through collaboration with the Foundation Group and our system partners to secure opportunities along the whole patient pathway. Given the size and scale of the programme, non-recurrent savings will be needed to supplement the programme through enhanced grip and control whilst productivity and efficiency programmes mature into credible and sustainable solutions. This is not an exhaustive list, and we will endeavour to deliver the plan by any credible means but with full recognition of the impact on patient care and services using our impact assessment policies.

Identifying financial risk early is crucial as it enables organisations to take timely action. The following financial risks are contained within the plan and are summarised below:

26/27 Upside and downsides not included in plan			04ADESC	04ASOCI	04AVALUE	04ALIKE	04ALIKEVAL
			Plan Description	SoCI Impact	Value	Likelihood	Estimated weighted impact on SoCI
			Plan	Plan	Plan	Plan	Plan
			31/03/2027	31/03/2027	31/03/2027	31/03/2027	31/03/2027
		Expected	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending
	i	Sign	Text	Dropdown	£'000	%	£'000
UPSIDE		+	Increase efficiency ask to mitigate inflation	Employee expenses	3,984	50.00%	1,992
		+	Additional vacancies held for longer period to reduce expenditure	Employee expenses	2,300	50.00%	1,150
DOWNSIDE		-	Achieving performance targets may be unaffordable. Elective	Operating expenses excluding employee expenses	(2,018)	50.00%	(1,009)
		-	UEC demand exceeds contract level and premium costs are in excess of contractual marginal rate	Employee expenses	(3,000)	50.00%	(1,500)
		-	CPIP targets may not be met (assessed using risk calc maturity)	Employee expenses	(35,210)	100.00%	(35,210)
		-	Inflation exceeds current assumptions - 0.5% estimate - inc pay awards	Operating expenses excluding employee expenses	(3,984)	50.00%	(1,992)
		-	That additional income stretch does not materialise	Other operating income	(1,000)	80.00%	(800)
Net impact		+/-			(38,928)		(37,369)

NHSE have a three-year revenue settlement and four-year capital settlement. We are required to submit three-year income and expenditure and four-year capital plans.

2027/28 Non-compliant financial plan: The projected deficit of £39.6 million significantly exceeds the Deficit Support Limit of £22.1 million highlighting a substantial shortfall that requires attention and mitigation strategies.

2028/29 Non-compliant financial plan: The projected deficit of £17.5m exceeds the Deficit Support limit of £9.6m by £12.4m, indicating a significant shortfall that requires urgent attention.

The following summarises the key assumptions for the 2027/28 and 2028/29 financial year:

- **CPIP commitment**: The CPIP target for both years is set at £46.1 million (comprising carried forward and additional efficiencies), representing approximately 5.6% of total operating expenditure.

- **Inflation:** Inflation assumptions are aligned with national guidance, ensuring consistency with sector expectations for cost increases.
- **Growth funding**: Growth is projected in line with guidance, with additional funding matched by an equivalent increase in associated delivery costs, maintaining budgetary balance for new initiatives.
- **Income reduction**: An additional £2.8 million reduction in both years to income is expected as the block is further deconstructed, highlighting ongoing financial pressures.

These assumptions collectively illustrate the considerable financial challenges facing the organisation in 2027/28 and 2028/29. The board is advised to closely monitor these key risk areas and prioritise strategic interventions to support financial sustainability and operational resilience.

The Divisional budget agreement process for 2026/27 involves a structured and evidence-based review of Divisional submissions to ensure affordability, robustness, and alignment with Trust plans. Divisions are required to justify baseline requirements through analysis of historic performance and in-year trends, validate all cost pressures, and demonstrate that reasonable mitigations had been explored before seeking additional funding. Submissions are being reviewed for consistency, will need to be assessed against agreed activity, workforce, and contractual assumptions and formally endorsed by Divisional clinical and operational leadership. This process provides a clear audit trail from the prior-year budget to the proposed position and informed funding recommendations ahead of final sign-off.

1.5 Contracting

The Trust has reached agreement on overall income values for 2026/27 with the host commissioner and is close to final financial agreement with associate commissioners.

Further work is required to conclude detailed indicative activity plans, including the treatment of Same Day Emergency Care (SDEC) activity and the application of break-glass and marginal rate arrangements for over and under-performance. These elements will be re-triangulated alongside the Trust's submitted activity assumptions as part of finalising contract negotiations.

1.6 Cash

The original Deficit Support Limit was £34.7m; however, NHSE has agreed an additional £7.5m Deficit Support Funding, taking the total to £42.2m non-recurrent Support. The scale of the CPIP, and the current capital programme mean the Trust will need the continued support of DSF in 26/27. Cash will be managed through close monitoring, utilisation of ICB advances, stronger debtor recovery, extending creditor terms where appropriate, and, if necessary, deferring capital expenditure to meet payroll and essential supplier obligations. The robustness of the CPIP will determine the Trust's cash position and the extent of any further support required.

1.7 Capital Plan

The Trust expects to have the £16.8m internally sourced capital funds in 2026/27. This will be allocated to agreed schemes.

- Enabling works for equipment replacement has been allocated within the Trust's internal funding allocation for 26/27 as follows:
- IR room- replacement and works £1.2m
- DR Rooms install £50k
- Cath Lab - Phase 2 install £500k
- Linacs WRH Replacement - Linacs 1 £867k
- Cardiac Cath Lab WRH replacement £1.74m
- WRH Oncology CT Scanner – works £250k

- Linac 2&3 design completion/install works only £500k

The Trust Estates Safety Fund capital allocation is £4.189m for 2026/27 and £2.912m for 2027/28.

The Trust received confirmation of the final indicative allocations for Constitutional Standards Nationally funded schemes in February, and further work has been completed to revise the schemes against this allocation.

Further prioritisation of Strategic and Equipment schemes has resulted in new projects for ED Fire Doors and Oncology CT Scanner being added against the internal allocation.

Funding confirmation for National Digital schemes has yet to be announced / confirmed.

2. Next steps and conclusion

The plan re-submitted on 18th March 2026 with the updated finance submission on 26th March 2026 will be reviewed by NHSE and the Trust will follow up on any feedback or actions required resulting from their review.

Our plan is clearly ambitious and carries a considerable level of risk associated with its delivery. Our plan will be launched in the next few weeks through a cross-divisional event which will, not only set out the details of the plan itself but also set expectations around delivery and accountability. Monitoring the delivery of Divisional plans will take place via the weekly divisional Financial Recovery meetings, monthly divisional Finance and Performance Executive meetings and monthly Trust Financial Recovery Board. We will continue to work with our system partners to enable us to collectively achieve all elements of our respective plans.

Escalation and Assurance Report

Report from: Quality Governance Committee
Date of meeting: 26 February 2026
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	**Quarterly Perinatal Safety Report**
Rating rationale	The report was aligned to the new Perinatal Quality Oversight Model. Successes in quarter 3 included: • Achievement of all 10 CNST standards for year 7 • A reduction in perinatal mortality rates (though an increase in January, which was under review). • A continued trend in reduction of induction of labour (IOL) delays • Improvements in role specific training rates. Challenges continued regarding: • High triage attendance, with minor issues in pregnancy being diverted to triage from primary care. Midwifery staffing on the late shift had been increased but physical space was becoming an issue and delays were a concern. • Delays in the IOL pathway and in the provision of test results were impacting patient experience • Issues with the ability to link two fetal growth surveillance systems. The Committee was updated, following a discussion at the last Trust Board meeting, on the Homebirth Service, which was recently reviewed in line with a national NHSE request. The review identified that due to a reduced number of homebirths, the community midwifery team was experiencing challenges maintaining competence and confidence. To address this, the team and patient pathway were being moved to the Continuity of Carer team. A report would be presented at a future meeting detailing the decision-making process, including a risk assessment and quality impact assessment.
Outcome	The report was accepted.
Item/Topic	**Maternity Safe Staffing Report**
Rating rationale	The report provided assurance that there were robust processes in place to monitor midwifery staffing levels and that appropriate actions were taken to mitigate the risk when staffing gaps occurred. Key points noted: • Staffing was safe on all shifts • Staff had been deployed on some occasions to the Delivery Suite to maintain safety during periods of high acuity. • Sickness absence and turnover among support staff had improved. • Sickness among midwives had increased reflecting seasonal variation. Targeted support was being provided to some areas.
Outcome	The report was accepted.
Item/Topic	**Nurse Safe Staffing Report**
Rating rationale	The report provided assurance that the Trust's nurse staffing levels were safe and in line with national guidance on all shifts in January. The pressures of the critical incident in January required additional capacity, especially overnight, which had an impact on temporary staff usage. Overall, however, there was a reduction in agency spend (nursing and midwifery) to 2.4% of all pay expenditure. Compliance with the agency price cap was 99%. Outliers were specialist nurses for chemotherapy patients and to support patients detained under the Mental Health Act. The potential for a psychiatric liaison service to help address the latter was being explored.
Outcome	The report was accepted.
Item/Topic	**Trust Infection Prevention and Control (IPC) Board Assurance Framework (BAF) Update**
Rating rationale	The report provided assurance that across the 10 sections of the IPC BAF there were no areas of non-compliance but 14 areas of partial compliance, all of which had mitigations in place and/or actions planned. This reflected significant progress since NHSE IPC visits in May and September. Another visit to all sites was expected in June.
Outcome	The Committee welcomed the progress with no 'red' areas and accepted the report.

Escalation and Assurance Report

Report from: Quality Governance Committee
Date of meeting: 26 February 2026
Report to: Trust Board

Item/Topic	Antimicrobial Stewardship (AMS) Report
Rating rationale	The report was presented in response to a recent national NHSE request to take action to tackle antimicrobial resistance. Following a review of benchmarked performance against the national targets, the Trust's actions were focused on the three key areas: • Increasing frequency of AMS ward rounds. • Development of an EPMA dashboard of AMS so antibiotic use could be monitored in all areas • Targeted work on urinary tract infection management. There would also be work on nutrition and hydration, linking with the ICB.
Outcome	The Committee: • Commended the work on AM stewardship and resistance between the IPC, pharmacy and digital teams. • Accepted the report for presentation to the Trust Board in April.
Item/Topic	**IPC Quarterly Report**
Rating rationale	Rates of C.difficile and MSSA were below thresholds. Klebsiella was increasing, reflecting the national picture. NHSE IPC visits to the Alexandra and Kidderminster sites in December and February resulted in positive feedback. An all-site review was planned in June, which, it was hoped, would reduce the level of monitoring. Emerging risks included: • 3 C.difficile outbreaks, which were under review, MRSA in Maternity, seasonal Group A Streptococcus, and a Citrobacter incident in neonatal. Processes, governance arrangements and monitoring were being reviewed and the Trust was engaging with external bodies where appropriate. • The increased use of electronic items on wards associated with ePMA was interrupting hand hygiene practice. It was agreed that learning from earlier adopters of eMPA could be valuable. • The Trust had requested an IPC governance review by NHSE to ensure arrangements were optimum. • There was a national issue regarding nurse training in some core skills such as IPC, which placed the onus on the Trust to ensure competency.
Outcome	The Committee: • Commended improvements overall and thanked all staff involved. • Expressed concern about the number of issues but was assured that they were gripped. **Action**: Report to a future meeting on proposed national changes to nursing and midwifery education, highlighting the impact on Trust resources.
Item/Topic	**Fundamentals of Care Quarterly Report**
Rating rationale	Escalations: Work on nutrition and hydration was in progress focused on the effective identification of patients with complex nutritional needs and their appropriate management.
Outcome	The Committee accepted the report and welcomed the new, clear report format.
Item/Topic	**Transfusion Committee Quarterly Report**
Rating rationale	Escalations: The implementation of the BloodTrack programme was leading to improvement in wrong blood in tube incidents
Outcome	Accepted
Item/Topic	**Urgent and Emergency Care Quality and Safety Report**
Rating rationale	Two improvement projects had been undertaken since the last report: • 45m ambulance handover standard: this led to some early gains but there had subsequently been some challenging days due to very high activity. • Department layout and leadership model: two coordinators were introduced rather than a single oversight role, each with defined responsibilities. This resulted in reduced waiting times and quicker streaming to other areas.
Outcome	The Committee welcomed the good progress and achievements but recognised that this could be swamped by high attendances in ED.

Escalation and Assurance Report

Report from: Quality Governance Committee
Date of meeting: 26 February 2026
Report to: Trust Board

Item/Topic	Learning from Deaths
Rating rationale	Mortality differences between the Alexandra and Worcestershire Royal hospitals was being analysed. The SHMI for the Trust overall and within the two sites remained within limits but relatively high. This was thought to relate to a change in coding, with SDEC activity no longer classed as admissions, and the data was expected to settle over the coming months. A deep dive review of electrolyte and fluid management highlighted no concerns.
Outcome	The Committee recognised SHMI was dependent on coding and sensitive to changes in process and agreed it was more important to look at individual patient deaths and findings about their care. **Action:** Include in future reports key learning from cases considered by Learning from Deaths Committee.
Item/Topic	**Patient Experience Quarterly Report**
Rating rationale	Two matters were highlighted for Committee awareness • The Trust was required to complete three frameworks: accessible information standards, experience of care, and interpreting and translation. These would be the focus of the teams in quarter 4. • The patient voice and involvement strategy was not launched due to capacity issues and would be revised to ensure deliverability. Positive highlights included the work of the discharge response volunteer service, which was commended by the CQC, and the Peony volunteer service which supported patients at end of life.
Outcome	The Committee welcomed the generally positive report and congratulated the teams for the success of the two volunteer initiatives.
Item/Topic	**Trust-wide Quality Priorities Report Quarter 3**
Rating rationale	The majority of indicators were on track to meet annual targets, which would be reported in the annual Quality Account. Safe and timely discharge was off track, however. Work to improve this system issue with partners continued.
Outcome	The Committee accepted the update. **Action:** ICB representative to provide regular feedback to the Committee on the system discharge improvement workstream.
Item/Topic	**EPMA Update**
Rating rationale	The new system had been live since late November. A review by NHSE prior to go-live was positive about the Trust's clinical safety culture. As expected, there had been an increase in prescribing related incident reporting due to the improved visibility. Types of incidents were closely monitored to identify trends. Prescription issues were expected to reduce as use of the system was embedded. No incidents resulted in harm attributable to eEPMA. Early benefits included 100% legibility and more robust medicine management. There was also evidence of time savings, though this was not reflected in staff feedback. User feedback was largely positive. Any areas identified for improvement were incorporated in development plans overseen by an ePMA stabilisation board.
Outcome	The Committee welcomed the positive feedback and clinical benefits. **Action:** Provide a report on benefits realisation including time saving.
Item/Topic	**Integrated Performance Report**
Rating rationale	UEC performance was improving overall despite increased activity, reflecting improvements in Trust-wide flow. Cancer performance was mixed, with challenges in urology and breast radiology – additional resource had been allocated to both. RTT issues were being managed through targeted work in the most significant areas of challenge. Plans were in development for the national March 'Sprint' for elective and cancer. A sprint was also planned for UEC in March to gain rapid improvement.
Outcome	The Committee welcomed the signs of improvement.
Item/Topic	**Improving Safety Action Group Escalation & Assurance Report**
Rating rationale	Key areas of focus were nutrition and hydration (as above) and medicines management (as below). The Committee was also now considering a regular report on the violence and aggression safety priority aligned to the Enhanced Therapeutic Observation of Care (ETOC) initiative.
Outcome	The report was accepted.

Escalation and Assurance Report

Report from: Quality Governance Committee
Date of meeting: 26 February 2026
Report to: Trust Board

Item/Topic	Patient safety and complaints quarterly report
Rating rationale	Reported incidents increased 8.4% in the last quarter. 8% of incidents resulted in patient harm. The two most common incident categories were: admission/discharge/transfer and medication/ePMA. There were no never events or prevention of future deaths reports. Duty of candour documentation required focus. Complaint numbers were consistent with previous quarters. The two most common categories were clinical treatment and communication. Overall response times remained behind target. Improvement work in the Surgical Division continued and a new process had improved early contact with complainants which should improve overall timescales.
Outcome	The report was accepted
Item/Topic	**Medicines Management Programme update**
Rating rationale	A structured medicines management improvement programme had been established in response to recent injectable related patient safety incidents. This work would be overseen by the Improving Patient Safety Advisory Group.
Outcome	The report was accepted

Assure: Including assurance items rated green
None.

To Note: Items received for information or approval	
Item/Topic	**Big Quality Conversation Survey**
Summary	Overall, responses were a little more positive than last year. Areas for improvement were the same. The results would be shared widely and included in the Quality Account and priority planning for next year.
Outcome	Noted.
Item/Topic	**Safety and Quality Information Dashboard Demonstration**
Summary	The updated dashboard (SQuID 2) would shortly go live to facilitate ward to Board reporting. Drop-in support sessions would be available for staff. The dashboard included a range of live data sources covering the three aspects of quality (safe, effective, experience) at Trust, division and ward level and was linked to the complaints and incidents system.
Outcome	The Committee welcomed the development and leaders were encouraged to ensure its regular use.
Item/Topic	**Professional Bodies Update**
Summary	The report provided an update on Nursing and Midwifery Council and Health and Care Professions Council referrals, of which there were 6 and 8 open cases respectively.
Outcome	**Action:** Present report to People and Culture Committee in future.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Minutes for Quality Governance Committee

Thursday 29th Jan 2025 at 09:30
Via MS Teams

			Attendance Status
Chair	Julie Moore	Non-Executive Director (Chair)	✓
Required Attendees	Hayley Flavell	Chief Nursing Officer	✓
	Rachel Dunne	Deputy Chief Nursing Officer - ICB	
	Justine Jeffery	Director of Midwifery	✓
	Baylon Kamalarajan	Consultant Paediatrician and POSCU Lead	
	Chris Douglas	Interim Chief Operating Officer	Apols
	Simon Murphy	Non-Executive Director	✓
	Michelle Lynch	Associate Non-Executive Director	✓
	Edwin Mitchell	Deputy Chief Medical Officer	
	Stephen Collman	Acting CEO	✓
	Alison Robinson	Deputy Chief Nursing Officer	
	Rosemary Smart	Public Patient Forum	
	Susan Smith	Deputy Chief Nursing Officer	✓
	Sue Sinclair	Associate Non-Executive Director	
	Jules Walton	Chief Medical Officer	✓
	Jo Ringshall	Healthwatch	
	Gwenny Scott	Company Secretary	✓
	Liz Watkins	Associate Chief of Nursing / Director for Infection Prevention and Control	✓
	Rebecca Brown	Chief Digital Information Officer	Apols
	Chris Bryne	Healthwatch	✓
	Emma King	Director of Estates and Facilities	✓
	Fazia Khan	Chief Pharmacist	✓
Attending			
	Samantha Bucknall	EA to Chief Nursing Officer (minutes)	✓
Guest			
	Mike Cornes	Deputy Divisional Director of SCSD	Apols
	Helen Harris	Associate Director of Nursing and Quality ICB	✓
	Nikki O' Brien	Deputy Chief Information & Performance	✓
	Tracy Pearson	Deputy Chief Operating Officer	✓

	Gaby Suess	Support Secretary	✓
	Blake Oliver	360 Assurance	✓
	Karen Apps	Head of Patient Safety	✓
	Deborah Narburgh	Head of Safeguarding	✓

Item	Title
QGC/26/1	**Welcome and Apologies for Absence**
	Ms Moore welcomed all present at the meeting.
QGC/26/2	**Declarations of Interest**
	No noted declarations of interest
QGC/26/3	**Minutes of the last meeting**
	The minutes of the meeting held on 27th November, were accurate and true reflection of the meeting.
QGC/26/4	**Action Schedule**
	Actions reviewed and updated.
QGC/26/5	**Escalations from Chief Nursing Officer, Chief Medical Officer & Director of Midwifery for items outside of standard report / not on the agenda**
	• MRSA Period of Increased Incidence (Obstetrics) Ms Flavell reported a Period of Increased Incidence for MRSA in Obstetrics following four cases, confirming this is not an outbreak as all strains are different. The issue has been raised through internal reviews with ICB and UKHSA involvement, and an action plan is in place. Ms Watkins explained that the cases are unrelated and reflect a wider national rise in MRSA across maternity and neonatal services. Increased screening—for elective and emergency caesareans and in transitional care—is likely identifying more cases, with evidence suggesting mothers are presenting with MRSA rather than acquiring it in hospital. Screening is robust, though results are not always available prior to theatre. High-risk patients receive prophylactic antibiotics. Further research is being sought on potential pre-screening washes. A follow-up internal meeting will be held in 28 days to review progress and cleaning assurance. In response to a query from Dame Julie, Ms Watkins confirmed screening occurs both before elective admission and on arrival, supporting the view that MRSA is being brought in rather than acquired onsite. Ms Flavell provided additional clarification regarding access processes. Ms Flavell also highlighted a nutritional PSII included within the PSIRG agenda pack. Since joining the organisation, she has been briefed on longstanding challenges relating to nutrition and hydration. While the previous Regulation 28 was not issued for this reason, the case did raise concerns relating to these areas. She stressed the importance of ensuring that actions address recurring issues; this matter will progress through ISAG. Ms Apps confirmed the case is not subject to an inquest.
QGC/26/6	**Quality & Safety**

QGC/26/6.1	**Maternity Safe Staffing Report**
	Ms Jeffery presented the Maternity Safe Staffing Report, noting that two monthly reports were included due to the absence of a December meeting. She focused on the December position, highlighting that although midwifery and MSW sickness levels had improved into amber for the first time in November, sickness worsened again in December and remained above the Trust target, largely due to seasonal coughs and colds. Vacancies remain in both staffing groups, predominantly within the support workforce; however, recruitment has taken place and new starters are expected by the end of Quarter 4. Rising maternity leave is contributing to increased bank usage, and discussions are underway about the potential for substantive recruitment to cover maternity leave. It was a busy month, and staff were deployed on multiple occasions to maintain safety. Ms Jeffery noted that sickness levels are expected to reduce and that onboarding of newly recruited staff over the coming months should address remaining vacancies, supporting a more stable staffing position
QGC/26/6.1.1	**Perinatal Incident Report Q3**
	Ms Jeffery presented the Q3 Perinatal Incident Report, noting the ongoing PSII for a Birth Centre drug error, with the draft report now shared and due for presentation to PSIRG in February. Actions have already been implemented locally and Trust-wide, and a task and finish group led by Ms Flavell is reviewing wider organisational issues, with a full update expected next quarter. The quarter included two baby losses where women presented with reduced foetal movements; in both cases the babies had sadly died on admission. One case has completed PMRT with no concerns identified, and the other is awaiting review. There was also a neonatal death following deterioration after birth, reported to the coroner and MNSI. The only significant learning was an unlabelled placenta, and a strengthened bagging and labelling process has now been introduced. Ms Jeffery highlighted an increase in 3rd and 4th degree tears to 2%, still below the 4% national rate. Quality improvement work is underway, including implementation of the OASI care bundle led by the new Specialist Midwife for Pelvic Health. Two further cases were discussed: a major haemorrhage with bowel injury confirmed as a surgical complication, with review complete and family follow-up arranged; and a suspected skull fracture with intracranial bleed in a 34-week baby, later confirmed as antenatal and unrelated to birth trauma. Further updates will return to PSIRG once reviews conclude. Ms Flavell also reported concerns from student midwives and medical trainees about inconsistent supervision and reluctance to escalate issues. This will be reviewed further, and she will attend the Student Midwife Forum for more feedback. Equipment access issues continue across postnatal, antenatal and triage areas, particularly shared SATs probes and BP machines, and this is being explored by Ms Jeffery.
QGC/26/6.2	**Nurse Safe Staffing Report**
	Ms Flavell explained that the nursing staffing section is presented in a new format this month, following the Committee's agreement in November to trial a clearer and more representative style. The revised report aims to make key information—such as vacancies, patient-care hours per day, fill rates, red flags and bed occupancy—easier to interpret than the previous narrative-heavy format. She invited feedback on whether the new approach is more helpful. She confirmed that the biannual staffing review is underway, with dependency and acuity data currently being collected. Vacancies stand at approximately 150 across all grades,

	the majority being healthcare support workers; however, vacancy levels are slowly improving, and recruitment pipelines are in place. Ms Flavell highlighted areas of unfunded activity, including PDU and the overnight opening of the medical estate to support capacity during the recent critical incident, along with additional pressures in ED. These factors are resulting in around 90 WTE of additional staffing per month, contributing to increased bank and agency spend. She noted ongoing reductions in agency usage, with this work led by Deputy CNO. The organisation plans to remove healthcare support worker agency use within the next month, supported by a newly approved break-glass policy, and aims to eliminate agency staffing by April. Mr Murphy asked when the unfunded 90 WTE per month is expected to reduce. Ms Flavell advised that workforce work in ED, led by the Deputy CNO as part of the UEC programme, should start to address this. She noted that PDU will need to close in a planned way with system partners, and that medical SDEC should not operate overnight but remains open due to ED capacity pressures. Improvements from the UEC reset and recovery work are expected to reduce the unfunded staffing over time. **ACTION:** ***Ms Flavell to amend the report to remove the incorrect external logo on page 44 of 262 (page 8 of 14) and replace it with the correct organisational branding.***
QGC/26/6.3	**UEC Harm Review/ Assurance Dashboard**
	Ms Flavell presented the ED quality report, noting ongoing overcrowding and highlighting that the report focuses on areas requiring improvement, informed by audits, complaints and incident data. She referenced the ongoing PDSA work in ED, led by the Deputy CNO, which is expected to support improvements in patient experience and performance. Ms Flavell proposed reducing the reporting frequency to quarterly or bimonthly, with the aim of showing clearer progress and reducing reporting burden. Ms Moore agreed that reporting should add value and supported a shorter, less frequent approach. Mr Collman suggested either providing a brief summary report with periodic in-depth reports, or issuing a bimonthly report supplemented by verbal updates highlighting any escalations or slippage. The Committee supported this approach. **ACTION:** ***Ms Flavell and Mr Collman to revise the ED quality reporting schedule, moving to a bimonthly written report with verbal escalation updates in intervening months***
QGC/26/6.4	**NHSE letter**
	Ms Watkins reported positive progress following recent NHSE visits. She explained that the initial NHSE review in May resulted in the Trust being placed under intensive scrutiny and support, leading to a comprehensive action plan across all sites. A follow-up visit in September confirmed improvements, with the Trust's rating reduced to *requires enhanced review and monitoring*, which was viewed positively. Outstanding actions relate mainly to estates, facilities and cleaning standards, particularly in ED, and work is ongoing with PFI partners to address these. A further NHSE visit to the Alexandra Hospital in December was highly positive, with strong feedback on staff engagement, communication, and cleanliness. NHSE will undertake further visits, including Kidderminster on 17 February and additional formal assessments at the Alex and Kidderminster later in the year. Ms Watkins noted that continued progress may support a further improvement in the Trust's rating.
QGC/26/6.4.1	**NHSE IPC visit to Worcestershire Royal Hospital Sep 2025**

	Discussed above.
QGC/26/6.5	**Patient Safety Incident Investigation Report**
	Ms Flavell provided an update on the current PSI amber escalations, noting that one relates to the nutrition case referenced earlier in the meeting. She explained that the findings have prompted further work, as previous nutrition and hydration improvements were focused on team processes rather than outcomes, and a wider programme of work is now underway. She confirmed that two cases this year have met the threshold for MNSI reporting within the CNST period; all cases are reviewed and signed off through PSIRG, with actions monitored through governance processes. Ms Flavell also noted that an action plan responding to CQC findings on radiology reporting is in place. She advised that the report covers data from the past couple of months and invited questions from the Committee.
QGC/26/6.6	**Safety Walkabout Report**
	Ms Flavell presented the report and took it as read, noting that it covers three months of visits and includes the actions identified along with their owners. She advised that she and Ms Jules will review the current approach to ED walkabouts with the Healthcare Standards team, as the trial has not delivered the anticipated value. She added that a meeting is planned with Amy Gray to agree what future ED walkarounds should look like. These walkarounds form part of the Trust's general safety walkarounds undertaken by executive and non-executive directors.
QGC/26/6.7	**Learning Disability Report Q2 & Q3**
	Ms Flavell presented the Quarter 2 and Quarter 3 Learning Disabilities report, noting that it is comprehensive and proposed inviting the Trust's LD lead to future meetings for fuller oversight. She highlighted the Year 7 Learning Disabilities benchmark review, which identifies current organisational progress and areas requiring improvement. She outlined ongoing work including development of quiet rooms in ED, pre-planned visits for patients with learning disabilities in radiology and theatres, and creation of easy-read documents. The report also includes key actions on the final page. Ms Flavell noted increasing collaboration with community groups supporting people with learning disabilities and autism, including work on co-production to shape services and support patient visits. She confirmed she was happy to take questions and intends to bring Julie Webber to future meetings to provide detailed updates. **ACTION:** ***Ms Flavell to follow up with the Head of Education on progress regarding Tier 2 Oliver McGowan training and provide an update through the action plan.***
QGC/26/6.8	**Quality Dashboard Update**
	Ms Flavell provided a brief update on development of the new nursing quality dashboard. She reported that work is progressing with Alison Robinson, Nikki O'Brien and John from the nursing workforce team, including engagement with regional colleagues for best practice advice. The aim is to create a more user-friendly, multi-dimensional dashboard aligned to the fundamentals of care and incorporating staffing data, enabled by new direct links to the E-ROSTERING system. User testing is expected to begin in February. Ms Flavell emphasised the intention for clearer visual outputs to support Board-level oversight and targeted deep dives. She proposed that once the dashboard is ready, a demonstration be brought to the Committee. The Chair supported this approach, noting the need for improved readability and clarity of focus within the dashboards. Ms Flavell asked when the new dashboard would be ready for demonstration. Ms O'Brien confirmed that a visual version could be brought to the next Committee meeting, as the dashboard is close to completion. The Chair agreed this would be helpful.

	ACTION: ***Ms O'Brien to present a visual demonstration of the new nursing quality dashboard at the next Committee meeting.***
QGC/26/7	**Performance Reports**
QGC/26/7.1	**Integrated Performance Report**
	Ms Pearson presented the performance update for December**.** She reported deterioration in EAS and ambulance handovers, driven by a 21.7% increase in ambulance arrivals compared to last year. Despite this, 12-hour stays were maintained at 16.3% with no further deterioration during peak pressures. RTT work is focused on the national Q4 elective sprint, with progress being made on 52-week waits, supported by planned sprint activity. Cancer 62-day performance improved to 67%, though breast services were unable to sustain FDS performance due to demand outpacing recovery capacity. Additional recovery schemes and potential Cancer Alliance-supported insourcing are being explored. Urology recovery is being supported by Cancer Alliance funding, with increased activity now coming online. Ms Pearson also noted the successful outpatient strategy event held last week to support development of the 2024/25 outpatient transformation programme. Dame Julie raised concerns about significantly increased ambulance attendances and the wider system pressures contributing to ED demand. She suggested the need for a system-wide discussion and potential joint audit of attendances to understand appropriateness and identify alternative care pathways, particularly for groups such as end-of-life patients. Ms Pearson explained contributing factors, including changes to conveyance practices and new ambulance monitoring processes, and confirmed ongoing work with WMAS to improve call-before-convey compliance. Mr Collman noted wider system issues with single points of access, streaming, ambulatory capacity, and neighbourhood health teams, highlighting the need for joined-up review.
QGC/26/7.2	**GIRFT**
	Ms Pearson took the GIRFT report as read, noting continued strong performance against published metrics. She highlighted that next quarter's focus is on standardising clinic templates with specialties to reduce unnecessary follow-ups and increase new appointments, with around 2,000 potential new slots identified so far. The Trust is also aligning services with newly released GIRFT follow-up protocols, with further specialty protocols due shortly. She provided initial verbal feedback from the general surgery GIRFT visit held yesterday, reporting a very positive review, with significant improvement in recent years, strong performance across GIRFT metrics, high-quality services, and notable leadership and pathway transformation—particularly in cancer and emergency pathways. Dame Julie queried the cause of the 36-minute late theatre start time in ophthalmology, noting this represented a significant loss of operating capacity. Ms Pearson was unable to provide the detail at the meeting and highlighted recent delays linked to staffing sickness and booking issues, with operational teams undertaking daily checks. Concerns were also raised about wider patterns of late starts and early finishes across theatres, contributing to wasted capacity. ***ACTION: Ms Pearson to review the reasons for late theatre starts in ophthalmology and across other specialties, and report back to the Committee with findings and actions, next report due in April.***
QGC/26/7.3	**Research and Development Report Q2**
	Ms Walton presented the Q3 Research & Innovation report, noting continued strong recruitment performance, benchmarked positively against other West Midlands trusts. She highlighted forthcoming changes to the National Institute for Health and Care

	Research funding model from 2026/27, with funding becoming performance-linked. Early modelling indicates the Trust is likely to maintain its current level of income due to strong performance. Ongoing monitoring will continue.
QGC/26/7.4	**Safety Alerts Report for Q3**
	Ms Flavell noted that the safety alerts process continues to be managed through the Patient Safety Team, with clear action owners in place. There were no issues or escalations requiring the Committee's attention.
QGC/26/8	**Governance & Risk**
QGC/26/8.1	**Improving Safety Action Group Escalations**
	Ms Flavell provided an overview of the ISAG updates for November and December. She highlighted that nutrition and hydration remain a key organisational priority, with a full update scheduled for February's ISAG. She also noted the recent Regulation 28 relating to fragile services, with a paper taken to TMB outlining strengthened oversight and escalation processes. A focused review of violence and aggression incidents—particularly involving patients towards staff—is planned for February ISAG due to several cases currently under HR and governance review. She reported that January ISAG was stood down during the critical incident period, with a Chair's actions report issued instead. Work is underway to refresh the PSIRF plan, including clearer monitoring of Regulation 28 actions and outcomes. Ms Flavell also highlighted changes in CQC requirements, noting that 'We Statements' need clearer definitions and consistent self-assessment processes. An extraordinary meeting agreed a more robust Trust-wide approach to self-assessment and mock inspections, replacing previous fragmented methods.
QGC/26/8.2	**Risks 15+ Report**
	Ms Apps presented the risk report on behalf of Ms Brown noting eight risks monitored at QGC, including two new escalations. The first relates to insufficient administrative support in colposcopy causing delays; discussion will take place at the rescheduled ERMC meeting in February following the January postponement. The second is the re-escalated 36-hour best practice tariff risk for fractured neck of femur, which fluctuates depending on performance. Ms Apps also updated the Committee on the cath lab risk, confirming that progress is delayed due to external legal discussions. Ms King clarified that the deed itself is agreed but the novation arrangements for PFI expiry require final resolution, with a meeting planned next week to complete this work. Once resolved, implementation plans can proceed. Dame Julie noted the high number of red risks on the register and queried whether the cath lab risk and a separate medicine risk relating to acute AMI treatment and equipment failure were in fact duplicates. The Committee discussed ongoing concerns regarding outstanding letters. Ms Walton confirmed assurance cannot yet be given, noting this is a complex issue requiring further work, including alignment with the digital strategy. A focused plan is being developed, with this remaining a priority for the year. Ms Flavell noted that some risks may be duplicated across specialties and advised she would review and feed this back to the Executive Risk Committee. Ms Scott confirmed work is underway to develop a Board Assurance Framework risk to consolidate the Trust's highest quality risks. Ms O'Brien added she would strengthen alignment between the IPR and the risk register to improve clarity on actions and expected improvements. ***ACTION: Ms Apps advised she would review the risks to confirm whether they overlap and ensure appropriate alignment.***

	ACTION: Ms King to update the Committee following next week's meeting on the finalisation of novation arrangements for the cath lab risk. ***ACTION: Ms O'Brien to ensure clearer alignment between the IPR and high-scoring risks.***
QGC/26/8.3	**Clinical Audit & Effectiveness Q3 Report**
	Ms Walton presented the Q3 Clinical Audit and Effectiveness report, noting continued strong progress led by Elaine and her team. Work is underway to improve the process for keeping key clinical documents up to date, and a new risk-assessment approach has been introduced to document and evaluate any decisions not to participate in national audits. She invited questions from the Committee.
QGC/26/8.4	**Medicines Optimisation & Controlled Drugs Safe Handling Annual Review**
	Ms Khan presented the Q2 Medicines Assurance Report, noting an increase in reported medication incidents (621 in Q2 vs 585 in Q1), consistent with a strengthened reporting culture. Incidents causing harm remained below the Trust's 6% target. She highlighted improving compliance in controlled drugs and pharmacy-led audits, antimicrobial stewardship compliance at 84.3% against a 90% target, and ongoing policy and SOP updates. EPMA rollout was still at an early stage in Q2 but has progressed significantly since. She also noted strong performance on PGD currency, now at approximately 98%. Dame Julie sought assurance on progress with the antimicrobial strategy. Ms Khan confirmed good progress, with continued work alongside national teams. Ms Watkins added that a full antimicrobial report will come to the next QGC, noting ongoing work on EPMA, antimicrobial prescribing, and targeted improvements for common infection pathways. Strategies for 2026/27 have been set and will be monitored through TIPCC.
QGC/26/8.5	**Health & Safety Report Q2**
	Ms King presented the Q2 Health & Safety Report, highlighting continued rises in violence and aggression incidents alongside evidence of under-reporting. Targeted work is underway with Patient Safety and Risk teams to address this. She also noted an increase in RIDDOR reports, often linked to lapses in concentration, and a deep-dive is planned to understand contributing factors. She advised that proactive support to wards continues, with strong input from the LSMS. Early Q3 data suggests a reduction in RIDDORs. On fire safety, Ms King reported progress toward closing enforcement notice 1503 and confirmed that a plan and potential funding route are in place for issues linked to enforcement notice 1508, pending Fire Service acceptance. In response to a query regarding linen trolley condition, Ms King confirmed a capital bid is in place for full replacement and that, as a mitigation, linen will now be transported in wrapped bundles directly from the laundry.
QGC/26/8.6	**Consent Process Audit – Final Report (2025/26)**
	Ms Walton presented the consent audit, commissioned from 360 Assurance to review current paper-based consent processes and provide a baseline ahead of the rollout of e-consent. The audit concluded that the existing paper system provides only limited assurance due to documentation and retention issues, despite appropriate clinical consenting taking place. Four actions have been identified, and the new e-consent system—now fully in use in three pilot areas—is expected to address the majority of these. A Trust-wide implementation timetable is being developed, with further updates pending following discussions at Surgical Board. ***ACTION: Ms Walton to provide an update on the Trust-wide rollout plan for e-consent once confirmed with the Surgical Board lead.***

QGC/25/9	**Regulatory & Accreditation Reports**
QGC/25/9.1	**Safeguarding (Adults & Children) Q2 Report**
	Ms Narburgh presented the Q2 Integrated Safeguarding Report, highlighting significant activity relating to domestic abuse, with around 15 domestic homicide reviews underway. Safeguarding Level 3 compliance for adults and children remains below the 90% target, though the numbers required to achieve compliance are small. MCA and DoLS training compliance also remains below target, with additional sessions delivered for medical and dental staff. She reported progress on policy updates, including MCA, Prevent, domestic abuse and bruising in non-mobile infants, and noted improvements in the validity of Mental Health Act Section 5(2) detentions. Work has begun on implementing Martin's Law, with statutory guidance expected in spring. Preparations are also underway for the new joint targeted area inspection focus on child sexual abuse, and national consultation on Liberty Protection Safeguards expected later this year. Dame Julie asked whether the six additional safeguarding training sessions attracted the intended medical and dental staff. Ms Narburgh confirmed they did, with around 25 staff attending in total. However, she noted that despite this, Level 3 compliance for medical and dental staff remains below target at Q3, partly due to ongoing operational pressures and new staff becoming due for renewal
QGC/25/9	**Next Meeting Date 26th February 2026**
QGC/25/10	**Reflections on the meeting**
	The Chair thanked all presenters and attendees for their contributions. No further items were raised, and the meeting was concluded.
QGC/25.10.1	**Meeting closed at 11:35**
QGC/25. 11	**Confidential/Closed Executive Session**

Acronyms

Z Acronyms.docx

Escalation and Assurance Report

Report from: Audit and Assurance Committee
Date of meeting: 12 March 2026
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 Review: Transfer of Care – Joint Review**
Rating rationale	The review was the first joint review with the Herefordshire and Worcestershire Health and Care Trust and was rated *Limited assurance.* The review focused on the handover of patients with a tissue viability care need from inpatient to community services. Issues were found with the discharge processes being fully followed and the completion of tissue viability care plan documentation. The Chief Nurse reflected that despite strengthened guidance and information sharing on wound care, the information flow was complicated by the lack of a single database between the two trusts, the involvement of GPs as a third party and the range of patient pathways involved. A joint action plan had been developed and implementation was in progress. Learning for the next joint review included a need for more joint focus on the preparation of the terms of reference and the information to be provided.
Outcome	The Committee welcomed the valuable report and its outcomes. And agreed the following actions: • Present the report to Quality Governance Committee. • Provide an update to this Committee on streamlining communication between the two trusts. • Consider adding a follow-up audit at year end or the 2027/28 audit plan
Item/Topic	**Financial Governance**
Rating rationale	• Debt Write Off & Write Back The report proposed a write-off of 18 debts totalling £7,902. Reasons included the cost of further pursuit. This level was noted to be proportionate and reflected appropriate application of policy. • Compliance with Standing Financial Instructions and Scheme of Delegation The report summarised the breaches identified and the action taken including training of budget managers and holders, engagement with suppliers and, where appropriate, CFO intervention.
Outcome	The Committee: • Approved the schedule of debts proposed for write-off. • Approved the schedule of debts proposed for write back to I&E (£147). • Noted the debt recovery and collection process. • Noted the SFI breaches and actions taken to improve performance.
Item/Topic	**Board Assurance Framework (BAF)**
Rating rationale	All risks had been updated. Two new risks were in development relating to the PFI exit and quality improvement.
Outcome	The Committee remained assured regarding the new BAF format and process and welcomed the development of two new risks.

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: 12 March 2026
Report to: Trust Board

Assure: Including assurance items rated green	
Item/Topic	**Review of Effectiveness of Arrangements for Raising Concerns**
Rating rationale	The report provided assurance on the processes in place that provided multiple routes for staff and contractors to raise concerns, some of which had robust, policy-led governance arrangements, while others were more informal. These included Freedom to Speak Up, counter fraud, patient safety and health and safety. The organisational development framework was being reviewed and this would consider support for managers to deal confidentially with concerns. Training would be expanded to provide enhanced support for all staff. Areas for further development included post investigation feedback mechanisms and the formal triangulation of data received through the various reporting channels.
Outcome	The Committee welcomed the report and agreed to receive an annual update.
Item/Topic	**Internal Audit Review: Financial Ledger**
Rating rationale	The review provided *significant assurance* with one low risk recommendation, demonstrating significant improvements.
Outcome	The Committee welcomed the report and commended the team on the improvements to systems and controls.
Item/Topic	**Internal Audit Review: Payroll**
Rating rationale	The review provided *significant assurance* with five low risk recommendations The number of overpayments was high but this benchmarked well with peer organisations. The Trust was engaging with the payroll provider to change the process to include better wellbeing support to individuals impacted by overpayments
Outcome	The Committee welcomed the positive report.
Item/Topic	**Internal Audit Progress Report**
Rating rationale	Since the last meeting, three final reports had been issued (as above); the two final reviews of the plan were in progress and the draft plan had been developed for 2026/27 (below). The first audit of 2026/27 (DPST) had also been planned and would shortly commence. The plan was on schedule and there was confidence in delivery by year-end. Implementation of actions by the Trust was progressing well, with 100% of high-risk recommendations closed on time.
Outcome	The Committee welcomed the positive progress in delivering the plan with good support from Trust teams.
Item/Topic	**Counter Fraud, Bribery and Corruption**
Rating rationale	**Progress report** • Proactive work continued, including training and awareness initiatives. A 'working elsewhere' exercise was in progress. • There had been three new referrals since the last report. 14 had been received year to date. • There had been an increase in cases of working while sick which was thought to reflect better reporting and increased awareness. This was the most common type of referral across the NHS. **Annual Plan** The plan included focus on bank mandate fraud and asset management disposal vulnerabilities.
Outcome	The Committee noted progress in delivering the 2025/26 plan and approved the plan for 2026/27.

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: 12 March 2026
Report to: Trust Board

To Note: Items received for information or approval	
Item/Topic	**Internal Audit Plan 2026/27**
Summary	The plan was based on discussions with Board members and senior managers and included mandatory reviews plus risk-based reviews. A review of PFI exit arrangements would be deferred till the following year as in 2026/27 there would be other opportunities for assurance, including regulator health checks and a legal review. The plan was flexible so could be changed if other matters became higher priority. Areas highlighted on the plan 'long-list' could be reviewed separately by the Committee if assurance was needed.
Outcome	The Committee approved the well-balanced plan.
Item/Topic	**External Audit Plan**
Summary	The materiality threshold was set at £15.7m. The identified significant risks of material misstatement were the same as previous years: • Management override of controls (standard) • Valuation of land and buildings (the Trust's independent valuation was in progress, with no anticipated material issues). • Presumed risk of fraud in revenue recognition • Completeness of year end creditors and accruals The Value for Money review was based on the same risks as previously and would include a review of previous year recommendations. The audit fees had increased compared to last year based on the contract award process completed at the end of last year.
Outcome	The Committee approved the plan including the fee.
Item/Topic	**Going Concern**
Summary	Management was comfortable that all the tests for meeting going concern requirements were met.
Outcome	The Committee endorsed the Going Concern report.
Item/Topic	**Annual Review of Scheme of Delegation and Standing Financial Instructions**
Summary	The documents had been updated in response to guidance and need.
Outcome	The Committee endorsed the updated Scheme of Delegation and Standing Financial Instructions for Trust Board approval.
Item/Topic	**Review of Standing Orders**
Summary	The standing orders had been refreshed with minor changes reflecting the Trust's terminology and one material change which extended emergency decision making powers to the deputy chair as well as the Chair.
Outcome	The Committee endorsed the updated Standing Orders for Trust Board approval.
Item/Topic	**Preparation for Annual Audit & Assurance Committee Review**
Summary	The Committee had previously agreed to enhance its focus on its own effectiveness, including its impact. A number of measures were proposed, including a Committee member survey, to include in the annual Committee compliance and effectiveness review.
Outcome	The Committee approved the approach to reviewing and reporting on its compliance and effectiveness in 2025/26, including the measures to be included.

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
Friends Room, CHEC
Tuesday 3rd February 2026 at 10:00

Present		
Chair	Karen Martin (KM)	Non-Executive Director
Members	Jules Walton (JW)	Chief Medical Officer
	Sue Sinclair (SSi)	Non-Executive Director
	Colin Horwath (CH)	Non-Executive Director
	Liz Faulkner (LF)	Deputy Chief People Officer
	Wendy Joberns-Harris (WJH)	Deputy Chief Operating Officer
Attendees	Mel Stinton (MS)	Freedom to Speak Up Guardian
	Rachael Hayter (RH)	Director of AHPs
	Rich Luckman (RL)	Assistant Director of People & Culture
	Louise Pearson (LP)	Associate Director (Nursing) Workforce and Education
	Justine Jeffery (JJ)	Director of Midwifery
	Richard Haynes (RH)	Director of Communications
	Brooke Hassell (BH)	Physiotherapy Students
	Joseph Kennedy (JK)	
Apologies	Ali Koeltgen (AK)	Chief People Officer
	Stephen Collman (SC)	Managing Director
	Hayley Flavell (HF)	Chief Nursing Officer
	Katie Osmond (KO)	Chief Finance Officer
	Bianca Edwards (BE)	Assistant Director of People & Culture

	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 2nd December 2025 were reviewed and agreed as a true and accurate record. The ongoing action log was reviewed and updated accordingly.	
	Staff Story – Being Fair/Reducing harm from casework	
	RH presented a story about a nurse with themes including reasonable adjustments and occupational health. Lessons learned would be factored into a revised Early Resolution Policy.	
	Chief People Officer Report	
	The Employment Rights Act became law on the 18th December 2025. Some measures listed in the act are already in place, and the Trust is awaiting further details on others.	

Resident Doctors exception reporting will go live as of 4th February and the Trust will implement a new reporting framework in accordance with this. Resident Doctors have voted for a further period of 6 months strike action.

The Trust's target was to exceed the number of flu vaccines administered last year; however, it was felt that the target should be at least 50% of staff. LF advised that vaccine fatigue and a drop in uptake has been seen across the country, and the Trust benchmarks as average. It is vital to start planning early for next year and to understand the reasons why the uptake is low, i.e. accessibility, or personal reasons for not receiving the vaccine. There was discussion regarding the importance of peer vaccinators/roaming potentially being more effective than appointment scheduling. Further discussion on triangulating sickness levels across staff groups with vaccination uptake.
Detailed plan on flu vaccines for next year to be brought to August meeting (AUG).

Eroster programme overview

The eroster rollout project will provide better oversight and governance of temporary staffing. Current focus is A&E and urgent care areas as the biggest area of medical temporary staffing usage. Challenges with critical incidents in January and level 4 pressures have impacted on projected delivery, however the team are engaged and recognise the benefits.
Daily financial recovery meetings are now in place for the Executives with each Division, to review bank and agency usage and job planning. The meetings are providing more assurance from the Divisions with better oversight and scrutiny.

Additional support has been added to the rostering team to help with the rollout however, delivery is equally dependant on operational teams' capacity. Project Management Office is not involved however there were differing opinions on whether they should be. ***LF agreed to include eroster cost saving over recent years in next paper.***

Temporary Staffing Reduction Plan

There is a positive trend across all staff groups in reducing agency spend, aligning to the government's intention to eradicate agency usage, although the pressure on bank was noted. NHSP have been supporting with actions and reductions in bank usage and cost. For Nursing, the Trust is achieving 98% compliance against the price cap.

Working with finance from a CPIP perspective to understand what is making a difference, but a number of schemes and initiatives have been implemented such as ceasing programmed activity rate in nursing and not applying the cost of living uplift to bank rates.

RH did not feel the graph illustrated the reduction in both Nursing and AHP agency and asked if there is an area of non-medical agency that is increasing. LF explained the data is from April onwards and that the price cap compliance reductions were achieved by April. LF also added that while non medical usage is reducing, the overall amount of usage is more than medical. Some ST&T areas are not yet achieving the national target. The plan is to switch off healthcare agency usage by the end of march. It was noted that other staff groups such as Healthcare Scientists may not have the clinical leadership roles needed for strategic workforce planning to work on recruitment and retention and bring down agency. ***The amount of bank and agency against vacancy to be included in the next paper.***

EDS update

The Trust's annual return to NHSE and is required to publish on the Trust's website and share with ICB.

The Trust's overall score has reduced by 1 point, from 'achieving' to 'developing', due to an adjustment in the scorecard for domain 1 (how the Trust services meet the needs of the population). Scores in domain 2 and 3, relating to workforce health and wellbeing and inclusive leadership have stayed consistent. There has been good progress in domain 3 inclusive leadership, through board development sessions, reciprocal mentoring and support internships. Having discussed with the Head of Patient and Public Engagement, there is a degree of assurance that the score will increase again next year.

Management & Leadership Development Framework

It is anticipated that the framework will launch by April, and there is a significant amount of work for the Trust to undertake via a subgroup, including conduction gap analysis against a self assessment. The finding will be shared with the committee once completed. The framework includes appraisals for senior leaders and standards and competencies which link to the board framework. The Health and Care Trust are an early adopter, and the Trust will be liaising with them closely to learn from their experience.

RL explained the framework is being introduced following a number of concerns relating t leadership and management concerns and that the self assessment will help identify gaps for improvement. The committee felt the framework was welcome but noted the need to consider how the framework interfaces with professional registration and other leadership courses.

Job Planning

Divisional Directors are working closely with Clinical Directors to push progress on job planning. There is some fluctuation in figures due to doctors currently being job planned at different times throughout the year, however there should be an overall improvement by the end of the financial year.

There will be a focus on prospective job planning throughout 26/27; team planning October – December, and individual January – March. There are some overdue actions relating to the rollout of Allocate, however the priority is for all doctors to have job plans first, and then the focus will be to digitise. Due to this, it was agreed that the timescales could be amended. It was recognised by the committee that this challenge is experienced in other Trusts too, and Dr Walton advised that the Trust's target is to achieve 80% by April. It was noted that job planning for SAS grades is 14% and needs particular focus.

Compliance with 10 point Resident Doctor plan

Current compliance is 71% with key areas for improvement relating to rotas and rest facilities. Progress is being made and the Trust is benchmarking well against others.

Sexual Misconduct Framework Compliance

The policy was ratified at JNCC and an audit undertaken which has provided a good level of assurance to NHSE.

The Supreme Court's ruling on transgender individuals was acknowledged as possibly relating to issues of sexual safety and the use of changing rooms. SS reiterated she feels it is unfair to leave the decision where to place transgender patients with clinical teams, and it was recognised as an emotive and polarising subject. KM suggested the right connections need to be in place so that staff feel supported in the decisions they make. LF and RH advised that the Trust is still awaiting national guidance, and that the working group are moving forward with changing room audits in the meantime.

People & Culture Risk Register

Further to discussion at the previous meeting, the risk regarding temporary staffing has now been split into medical & dental, and non. All actions and mitigations have been reviewed, with the non-medical risk scoring 12.

There are two risks scoring above 15; medical and dental temporary staffing, and job planning. The risks are reviewed monthly and not currently in a position to reduce the risks.

Any Other Business (AOB)

Dr Walton expressed concern regarding lack of engagement from the SAS group. The committee discussed ways to improve engagement and raise the profile of the group, and a board workshop agenda item was suggested.

Date of Next Meeting

The date of the next meeting is Tuesday7th April, Boardroom Alex.

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST REPORT COVERSHEET

Report to:	Trust Board
Date of Meeting:	14 April 2026
Title of Report:	Risk Appetite Statement Review
Lead Executive Director:	Chief Digital Information Officer
Author:	Gwenny Scott, Company Secretary
Reporting Route:	n/a
Enclosures included with this report:	Risk appetite statement
Purpose of report:	☐ **Assurance** ☒ **Approval** ☐ **Information**

Brief Description of Report Purpose

The term 'risk appetite' refers to the level of risk an organisation is willing to accept in pursuit of its strategic objectives.

A clearly defined risk appetite statement helps organisations align risk-taking with strategic goals, supports informed decision-making and promotes a consistent approach to risk management. In 2024 the Trust Board adopted the Good Governance Institute risk appetite matrix as its template (in line with ICS partners). The statement now requires review in line with the Trust's strategy.

The attached risk appetite statement shows the levels agreed in 2024 for each of the six risk types:

Finance	2: Moderate – cautious
Regulation	3: High-open
People	3: High-open
Quality	3: High-open
Reputation	3: High-open
Innovation	4: Significant: seek

It is suggested that these levels continue to reflect the Trust's current risk appetite, with the possible exception of 'reputation'. This relates to how the Trust's is perceived by stakeholders, including partners. As, perhaps, the most ambitious elements of the Trust's strategy relate to engagement with partners, the Board might consider that its appetite in relation to this risk type has increased. A potential change to the risk appetite statement is indicated in the attached.

Recommended Actions required by Board or Committee

The Trust Board is asked to consider its current risk appetite and any changes required to the statement for 2026/27 to reflect the current strategy.

Executive Director Opinion[1]

I agree with the assessment of the Board's current risk appetite.

[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 RISK APPETITE STATEMENT

RISK APPETITE LEVEL ▶ RISK TYPES ▼	**0. NONE - Avoid** Avoidance of risk and uncertainty is a key system objective	**1. LOW- Minimal** 'As low as reasonably possible' (ALARP) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	**2. MODERATE – Cautious** Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	**3. HIGH – Open** Willing to consider all potential delivery options and accept a degree of inherent risk while also providing an acceptable level of reward (and VfM)	**4. SIGNIFICANT – Seek** Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).	**5. SIGNIFICANT – Mature** Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
FINANCE ***How will we use our resources?***	Avoidance of financial loss is a key objective. We have no appetite for financial loss. We are only willing to accept the low-cost option as VfM is the primary concern. Tight controls in place with limited devolved decision taking authority.	We are only prepared to accept the possibility of very limited financial risk. VfM is the primary concern. Strong central control with limited devolved decision taking authority.	We are prepared to accept possibility of some limited financial risk. VfM is the primary concern but willing to consider other benefits or constraints. Resources are generally restricted to existing commitments. Strong central control is the default but some devolvement of decisions is accepted.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not being the overarching factor. Resources are allocated in order to capitalise on opportunities. We carefully balance central control with devolvement of decisions.	We will invest for the best possible return and accept the possibility of increased financial risk. Resources allocated without firm guarantee of return. We tend to devolve decisions with lower levels of inherent risk.	We will consistently invest for the best possible return for stakeholders, recognizing that the potential for substantial gain outweighs inherent risks. Our default is to devolve decisions where possible, only keeping central control for decisions with the highest levels of inherent risk.
REGULATION ***How will we be perceived by our regulators?***	We have no appetite for decisions that may compromise compliance with statutory, regulatory or policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of some limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.	We are willing to accept decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders
PEOPLE ***How will we develop our people?***	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approached to workforce recruitment and retention are not a priority and will only be adopted if established and proved to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk as a direct result from innovation as long as there is the potential for improved recruitment and retention and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have impact on our people but could improve the skills and capabilities of our staff. We recognise that innovation is likely to be disruptive in the short term but is worthwhile due of long-term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.
QUALITY ***How will we deliver safe services?***	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely necessary.	Our preference is for risk avoidance. However, if necessary, we will take decisions on quality where there is a low degree of inherent risks and possibility of improved outcomes and appropriate controls are in place.	We are prepared to accept the possibility of short-term impact on quality outcomes with potential for longer-term rewards.	We are willing to take decisions on quality where there may be higher inherent risks but potential for significant longer-term gains.	We seek to take high risk decisions on quality in pursuit of significant gains and mitigation to our other risks.
REPUTATION ***How will we be perceived by the public and our partners?***	We have no appetite for any decisions that could lead to additional scrutiny or attention on the organisation. External interest in the organisation viewed with concern.	Our appetite for risk taking limited to those events where there is no chance of any significant repercussion for the organisation. Senior management distance themselves from chance of exposure to attention.	We are prepared to accept the possibility of limited reputational risk as long as appropriate controls are in place to limit the risk.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
INNOVATION ***How progressive and innovative do we want to be?***	Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. General avoidance of systems/ technology developments.	Innovations always avoided unless essential or established and proved to be effective in a variety of settings	Tendency to stick to the status quo, innovations in practice generally avoided unless really necessary. Systems/technology developments limited to improvements to protection of current operations & practice.	Innovation supported, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery.	Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery.	Innovation is the priority– consistently 'breaking the mould' and challenging current working practices. Investment in new technologies as catalyst for operational delivery.

Approved x date

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST REPORT COVERSHEET

Report to:	Trust Board
Date of Meeting:	14 April 2026
Title of Report:	Board Assurance Framework
Lead Executive Director:	Managing Director
Author:	Gwenny Scott, Company Secretary
Reporting Route:	Audit and Assurance Committee
Enclosures included with this report:	Board Assurance Framework
Purpose of report:	☒ **Assurance** ☐ **Approval** ☐ **Information**

Brief Description of Report Purpose

The Board Assurance Framework provides a structure and process that enables the Board to focus on the risks that might compromise achievement of the Trust's strategic objectives. It includes the key controls in place to manage these risks and assurances as to the effectiveness of the controls.

The attached Board Assurance Framework (BAF) comprises:

- A headline summary of all BAF risks
- The current Trust and relevant ICB objectives to which the BAF risks are aligned.
- A separate summary of each BAF risk.
- All Trust risks rated Extreme (scored 15+)

o significant changes to the BAF risks are proposed. Routine changes to each risk are shown in red font for ease.

Recommended Actions required by Board or Committee

The Board is asked to note and accept the BAF updates for assurance.

Executive Director Opinion[1]

The BAF risks have been reviewed by each of the executive directors to which they are aligned.

The Audit and Assurance Committee has reviewed the format of the BAF.

Wells Jo 13/04/2026 16:23:02

[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.

Board Assurance Framework Headlines April 2026

No	Risk	Primary Pillar/Priority	Secondary Pillar/Priority	Relevant ICS Corporate Objective	Linked BAF Risks (interdependencies)	Entry Risk Score (LxC)	Current Risk Score (LxC)	Target Risk Score	Lead Chief Officer	Oversight
BAF01	Financial delivery	Effectiveness: Financial	n/a	2a, 2b	BAF03, 05.	4x4=16	4x4=16	1x4=4	CFO	Financial Recovery Board
BAF02	Health & wellbeing	People: Experience	People: Workforce transformation	n/a	BAF03, 04	4x4=16	4x4=16	2x4=8	CPO	People & Culture Committee
BAF03	Workforce transformation	People: Workforce transformation	n/a	n/a	BAF01, 02, 04	4x4=16	4x4=16	2x4=8	CPO	People & Culture Committee
BAF04	People Culture	People: Experience	People: Leadership; People: Development	n/a	BAF02, 03	5x3=15	4x3=12	2x3=6	CPO	People & Culture Committee
BAF05	Urgent & emergency care	Collaboration	Patients: Safe, high quality care	1a, 4b, 4c	BAF06	5x4=20	5x4=20	2x4=8	COO	Board
BAF06	Digital strategy	Excellence	n/a	3d	BAF01, 05, 07	4x4=16	3x4=12	1x4=4	CDIO	Digital Programme Board
BAF07	Cyber security	Excellence	n/a	3d	BAF05, 06	4x5=20	4x5=20	3x5=15	CDIO	Digital Programme Board
BAF08	Fire Safety	Effectiveness: Buildings and Infrastructure	n/a	n/a	BAF01	4x5=20	3x5=15	2x3=6	MD	Health & Safety Committee

Objectives

ICS Corporate Objectives and Priorities relevant to Trust

1 Quality and outcomes

1ai Quality and performance of maternity and neonatal care
1b Quality and performance of urgent care services
1d Quality and performance of elective, cancer and diagnostic care
1g Delivery of patient centred, safe, high quality care

2 Finance

2a Deliver the 2025/26 system financial plan
2b Develop a medium-term financial plan

3 System development

3a Deliver the Building a Sustainable Future priority programme on Neighbourhood Health
3b Deliver the Building a Sustainable Future priority programme on sustainable elective services
3c Deliver the Building a Sustainable Future priority programme on thresholds and decommisioning
3d Deliver the Building a Sustainable Future priority programme on system enablers
3e Deliver the Building a Sustainable Future priority programme on Herefordshire Place plan

4 Prevention and health inequalities

4a Embed and maximise work to reduce health inequalities actoss all ICB programmes of work
4b Drive the shift from treatment to prevention through delivery of key prevention programmes, including implementation of the PHM framework
4c Drive the shift in acute to community through implementation of actions outlined in response to the Best Value Care in the Right Setting and Point Prevalence reports

Trust Strategic Priorities

Board Assurance Framework Risk Summary	
Risk Reference	BAF01
Strategic objectives and priorities	Effectiveness: Financial

Date	**March 2026**
Risk Headline	Financial delivery
Risk owner	Chief Finance Officer

Risk	**Cause**	**Impact**
Risk of failure to deliver the Trust's agreed financial plan.	The 2025/26 financial plan is to achieve financial balance, which is dependent on delivery of a challenging cost and productivity improvement plan (CPIP).	Regulatory intervention. Impact on ability to achieve wider strategic priorities.

Initial Risk Score	**Risk Score History**		**Current Risk Score**	**Direction of travel**	**Target Risk Score**	**Risk Appetite**
4x4=16	April 2025	4x4=16	4x4=16	↔	1x4=4	TBA

Current Controls and Mitigations	
1. Financial Recovery Board oversight	2. People and Culture Committee oversight
3. Enhanced financial controls	4. Enhanced vacancy controls
5. Enhanced controls of temporary staff usage	6. New weekly Executive Financial Recovery meeting
7. New Operational & Assurance Committee	8. New Agency Reduction Programme Board
9. Strengthened forecasting	10. Adoption of national financial controls and toolkits
11. New recovery framework in place	12.

Gaps in Control	**Related Actions**	**Lead**	**Due Date**	**Progress**
High usage of temporary staff	Reduce agency and bank staff usage	CPO	March 26	Year to date plan not achieved but individual staff groups are performing well.
Fully developed CPIPs to meet target.	Develop and deliver CPIP mitigation plan	CFO	March 26	Progress is unlikely to deliver the plan for 2025/26 therefore recovery actions are in progress alongside development of schemes for 2026/27.
Sustained operational pressures inhibiting delivery	Implement new Recovery Framework	CFO	Nov 25	Complete – added to controls
System capacity constraints including reduced community beds	Work with ICB and system partners to manage the system capacity risk.	COO	~~Nov 25~~ Mar 26	Engagement continues

Key Assurance Indicators	**Date Reported**	**Performance**	**Change**
Income and Expenditure	April 2026	At month 11 (Feb 26) performance was adverse against plan.	↓
CPIP performance	April 2026	Year to date performance is behind plan.	↓
Cash position	March 2026	Cash position recovered at month 11 and controls are in place.	↑
Agency usage reduction	April 2026	Reduction in whole time equivalent (WTE) achieved but cost as a % of pay increased.	↔

Independent Assurance	**Date**	**Rating/Outcome**	**Previous rating (date)**	**Change**
NHS Oversight Framework Segmentation (1-5)	Dec 25	Segment 3 (quarter 2)	Segment 4 (quarter 1)	↑
Internal Audit: payroll	2024/25	Significant assurance	n/a	n/a
Internal Audit: Accounts receivable/payable	2024/25	Significant assurance	n/a	n/a
Internal Audit: expenses	2024/25	Significant assurance	n/a	n/a
Internal Audit: bank and agency staffing	2024/25	Moderate assurance	n/a	n/a
External Audit Value for Money assessment	2024/25	2 significant weaknesses 2 improvement recommendations	4 significant weaknesses 6 improvement recommendations	↑
Internal Audit: financial ledger and reporting	Mar 26	Significant assurance	n/a	n/a
Internal Audit: pay expenditure	2025/26	TBC	n/a	n/a
Internal Audit: procurement	Nov 25	Significant assurance	n/a	n/a
Provider Capability Assessment Rating	Feb 26	Amber/Red (2025/26)	n/a	n/a

Summary Update:
No change to score proposed due to month 11 position.

Board Assurance Framework Risk Summary	
Risk Reference	BAF02
Strategic objectives and priorities	People: Experience, Workforce Transformation

Date	March 2026
Risk Headline	Staff wellbeing
Risk owner	Chief People Officer

Risk	Cause	Impact
There is a risk to the health and wellbeing of our staff	• Operational pressures • High workload • Industrial action • Societal pressures – economic and rising poor mental health	• Sickness absence • Low morale • Burnout • Inability to provide the highest quality care

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
4x4=16	April 2025	4x4=16	4x4=16	↔	2x4=8	TBA

Current Controls and Mitigations	
1. Occupational health service	2. Health and wellbeing communications and resource signposting
3. Clinical psychologist support	4. Health @ Work service
5. Menopause Support Group	6. Oversight by Health and Wellbeing Steering Group
7. Employee Assistance Programme	8. Annual flu vaccination programme
9. Targeted intervention meetings with managers in sickness hotspots	10. Sickness management support by HR advisory team

Gaps in Control	Related Actions	Lead	Due Date	Progress
Impact of cost of living pressures	Launch digital financial support package	CPO	March 26	Now implemented successfully
Increased demand for occupational health support above capacity	Increase mental health expertise within occupational health service	CPO	March 26	Recruitment in progress
Up to date policy and process for workplace adjustments	Review reasonable adjustment support for disabled colleagues	CPO	March 26	A Task and Finish Group has been established to implement this work.
Strategy for reducing sickness	Develop a Sickness Absence Strategy	CPO	March 26	Work is in progress

Key Performance/Assurance Indicators	Date Reported	Performance	Change
Monthly sickness absence	March 2026	Monthly position deteriorated slightly and remains above target	↓
Flu vaccination rate	February 2025	Performance improved to 31% on 31.12.25	↑
Percentage of sickness absence attributable to stress	February 2026	Reduction in month but still high	↑

Independent Assurance	Date	Rating/Outcome	Change
Staff Survey 2024 results: 'we are safe and healthy'	March 25	Score of 6.09: Improvement compared to 2024 and equal to average result for peer group	
Staff Survey 2025 results: 'we are safe and healthy'	March 26	Score of 6.30 Improvement compared to 2025 and above national and peer group average	↑
Internal Audit: Absence management	Mar 26	Planned	n/a

Summary Update
Actions are progressing well but sickness rates remain above target.

Board Assurance Framework Risk Summary	
Risk Reference	BAF03
Strategic objectives and priorities	People: Workforce transformation

Date	March 2026
Risk Headline	Workforce transformation
Risk owner	Chief People Officer

Risk	Cause	Impact
Failure to deliver workforce transformation and achieve a sustainable workforce	• Recruitment challenges in some services and staff groups • Operational pressures impacting timely recruitment • Agenda for change terms not competitive for some roles. • Demand exceeds capacity in some departments • Requirement to reduce temporary staffing • Requirement to reduce non-clinical headcount • Staffing required for temporary operational capacity, which has remained open longer than planned	• Need for continued reliance on temporary staff in additional capacity areas. • Staff unable to achieve full operating capability • Failure to achieve full productivity • Failure to deliver national and local standards

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
4x4=16	April 25	4x4=16	4x4=16	↑	2x4=8	Significant – seek

Current Controls and Mitigations	
1. Agency Programme Board	2. Job planning consistency panel
3. Vacancy controls	4. Agency controls
5. Quality Impact Assessments for workforce transformation programmes	6.

Gaps in Control	Related Actions	Lead	Due Date	Progress
Continued reliance on temporary staff due to additional capacity	Implement improvement plan with support from NHSE	CPO	March 26	Agency programme board monitoring progress
Continued reliance on bank staffing	Implement bank reduction plan	CPO	March 26	Communicated reduction in programmed activity from Dec 25
Vacancy numbers above target	Recruitment to establishment	CPO	March 26	Recruitment has increased
High sickness levels	See BAF02			
Consultant job plans not all in place	Complete roll-out of medical e-roster	CMO	March 26	Roll-out is in progress
Capacity to manage full breadth of workforce transformation and people processes	Scope potential for increased use of AI for people processes	CPO	March 26	Initial assessment of 'HR Assist' in progress
Effective, efficient, sustainable admin and clerical workforce structures	Admin and clerical workforce review	CPO	March 26	Commenced October 25, initial programme recommendations due Dec 25.

Key Performance/Assurance Indicators	Date Reported	Performance	Change
Monthly agency spend	February 26	Slight increase as a percentage of gross staff costs, however decrease of 0.3m spend compared to January	↑
Reduce reliance on bank staff	February 26	Reduction achieved but further improvement needed	↑
Vacancy rate	February 26	Reduced over course of the year but slight increase in-month	↑
Annual staff turnover	February 26	Improved again to 7.5% against target of 11.5%	↑
Consultant job planning	February 26	Improvement achieved but performance remains below 95% target	↑

Independent Assurance	Date	Rating/Outcome
NHSE: agency reduction oversight	Oct 25	NHSE regional team supportive intervention
Staff survey 2024: "there are enough staff"	Mar 24	Above average score and an improvement on 2023

Internal Audit: Bank and Agency Staffing	2024/25	Moderate assurance
Internal Audit: Payroll	Mar 26	Planned
Internal Audit: Absence management	Mar 26	Planned
Internal Audit: Agency provision	Mar 26	Planned

Summary Update
Good progress on actions and some KPIs but more progress needed on temporary staffing reduction and medical E-Roster roll-out.

Board Assurance Framework Risk Summary	
Risk Reference	BAF04
Strategic objectives and priorities	People: Experience, Leadership, Development

Date	March 2026
Risk Headline	People Culture
Risk owner	Chief People Officer

Risk	Cause	Impact
Risk of a failure to sustain a positive change in organisational culture	• Multiple changes in senior leadership over time • Organisational change • History of low staff engagement • Examples of poor culture within workforce	• Poor staff experience • Failure to attract and retain the best people • Inability to deliver high quality care and treatment

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
5x3=15	Feb 24	5x3=15	4x3=12	↑	2x3=6	TBA
	June 25	4x3=12				

Current Controls and Mitigations	
1. FTSU Guardian and Champions	2. Refreshed Trust values based on staff engagement
3. Staff Networks	4. Sexual safety charter and toolkit
5. Cultural Ambassadors	6. National Mandatory Training MOU
7. Mandatory Training Oversight Group	8. Refreshed appraisal documentation and system
9. People Strategy based on staff engagement	10. Increased communication of staff survey actions to improve staff engagement
11. NHS Elect online training and development available to all staff	12.

Gaps in Control	Related Actions	Lead	Due Date	Progress
Effective policies and processes for conflict resolution	Develop respectful resolution policy, framework, toolkit and manager training	CPO	Mar 26	Good progress reported Aug 25
Incidents of racism	Implement Anti-Racism Charter	CPO	Oct 26	Signed November 25, 12-month programme now in progress
Low staff engagement	Increase communication of staff survey actions	CPO	Nov 25	Closed and added to controls
Effective staff training	Refresh induction and mandatory training programmes	CPO	Mar 26	Good progress reported Oct 25, new induction launched Jan 26
	Embed NHS Elect online training and development	CPO	Mar 26	Closed and added to controls
Low appraisal rates	Improve appraisal process	CPO	Mar 26	Improvements to process and system rolled out.

Key Performance/Assurance Indicators	Date Reported	Performance	Change
Mandatory training rates	February 26	Meeting target of 90% but some divisions are outliers.	↔
Appraisal rates (non-medical)	February 26	Improved further to 85% against target of 90%.	↑
Appraisal rates (medical)	February 26	Improved again and meeting target at 96%	↑

Independent Assurance	Date	Rating/Outcome
Staff Survey 2024: Response rate/engagement score	Mar 25	46%/slightly below average but better than last year
Staff Survey 2024: We are always learning	Mar 25	Slightly below average but better than last year
Staff Survey 2024: We are compassionate & inclusive	Mar 25	Above average and better than last year

Summary Update
Good progress on actions, which are increasing the number of controls in place. KPIs overall are good.

Board Assurance Framework Risk Summary	
Risk Reference	BAF05
Strategic objectives and priorities	Collaboration: All Patients: safe, high-quality care; Home First

Date	**March 2026**
Risk Headline	Urgent & Emergency Care
Risk owner	Chief Operating Officer

Risk	Cause	Impact
Risk of failure to improve urgent and emergency care (UEC)	• Increased demand in both volume and acuity for urgent and emergency care. • High demand for elective care. • Discharge pathway delays.	• Continued high demand for acute inpatient beds. • Longer waits in Emergency Department • Long delays for ambulance patients • Longer waits for elective care • Continued use of temporary escalation spaces • Increased risk of patient harm • Poor patient experience • Pressured working environments • Financial pressures • Failure to meet local and national targets. • Regulatory intervention.

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
5x4=20	March 2025	5x4=20	5x4=20	↔	2x4=8	TBC

Current Controls and Mitigations	
1. Oversight of improvements by new UEC Recovery Board	2. Standard Operating Procedures for key UEC pathways and use of Temporary Escalation Spaces to improve flow and maintain patient safety and experience.
3. UEC navigators	4. Continual monitoring of and response to daily UEC and patient flow dashboards
5. Stress-tested winter plan	6. Call Before Convey now mandated part of WMAS ambulance conveyance process.
7. PMO support for multiple deliverables	8. Ambulance pitstop
9. NHSE ECIST/GIRFT support	10. Operational Assurance Committee oversees progress of improvement plans

Gaps in Control	Related Actions	Lead	Due Date	Progress
High attendance numbers at ED	Deliver Primary/secondary care interface programme	CCSO	Mar 26	Improvements in February compared to January but attendances 7% higher than in Feb 2026.
Long waits in ED due to high attendance numbers	Implement UEC recovery plan	COO	Mar 26	45m ambulance handover programme commenced Feb 2026 resulting in a Trust-wide improvement of 14%. UEC Sprint actions agreed in Feb 26.
Poor patient flow due to high 'front door' demand	Implement Flow and Discharge workstream	COO	~~Mar 26~~ Aug 26	Progress now overseen by new UEC Recovery Board. New actions added, including implementation of digital patient flow system.
Por patient flow due to late discharges.	Implement Streaming Pathways improvement plan	COO	Mar 26	In progress by Streaming Action Group
	Implement elective recovery programme	COO	Mar 26	In February funding was secured to support Q4 sprint.
Insufficient substantive consultant cover to meet UEC demand	Review ED consultant rota	COO	Dec 25	Complete
	Recruit substantive ED consultants	CMO	Jan 26	3 substantive consultants appointed
Continued periods of resident doctor industrial action	Implement established arrangements for operational management during periods of industrial action	COO	Apr 26	Plans are in place to manage April 2026 resident doctor industrial action.

Key Assurance Indicators	Date Reported	Performance	Change
ED 4-hour standard (78%)	March 26	February performance improved to 67.1%	↑

ED 12-hour standard (10%)	March 26	February performance improved to 10.7%	↑
Ambulance handovers <45 mins (80%)	March 26	February performance improvement of 14%	↑

Independent Assurance	Date	Rating/Outcome	Previous rating/s	Change
NHSE UEC Support	Sept 25	Tier 2	Tier 1	↑
NHS Oversight Framework Segmentation (quarterly)	Mar 26	Segment 4 (Q3)	Segment 4 (Q1) Segment 3 (Q2)	↓
Internal Audit: Performance & Accountability Framework	2024/25	Significant assurance	n/a	n/a
Care Quality Commission: UEC at WRH	Apr 24	Requires Improvement	Inadequate (2020)	↑
Internal Audit: Patient transfers/handovers (joint review with partner trust)	Mar 26	Limited assurance	n/a	n/a
Provider Capability Assessment Rating	Feb 26	Amber/red	n/a	n/a

Summary Update
Signs of improvement at year end despite continued high levels of UEC demand.

Board Assurance Framework Risk Summary	
Risk Reference	BAF06
Strategic objectives and priorities	Excellence: Technology and digital

Date	**March 2026**
Risk Headline	Digital Strategy
Risk owner	Chief Digital and Information Officer

Risk	Cause	Impact
Risk of failure to develop, modernise and improve information technology through timely delivery of the digital strategy.	• Scale, number and complexity of individual projects create pressure on delivery and coordination • Workforce capacity and capability • Competing digital priorities across clinical, operational and corporate services • Dependence on legacy systems, limiting pace of improvement and innovation • Wealth of products and solutions on the market make evaluation, selection and standardisation for Trust needs challenging.	• Planned service/ quality benefits not achieved • Risk to patient safety and quality • Planned financial savings not achieved • Increased operational inefficiency • Opportunities for productivity improvements not realised • Poor staff morale • Maximum digital maturity not achieved. • Increased cyber resilience risk • Reputational impact

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
4x4=16	February 2024	4x4=16	3x4=12	↔	1x4=4	TBC
	May 2025	3x4=12				

Current Controls and Mitigations	
1. Digital governance framework	2. Annual business planning cycle
3. Programme and project governance	4. Monitoring and oversight through Trust governance structure
5. Regular review of digital resource plans	6. Funding secured for E-bed management system
7. Benefits and outcomes realisation programme – monthly report	8.

Gaps in Control	Related Actions	Lead	Due Date	Progress
Change management	Embed Optimisation process and ringfenced team	CDIO	Sept 2025	In place, and currently embedding
Digitally capable workforce	Implement Digital Skills Framework (DFS)	CDIO	Mar 2027	Development of DFS is in progress
Delay due to extraneous factors	Embed relationships with partner NHS and commercial organisations	CDIO	Mar 2027	Progressing well
Prioritisation of digital programmes and projects can affect delivery of EPR Programme	Clinically led prioritisation of programmes and projects	CDIO	July 2026	A new prioritisation mechanism is being trialled
Workforce change aligned to digital improvements	Review of administrative functions	CPO	Mar 2026	

Key Assurance Indicators	Date Reported	Performance	Change
EPMA project delivery timescales	December 25	Delivered on time	n/a
Progress against agreed programme milestones	December 25	On track	n/a

Independent Assurance	Date	Rating/Outcome	Previous Rating	Change
Digital Maturity Assessment Score	Sept 26	TBC		
NHSE external assurance report (EPMA)	Oct 25	Amber/green (safe to go-live)	n/a	n/a

Summary Update
TBA

Board Assurance Framework Risk Summary		Date	March 2026
Risk Reference	BAF07	**Risk Headline**	Cyber security
Strategic objectives and priorities	Excellence: Technology and digital	**Risk owner**	Chief Digital and Information Officer

Risk	Cause	Impact
Risk of a successful cyber attack on the Trust's systems.	• Increasingly frequent and sophisticated attacks on internal and external digital systems containing critical Trust data. • Large and diverse user base with access to Trust's digital systems • Increasing reliance on digital systems for clinical care, operational processes and decision-making • Reliance on third party suppliers and shared services.	• Data security breaches • Loss or corruption of data • Lost or delayed access to patient care records • Disruption to clinical services • Patient safety incidents • Business interruption • High cost of rectification • Reputation damage • Regulatory intervention

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
4x5=20	Feb 2024	4x5=20	4x5=20	↔	3x5=15	TBA

Current Controls and Mitigations	
1. Perimeter level cyber security mechanisms	2. Risk-based approach to cyber and infrastructure funding
3. Testing exercises (e.g. phishing)	4. Supplier and third party controls and oversight
5. Business Continuity plans	6. Capital planning programme
7. Mandatory information governance training	8. Security Operations Centre
9. Cyber Health Dashboard monitoring	10. Identity and access controls
11. Risk based approach to cyber and infrastructure funding	12. Chief Information Officers; weekly briefing on cyber security threats

Gaps in Control	Related Actions	Lead	Due Date	Progress
Continual development to meet changing risk environment	Implement cyber security action plan	CTO	March 2026	Monitored through IT Security Forum
Staff understanding and awareness of cyber risks	Maintain mandatory training compliance at 90%	DPO	March 2026	Monitored through IGSG
Uncertainty of funding	Business case for enhanced Cyber team	CDIO	March 2027	In progress
Gaps in compliance with CAF (see below)	Implement low priority recommendations	CDIO	Dec 25	In progress
Cyber resilience of third party suppliers	Maintain robust contract management and monitoring mechanisms	CDIO	Mar 27	In place

Key Assurance Indicators	Date Reported	Performance	Change
Malware protection – servers	Dec 2025	100%	↔
Malware protection endpoints	Dec 2025	99.9%	↔-
Data security mandatory training	Dec 2025	91.21%	↑

Independent Assurance	Date	Rating/Outcome	Previous Rating	Change
Internal Audit: Cyber Assessment Framework (CAF) – aligned Data Security & Protection Toolkit (DSPT)	July 25	Risk: Low Confidence Level: High	n/a	n/a
Digital Maturity Assessment Score	Sept 26	TBC		
Emergency Planning, Resilience & Response (EPRR) Core Standards compliance	2024/25	Substantial assurance	Partial compliance (2023/24)	↑

Summary Update
Independent assurance demonstrates strong and improved cyber security controls. However, the external threat is such that the risk remains high and is unlikely to significantly reduce.

Board Assurance Framework Risk Summary	
Risk Reference	BAF08
Strategic objectives and priorities	Effectiveness: Buildings and infrastructure

Date	March 2026
Risk Headline	Fire Safety
Risk owner	Managing Director

Risk	Cause	Impact
There is a fire safety risk to patients, staff and visitors at the Alexandra Hospital resulting in two Enforcement Notices from the Fire Authority.	• Fire compartmentation work required. • Fire door replacement required • Fire detection system improvements required. • Delayed fire risk assessment. • Control of contractors requires improvement. • Cost of full rectification is unaffordable	• Regulatory enforcement action, including potential closure of areas of building, impacting service delivery. • Building damage in the event of fire • Injury in the event of fire

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
4x5=20	January 2025	4x5=20	3x5=15	↑	2x3=6	TBA
	February 2025	3x5=15				

Current Controls and Mitigations	
1. Updated staff fire safety training	2. Evacuation plans
3. Regular engagement with Fire Authority	4. Fire drill schedule
5. Monthly fire safety audits	6. Ongoing remedial works pending permanent design solutions
7. Increased alarm response from fire service	8. Increased vigilance by security and porter staff
9. Updated role specific fire incident training	10. Heightened staff awareness
11. Updated fire risk assessment	12. Dedicated Fire Safety Manager
13. Updated Fire Strategy aligned to evacuation plans	14. Enhanced fire detection in place (above British Standard)

Gaps in Control	Related Actions	Lead	Due Date	Progress
Full implementation of Schedule of Works -Enforcement Notice 1503	Implement Fire Remedial Works Project	DoE	~~Aug 25~~ Feb 26	Complete and added to controls and mitigations as appropriate. Due date extended by Fire Service
Full implementation of Schedule of Works -Enforcement Notice 1508	Implement Fire Remedial Works Project	DoE	~~Aug 25~~ ~~Feb 26~~ TBC	Phase 1 betterment works complete Funding secured for phase 2 (long-term building remedies) Fire Service accepted progress and plan
Funding source to complete all fire remedial works necessary	Agree implementation/ mitigation plan	MD	Feb 26	Options assessed and costed. Additional mitigations are being identified.

Key Assurance Indicators	Date Reported	Performance
Fire safety training compliance rates	March 2026	79%
Fire warden and Fire Response Team training rates	March 2026	100%
Fire safety drills completed	March 2026	Quarter 3: 31 (increase from Q2)
Fire alarm activation reduction	March 2026	66.6% reduction in Q3 compared to Q2

Independent Assurance	Date	Rating/Outcome	Previous Rating	Change
Fire Authority Enforcement Notice 1503	Feb 26	Closed	Enforcement	↑
Fire Authority Enforcement Notice 1508	Feb 25	Enforcement	n/a	n/a
Internal Audit: Fire Safety	Mar 26	TBC	n/a	n/a

Summary Update
Good progress demonstrated on actions and enforcement requirements.

All Risks Rated Extreme March 2026

Number	Risk Headline	Division	Directorate	Risk Score
3603	CYBERSECURITY - by not securing our Digital estate, a significant Cyber attack will occur, leading to loss of patient information.	Corporate	Acute IT and External IT	20
4205	A risk of not being able to manufacture Systemic Anti-Cancer Therapy (SACT) within the Trust to meet patient needs.	Specialised Clinical Services	Pharmacy	20
4773	CLINICAL APPLICATIONS - Timely implementation of EPR to realise quality and safety benefits	Corporate	Acute IT and External IT	20
5905	Delivery of Financial Plan	Corporate	Finance	20
4998	There is a risk to patient safety due to delays and backlogs in contemporaneous and timely typing & actioning of clinic letters	Surgery	Operations	20
5675	There is a risk that Trust Echo and Cath Lab software systems are not functioning correctly	Medicine and Therapies	Specialty Medicine	20
5692	Job Planning Compliance	Corporate	Human Resources	16
5807	Inappropriate and inaccurate wound assessment documentation upon the Trust's EPR system; increasing the risk of patient harm.	Corporate	Corporate Medical and Nursing, Governance and Risk	16
5995	Supply Chain Disruption to Zoll Defibrillator Pads	Corporate		16
5165	Staffing Controls regarding the employment of Agency and Bank staff - Locums, Nursing and Allied Health Professionals	Corporate	Corporate Medical and Nursing, Governance and Risk	16
5374	There is a risk of harm to patients who are overdue their follow up appointment	Medicine and Therapies	Specialty Medicine	16
5458	Insufficient Speech and Language Therapy staffing is resulting in a skeleton service to inpatients across WAHT sites.	Medicine and Therapies	Specialty Medicine	16
5727	Medical clerking upon the Electronic Patient Report (EPR) within the Emergency Department (ED)	Corporate	Corporate Medical and Nursing, Governance and Risk	16
6142	Failure to Maintain an Up to Date, Approved Business Continuity Plan (BCP)	Corporate	Acute IT and External IT	16
6144	MULTITONE BLEEP SERVICE - by not replacing/maintaining the bleep server, emergency messages may not be delivered, impacting patient safety	Corporate	Acute IT and External IT	16
5908	Lack of Point Of Care Testing availability	Specialised Clinical Services	Pathology	16
5916	Impact of new NHS payment regime / Deconstructing Fixed Payments	Corporate	Finance	16
6050	Removal of the Deficit Support Funding	Corporate	Finance	16
6092	Risk of 52 week breaches in Gastroenterology due to long waits with investigations that are performed outside of the Trust	Medicine and Therapies	Specialty Medicine	16
6093	Risk of 52 week breaches in Gastroenterology due to underpowered consultant workforce	Medicine and Therapies	Specialty Medicine	16
6105	As a result of reduced capacity on aged analysers, delays in sample processing will occur which would lead to patient harm	Specialised Clinical Services	Pathology	16
4816	Inability to process operational risk for the review and allocation of side rooms	Corporate	Corporate Medical and Nursing, Governance and Risk	16
4964	Patients and staff may come to potential harm due to ED crowding	Medicine and Therapies	Urgent Care	16
4873	Risk of Patient harm due to exceeding 36 hours to theatre for repair of fractured neck of femur	Surgery	Trauma and Orthopaedic / Vascular	15
4741	Patients may develop Hospital Acquired Functional Decline or infection due to long delays once medially fit for discharge	Medicine and Therapies	Specialty Medicine	15
4098	There is a risk of patient harm due to the historic unviewed & unfiled integrated clinical environment (ICE) results	Surgery		15
4167	Cash Flow - risk that the Trust does not have sufficent cash	Corporate	Finance	15
2081	Misidentification of patients (previously Never Event)	Corporate	Corporate Medical and Nursing, Governance and Risk	15
6165	EPR - There is a risk in the absence of an Electronic Patient Record (EPR) in Children's services the ability to streamline care	Corporate		15
5173	Tissue viability documentation on Sunrise EPR, increased risk of staff inability to document safe care	Corporate	Corporate Medical and Nursing, Governance and Risk	15

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