

## **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.**

Wells-Jo  
04/04/2024 15:27:29

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	
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.		Budget Manager	

Wells-Jo  
04/04/2024 15:27:29

## 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 and 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 Board and FPE/TME
Approval of the Trust's Annual Capital Programme	NA	Trust Board	
Financial monitoring and reporting on all capital scheme expenditure.	NA	Deputy Director of Finance	
Change to the Capital Programme	NA	Capital Prioritisation Group	Reports into Strategic Programme Board and FPE/TME
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	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		Relevant committee or authorised signatory depending on levels	Within agreed budgets
Any revenue business case that requires NHSE approval		NHSE	Subject to NHSE guidance on the Trust delegated limits
<b>External Income/Funding Bids</b>	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 CCG, NHS Specialised Services, other commissioners or local providers. It is assumed contracts will always have values agreed annually and reported through FPE/TME.

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 FPE/TME
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 FPE/TME
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 FPE/TME
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	

Wells-Jo  
04/04/2024 15:27:29

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 and other applicable work)	Contractually up to £100,000 per annum or setting spot prices with volumes unknown	Any finance officer graded 8D 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 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.
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#### 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	Financial Accounts Assistant up to £500* 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) up to £1 million Deputy Director of 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.

### 5. Expenditure - Non Pay Expenditure

The Scheme of Delegation states the levels of expenditure individuals are allowed to commit. 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. The correct procedure must be followed when making the decision to commit any expenditure regardless if it is an existing or new supplier or under a new or old contract or agreement.

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Authorising Requisitions	Up to £3,000	Budget Manager	

	Up to £20,000	Budget Holder	<p>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. This includes Contract Award Governance (CAGS) and Waivers.</p> <p>Finance Leases agreements and Capital Schemes are included in the levels of expenditure.</p> <p>Capital schemes and business cases should be approved at committee level (CPDG, SPG or TME) before any expenditure is committed. Capital investments will also require approval as per Trust delegated limits, subject to NHSE guidance.</p> <p>Capital DAF's need to be signed off by Associate Director of Finance or Chief Finance Officer regardless of their level of expenditure.</p> <p>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 commitment and total contract value and therefore as above £500k, requires approval from Trust Board and endorsement (signature) of the CFO or CE.</p>
	Up to £125,000	Divisional Management Team	
	Up to £125,000	Director of Estates & Facilities, Deputy COO, Director of People and Culture, Director of Strategy Chief Digital Officer	
	Up to £125,000	Voting Executive Directors	
	Up to £250,000	Deputy Director of Finance and Associate Director of Finance (Financial Services and Coding)	
	Up to £400,000	Chief Finance Officer	
	Up to £500,000	Chief Executive or Managing Director	
	Over £500,000	Trust Board	
Authorising Certificate of Sponsorship (CoS)	Up to £5,000	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

Wells-JP  
04/04/2024 15:27:29



## 6. 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 £1,000	Budget Manager	<p>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.</p> <p>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 TME) before any expenditure is committed. Capital investments will also require approval as per Trust delegated limits, subject to NHSE guidance. Capital DAF's need to be signed off by Chief Finance Officer regardless of their level of expenditure. 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.</p>
	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 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	

Wells-Jo  
04/04/2024 15:27:29

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
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### 7. 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	Up to £250,000	Senior Financial Accountant up to £150,000 Associate Director of Finance (Financial Services and Coding) up to £250,000 or	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 £20,000 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	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	<i>Other payments are processed once appropriate evidence of validity is in place, and can include:</i> 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 – Early retirement and other
Authorising bank transfers from Lloyds commercial account to Nat West GBS account	Cleared funds available in excess of £50,000	Financial Accountant, 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.
Authorising bank transfers between Lloyds Charitable Funds account to Lloyds Commercial account	Expenditure incurred by the Trust on behalf of the charity	Financial Accountant, 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.
Authorising Faster payments/ CHAPS payments	Up to £1,000,000	Financial Accountant up to £5,000 or 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	Healthcare and Non Healthcare income.

		Associate Director of Finance (Financial Services and Coding) up to £1 million Deputy Director of Finance up to £100 million	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	Financial Accounts Assistant 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) up to £1 Million Deputy Director of Finance up to £10 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
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 £10,000,000	Senior Financial Accountant, Associate Director of Finance (Financial Services and Coding), 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	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 7 <sup>th</sup> of the Month.

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

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Engagement of management consultancy or similar organisations or contract staff, providing budgetary provision exists and is available:	Up to £100k	Chief Executive, Managing Director or Chief Finance Officer	Subject to compliance with NHSE approvals process for consultancy engagements, and assessment of Tax / NI status under IR35 Regulations ( <a href="https://www.tax.service.gov.uk/guidance/check-employment-status-for-tax/question/what-do-you-want-to-find-out">https://www.tax.service.gov.uk/guidance/check-employment-status-for-tax/question/what-do-you-want-to-find-out</a> ). 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	

**9. 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		

**10. 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 <b>competitive prices</b> 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.

	From £10,001 to £50,000 a formal tender is required with support from procurement and a minimum of 3 written <b>quotations</b> for goods/services must be obtained.	Budget Holder	<p>A procurement process is about ensuring the purchase is legally compliant and that best value has been obtained for Worcestershire Acute.</p> <p>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.</p>
	From £50,001 to OJEU* limit a formal tender is required with support from procurement and as a minimum 3 <b>quotations or tenders</b> 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.

## 11. 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.

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

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

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

**13. 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.



### 13.1 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.	<p>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.</p> <p>All vacancies must follow the Vacancy Management Governance process and requirements.</p>

### 13.2 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).	<p>Corporate Medical and Nursing posts require sign off by appropriate Voting Executive Director.</p> <p>All vacancies must follow the Vacancy Management Governance process and requirements.</p>

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04/04/2024 15:27:29

### 13.3 Staff – Appointment of temporary staff, admin and clerical

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	<p>Where the request is to cover the gap with third party agency / bank, the appropriate Agency Request process needs to be followed.</p> <p>All vacancies must follow the Vacancy Management Governance process and requirements.</p> <p>Approval of recruitment also applies to secondments.</p>

### 13.4 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	<p>Corporate Medical and Nursing posts require sign off by appropriate Voting Executive Director</p> <p>Bank and agency requests should follow the respective booking processes.</p> <p>All vacancies must follow the Vacancy Management Governance process and requirements.</p> <p>Approval of recruitment also applies to secondments.</p>

Wells-Jo  
04/04/2024 15:27:29

#### 14. 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.

Wells-Jo  
04/04/2024 15:27:29

	£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.

## 15. 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	

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04/04/2024 15:27:29

## 16. 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	

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04/04/2024 15:27:29

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

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

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

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04/04/2024 15:27:29



## 18. 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 and Deputy / / Deputy Director of Finance (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 (Deputy Director of Finance plus one other)	
	From £25,001 to £500k	Managing Director/Chief Executive Officer/Chief Finance Officer (2 signatures)	
	From £500,001	Trust Board	

## 19. Reporting of Incidents to the Police

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

## 20. Petty Cash disbursements

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Petty Cash disbursements	Expenditure up to £50	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. Email address is Procurement. <a href="mailto:wah-tr.Procurement@nhs.net">wah-tr.Procurement@nhs.net</a>
	Expenditure over £50	Associate Director of Finance (Financial Services and Coding) or Deputy Director of Finance	

Petty Cash disbursements for international nurses	Expenditure up to £3K	Lead Nurse – Professional Development – International Nurses	Expenditure only for international nurses
	Refund of Patient Monies	Budget Manager	Any reimbursements will be made as per the DoHSC/DSS policy.

## 21. Petty Cash disbursements - UNDER FINANCIAL RECOVERY

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

## 22. Receiving Hospitality

Delegated Matter	Value	Authority Delegated to	Notes and Comments
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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	
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### 23. 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	

### 24. 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.

Wells-Jo  
04/04/2024 15:27:29

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.
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Wells-Jo  
04/04/2024 15:27:29

25. 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		<p>Managing Director, Chief Executive, Chief Medical Director or Associate Medical Director</p> <p>Contracts to be signed off by finance –</p> <p>Over £100,000 expenditure – Chief Finance Officer or Deputy Director of Finance</p> <p>Amendments to Contracts – Research Operations Lead</p>	Responsibilities, indemnities and liabilities of the Trust – this will be income
Research Contracts – Non-Model Contracts		<p>Managing Director, Chief Executive, Chief Medical Director or Associate Medical Director</p> <p>Contracts to be signed off by finance –</p> <p>Over £100,000 expenditure – Chief Finance Officer or Deputy Director of Finance</p> <p>Amendments to Contracts – Research Operations Lead</p>	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	

Wells-Jo  
04/04/2024 15:27:29



**25. 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)		Company Secretary	
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		Company Secretary	

Wells-Jo  
04/04/2024 15:27:29

## 25. 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	

Wells-Jo  
04/04/2024 15:27:29

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

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



<u>Dismissal</u> <ul style="list-style-type: none"> <li>• Of the Chief Executive</li> <li>• Of an Executive Director</li> <li>• Of Senior Medical Staff</li> <li>• Of All Other Staff</li> </ul>		Trust Board Chief Executive or Managing Director Chief Medical Director and Chief Executive or Managing Director Departmental Manager	Trust Disciplinary Procedure
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# 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	14 <sup>th</sup> March 2024
Implementation Date	14 <sup>th</sup> March 2024
Version	March 2024 v7
Summary of Changes from Previous version	<p>Section 1.0 – Contract of Employment added to the list of documents that provide a business framework for the Trust.</p> <p>Section 4.3 – Managing Director responsibilities added to the Roles and Responsibilities.</p> <p>Section 4.5.1 – Extension of services added to the engagement of individuals through IR35.</p> <p>Section 4.7 – Role of Managing Director added to Contractors and their employees.</p> <p>Section 5.1.1 – Approval of bad debts added to Audit and Assurance Committee. NHS improvement replaced by NHSE.</p> <p>Section 5.3 – Role of Managing Director added to Role of Internal Audit and Counter Fraud.</p> <p>Section 5.5 – Role of Managing Director added to Fraud, Bribery and Corruption.</p> <p>Section 5.6 – Role of Managing Director added to Security Management.</p> <p>Section 6.1.3 – Role of Managing Director added to Budgetary Control and Reporting.</p> <p>Section 7.1 – NHS improvement replaced by NHSE.</p> <p>Section 8.3.1 – Salary Overpayment framework added to SFI.</p> <p>Section 9.1.3 – NHS improvement replaced by NHSE.</p> <p>Section 9.2.2 – Added rules to the General Applicability of Formal Competitive Tendering.</p> <p>Section 9.2.7 – Role of Chief Executive was replaced by Managing Director to Items which subsequently breach thresholds after original approval.</p>

Wells-Jo  
04/04/2024 15:27:28

	<p>Section 9.3.1 - Role of Chief Executive was replaced by Managing Director to the Admissibility.</p> <p>Section 9.3.2 - Role of Managing Director added to Acceptance of Formal Tenders.</p> <p>Section 9.3.3 – Flowchart of a contract award governance process added into this new section under the Contracting/Tendering Procedure.</p> <p>Section 9.4.4 – Role of Managing Director added to Quotations to be within Financial Limits.</p> <p>Section 9.4.5 – Managing director added to the delegated authority.</p> <p>Section 9.4.10 – Role of Managing Director added to In-house Services.</p> <p>Section 11.1.4 – Role of Managing Director added to Staff Appointments.</p> <p>Section 12.1 – Removed the contentious or novel agreements in the Delegation of Authority section.</p> <p>Section 12.2.6 – NHS improvement replaced by NHSE.</p> <p>Section 13.1 – Additions and amendments on the Capital Investment process following the new guidance. Role of Managing Director added to this section.</p> <p>Section 13.5 – Additions and amendments on the Leases (Finance and Operating) process following the new guidance.</p> <p>Section 15.2.1 – Role of Managing Director added to Losses and Special Payments Procedures.</p> <p>Section 17.1 – Role of Managing Director added to Programme of Risk Management.</p> <p>Section 18.3 – NHS improvement replaced by NHSE. Role of Managing Director added to this section.</p>
Supersedes	July 2021 v6
Consultations Undertaken	
Target Audience	All persons working within the Trust
Next Review Date	Next review – February 2025
Lead Executive	Name: Neil Cook, Chief Finance Officer



Lead Manager	Name: Lynne Walden, Associate Director of Finance (Financial Services and Coding)
Author	Name: Lynne Walden, Associate Director of Finance (Financial Services and Coding)
Guidance / Information	<a href="mailto:wah-tr.Financial-Systems@nhs.net">wah-tr.Financial-Systems@nhs.net</a> Tel: 01905 760393 Ext: 38369

## STANDING FINANCIAL INSTRUCTIONS CONTENTS

Paragraph	Title	Page
1	Introduction	3
2	Executive Summary	4
3	Policy Statement	5
4	Roles and Responsibilities	6
5	Policy and/or Procedural Requirements	9
6	Business Planning, Budgets, Budgetary Control, Capital Expenditure and Monitoring	14
7	Annual Accounts and Reports	17
8	Income, Fees and Charges and Security of Cash, Cheques and Other Negotiable Instruments	20
9	Tendering and Contracting Procedure	23
10	Service Agreements For Provision of Services	30
11	Terms of Service, Allowances and Payment of Members of the Trust Board and Executive Committee and Employees	31
12	Non Pay Expenditure	35
13	Capital Investment, Private Financing, Fixed Asset Registers and Security of Assets	39
14	Stores and Receipt of Goods	44

15	Disposals and Condemnations, Losses and Special Payments	45
16	Information Technology	47
17	Risk Management and Insurance	50
18	Other Miscellaneous	52
19	Training, Implementation and Resources	54

## 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

Wells Jo  
04/04/2024 15:27:29

## **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.**

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04/04/2024 15:27:29

### **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.

Wells-Jo  
04/04/2024 15:27:29

## **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.

Wells-Jo  
04/04/2024 15:27:29

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

Wells-Jo  
04/04/2024 15:27:29

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:

Wells-Jo  
04/04/2024 15:27:29



- a) overseeing Internal and External Audit services;
- b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;
- c) review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
- d) monitoring compliance with Standing Orders and Standing Financial Instructions;
- e) reviewing schedules of losses and compensations and making recommendations to the Board;
- f) reviewing schedules of debtors/creditors balances over 6 months and £5,000 old and explanations/action plans;
- g) Reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.
- h) Reviewing and approving bad debt write offs and write backs to the departments.

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

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

## 5.2

### Chief Finance Officer

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

Wells-Jo  
04/04/2024 15:27:29

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;

Wells-Jo  
04/04/2024 15:27:29

- 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.

Wells-Jo  
04/04/2024 15:27:29

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.

Wells-Jo  
04/04/2024 15:27:29

## **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.

Wells-Jo  
04/04/2024 15:27:29

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;

Wells Jo  
04/04/2024 15:27:29

- 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**

Wells Jo  
04/04/2024 15:27:29

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**

Wells-Jo  
04/04/2024 15:27:29



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.

Wells-Jo  
04/04/2024 15:27:29

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.

Wells-Jo  
04/04/2024 15:27:29

## **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

Wellis  
04/04/2024 15:27:29

deduction constituting an unauthorised deduction from wages in accordance with the Employment Rights Act 1996 (section 14) that states:

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

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

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

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

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

Please refer to the Contract of Employment.

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

The Chief Finance Officer is responsible for:

- (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- (b) ordering and securely controlling any such stationery;
- (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
- (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.

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

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

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

Wells-Jo  
04/04/2024 15:27:29

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.

Wells-Jo  
04/04/2024 15:27:29

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

## **9 TENDERING AND CONTRACTING PROCEDURE**

### **9.1.1 Duty to comply with Standing Orders and Standing Financial Instructions**

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

### **9.1.2 EU Directives Governing Public Procurement**

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

### **9.1.3 Capital Investment Manual and other Department of Health Guidance**

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

### **9.2.1 Formal Competitive Tendering**

### **9.2.2 General Applicability**

The Trust shall ensure that competitive tenders are invited for:

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

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

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

### **9.2.3 Health Care Services**

Wells-Jo  
04/04/2024 15:27:29

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;

Wells-Jo  
04/04/2024 15:27:29

- 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:

Wells-Jo  
04/04/2024 15:27:29



- 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.

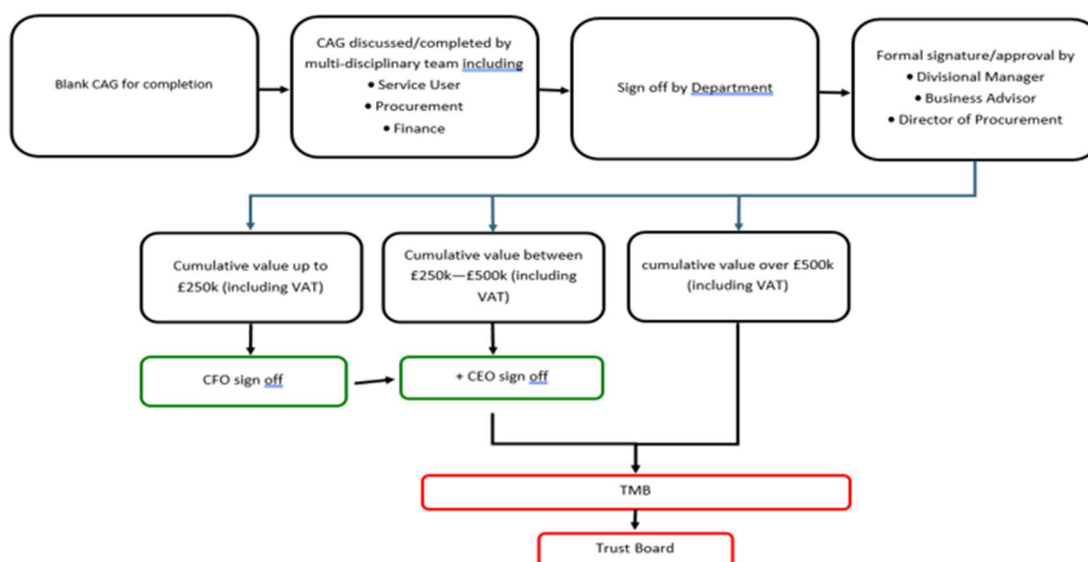
The use of these procedures must demonstrate that the award of the contract was:

- 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

Wells Jo  
04/04/2024 15:27:29

### **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.

Wells Jo  
04/04/2024 15:27:29

#### 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

Wells-Jo  
04/04/2024 15:27:29

- (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

Wells-Jo  
04/04/2024 15:27:29

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;

Wells-Jo  
04/04/2024 15:27:29

## **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;

Wells-Jo  
04/04/2024 15:27:29

- 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.

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.

Wells-Jo  
04/04/2024 15:27:29

### 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;

Wells Jo  
04/04/2024 15:27:29



- 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, 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 in the prescribed form 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 immediately.

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.

Wells-Jo  
04/04/2024 15:27:29

## **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 contracts, taxation advice (including where appropriate customs advice) 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;

Wells-Jo  
04/04/2024 15:27:29

- 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:

Wells-Joe  
04/04/2024 15:27:29

- 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:

Wells  
04/04/2024 15:27:29

- 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) 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";
- h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- i) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;
- j) changes to the list of employees and officers authorised to certify/approve orders and invoices are notified to the Chief Finance Officer;
- k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Finance;
- l) petty cash records are maintained in a form as determined by the Chief Finance Officer.

Wells-Jo  
04/04/2024 15:27:29

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

d) 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.

Wells Jo  
04/04/2024 15:27:29

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.

Wells-Jo  
04/04/2024 15:27:29

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.

Wells-Jo  
04/04/2024 15:27:29



- 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

Wells-Jo  
04/04/2024 15:27:29

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.

Wells-Jo  
04/04/2024 15:27:29

#### **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.

Wells-Jo  
04/04/2024 15:27:29

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.

Wells-Jo  
04/04/2024 15:27:29

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

Wells-Jo  
04/04/2024 15:27:29

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.

Wells-Jo  
04/04/2024 15:27:29

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.

Wells-Jo  
04/04/2024 15:27:29

## **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

Wells-Jo  
04/04/2024 15:27:29



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.

Wells-Jo  
04/04/2024 15:27:29

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**

Wells-Jo  
04/04/2024 15:27:29

**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 is no additional resources required arising from this version.

Wells-Jo  
04/04/2024 15:27:29

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

<b>Report to:</b>	<b>Public Board</b>
<b>Date of Meeting:</b>	<b>09/04/2024</b>
<b>Title of Report:</b>	Updated Standing Orders
<b>Status of report:</b>	<input checked="" type="checkbox"/> <b>Approval</b> <input type="checkbox"/> <b>Position statement</b> <input type="checkbox"/> <b>Information</b> <input type="checkbox"/> <b>Discussion</b>
<b>Report Approval Route:</b>	Audit & Assurance Committee
<b>If Other, provide details:</b>	
<b>Lead Chief Officer/Director:</b>	<b>Managing Director</b>
<b>Author:</b>	Erica Hermon, Company Secretary
<b>Documents covered by this report:</b>	Draft Standing Orders

**• Purpose of the report**

To present the draft Standing Orders (SOs) for WAHT.

**• Recommendation(s)**

Trust Board are invited to review and provide approval of the draft SOs for adoption across the Foundation Group and at WAHT specifically.

**• Chief Officer/Executive Director Opinion<sup>1</sup>**

It is a requirement that all NHS bodies lay out how they will manage the business of the Trust led through the Trust Board and its sub committees. These Standing Orders have been produced for adoption by all NHS Trusts within the Foundation Group (acknowledging SWFT's 'foundation trust' status for which there are different requirements)

SOs (alongside SFIs) regulate the proceedings and business of the Trust and are part of its corporate governance arrangements. The documents fulfil the dual role of protecting the Trust's interests and protecting staff from possible accusation that they have acted less than properly. They also provide a comprehensive business framework that is to be applied to all activities. Members of the Board of Directors and all members of staff should be aware of the existence of and work to these documents.

This new document has not been tracked changed due to the extensive changes from the previous WAHT version. That said, they are based on the Department of Health's 'model' SOs. In addition, as part of accepted Codes of Conduct and Accountability arrangements, boards are expected to adopt schedules of reservation of powers and delegation of powers. A final summary of delegated powers (appendix 1) has not been provided given that they could be subject to change depending on feedback from Board members. It is intended to collate the delegations by job role which will make it more explicit and easier for post holders to see exactly what they are responsible for.

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

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

<input type="checkbox"/> <b>Focus on Flow</b> <input checked="" type="checkbox"/> <b>Governance</b> <input type="checkbox"/> <b>Home First Mindset</b> <input type="checkbox"/> <b>4ward Improvement System</b> <input type="checkbox"/> <b>Elective Care: No Delays</b>	<input type="checkbox"/> <b>Think/Act as a Lead Provider</b> <input type="checkbox"/> <b>Improve Staff Experience</b> <input type="checkbox"/> <b>Tertiary Partnerships</b> <input type="checkbox"/> <b>Leadership and Structures</b> <input type="checkbox"/> <b>Strategic 'Big Moves'</b>
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Wells Jo  
04/04/2024 15:27:29

**STANDING ORDERS**  
**2024/25**

Wells-Jo  
04/04/2024 15:27:29

# Table of Contents

.....	1
Foreword to Standing Orders .....	5
INTRODUCTION.....	6
SECTION A - INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS .....	7
Legislation definitions:.....	7
Other definitions:.....	7
Policy statements: general principles .....	9
SECTION B – STANDING ORDERS FOR THE REGULATION OF THE PROCEEDINGS OF GEH/WAHT/WVT.....	10
Part 1 – Membership .....	10
1 Name and business of the Trust .....	10
2 Composition of the Membership of the Trust Board .....	10
3 Appointment of Chair and Members of the Trust Board .....	11
4 Appointment and Powers of Deputy Chair & Senior Independent Director.....	11
5 Tenure of office.....	12
6 Code of Conduct and Accountability and the Trust’s commitment to openness .....	12
7 Functions and roles of Chair and directors .....	12
Part 2 – Meetings.....	12
8 Ordinary meetings of the Trust Board .....	12
9 Extraordinary meetings of the Trust Board.....	13
10 Notice of meetings.....	13
11 Agenda and Supporting Papers.....	14
12 Chair of meetings .....	15
13 Voting.....	15
14 Quorum.....	16
15. Record of attendance.....	17
16. Minutes .....	17
17 Petitions .....	17
18 Notice of Motion.....	17
19 Emergency Motions .....	17
20 Motions: Procedure at and during a meeting .....	17
21 Amendments to motions .....	18
22 Rights of reply to motions.....	18
23 Withdrawing a motion .....	18
24 Motions once under debate .....	18

Wells Jo  
04/04/2024 13:27:29

25	Motion to rescind a decision of the Trust Board .....	19
26	Chair's ruling .....	19
27	Suspension of Standing Orders .....	19
28	Variation and amendment of Standing Orders .....	20
29	Admission and exclusion on grounds of confidentiality of business to be transacted .....	20
30	General disturbances .....	20
31	Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings .....	20
32	Observers at Trust meetings .....	20
Part 3 – Standards of business conduct.....		21
33	Declarations of interest.....	21
34	Disability of directors in proceedings on account of pecuniary interest.....	22
35	Standards of Business Conduct.....	24
Part 4 – Arrangements for the exercise of functions by delegation and committees .....		26
36	Exercise of functions .....	26
37	Emergency powers and urgent decisions .....	26
38	Delegation to committees .....	26
39	Delegation to officers.....	26
40	Schedule of decisions reserved for the Trust Board .....	26
41	Scheme of Delegated Authorities .....	27
42	Appointment of committees.....	27
43	Statutory and mandatory committees.....	28
44	Non mandatory committees.....	30
45	Joint Committees .....	31
46	Proceedings in committee to be confidential .....	31
47	Applicability of Standing Orders and Standing Financial Instructions to Committees.....	31
48	Duty to report Non-Compliance with Standing Orders and Standing Financial Instructions....	31
49	Terms of reference.....	32
50	Delegation of powers by committees to sub-committees.....	32
51	Approval of appointments to committees.....	32
52	Appointments for statutory functions .....	32
53	Proceedings in committee to be confidential .....	32
54	Election of Chair of committee .....	33
55	Special meetings of committee.....	33
Part 5 – Custody of seal and sealing of documents .....		33
56	Custody of seal .....	33



57	Sealing of documents.....	33
58	Bearing witness to the affixing of the Seal.....	34
59	Register of sealing.....	34
60	Signature of documents.....	34
Part 6 – Waiver of Standing Orders made by the Secretary of State for Health and Social Care		
.....		34
61	Power of the Secretary of State to make waivers.....	34
62	Definition of ‘Chair’ for the purpose of interpreting this waiver .....	34
63	Application of waiver .....	35
64	Conditions which apply to the waiver and the removal of having a pecuniary interest.....	35

Wells Jo  
04/04/2024 15:27:29

## 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.

Wells-Jo  
04/04/2024 15:27:29

## INTRODUCTION

1. The George Eliot NHS Trust (GEH) is a statutory body which was established on 1<sup>st</sup> July 2009 under The NHS Trust (Establishment) Order 1993 under The George Eliot Hospital NHS Trust (Establishment) Order No 1510.
2. The principal place of business of GEH is George Eliot Hospital, College Street, Nuneaton, CV10 7DJ.
3. 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.
4. The principal place of business of WAHT is Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.
5. The Wye Valley NHS Trust (WVT) is a body corporate which was established on 1<sup>st</sup> April 2011 under The NHS Trust (Establishment) Order 1993 (the Establishment Order).
6. The principal place of business of WVT is Trust Headquarters, Hereford County Hospital, Stonebow Road, Hereford, HR1 2ER.
7. NHS Trusts are governed by statute, mainly the [National Health Service Act 2006](#) and the [Health and Social Care Act 2012](#).
8. 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.
9. 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.
10. 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.
11. The [Freedom of Information Act 2000](#) and the [Environmental Information Regulations 2004](#) sets out the requirements for public access to information on the NHS.
12. 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.
13. 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.
14. 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.
- 15. The failure to comply with SOs and SFIs can be regarded as a disciplinary matter that could result in dismissal.**

Wells-Jo  
04/04/2024 15:27:29

## 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 **Trust Secretary**, shall advise them.

GEH, WAHT and WVT are part of a Foundation Group of hospitals along with the South Warwickshire University NHS Foundation Trust (SWFT) 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.

#### SECTION A - INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS

Approved by GEH Trust Board on XXXX 2024, WAHT Trust Board on XXXX 2024 and WVT Trust Board on XXXX 2024

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Wells-Jo  
04/04/2024 15:27:32

**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.
  - **Trust 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 THE PROCEEDINGS OF GEH/WAHT/WVT**

### **Part 1 – Membership**

#### **1 Name and business of the Trust**

- 1.1. All business shall be conducted in the name of George Eliot Hospital NHS Trust/Worcestershire Acute Hospitals NHS Trust/Wye Valley 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 the 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, 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 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 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.
- 8.11. 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, specifying the business proposed to be transacted, shall be posted before each meeting on the Trust website. The notice 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.
- 10.6 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 Trust 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 **Trust 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 Trust 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, the 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 I (2) or Section I (8) of the Public Bodies (Admissions to Meetings) Act 1960 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 1960](#).

## 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

### SECTION A - INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS

Approved by GEH Trust Board on XXXX 2024, WAHT Trust Board on XXXX 2024 and WVT Trust Board on XXXX 2024

*This version of the Standing Orders can only be guaranteed to be the current adopted version, if it is opened directly from the Trust's intranet library of policies and procedures.*

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 Trust 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 Trust 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

24 | Page

### SECTION A - INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS

Approved by GEH Trust Board on XXXX 2024, WAHT Trust Board on XXXX 2024  
and WVT Trust Board on XXXX 2024

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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 Trust 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** 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** 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

27 | Page

#### **SECTION A - INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS**

Approved by GEH Trust Board on XXXX 2024, WAHT Trust Board on XXXX 2024 and WVT Trust Board on XXXX 2024

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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 and Nominations 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 Committee/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.
  - **Risk Management Executive/Executive Risk 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 Risk Management Executive/Executive Risk 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.

30 | Page

#### SECTION A - INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS

Approved by GEH Trust Board on XXXX 2024, WAHT Trust Board on XXXX 2024 and WVT Trust Board on XXXX 2024

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#### 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

31 | Page

#### *SECTION A - INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS*

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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 **Trust 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 George Eliot Hospital National Health Service/Worcestershire Acute Hospitals National Health Service/Wye Valley National Health Service Trust 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 George Eliot Hospital National Health Service/Worcestershire Acute Hospitals National Health Service/Wye Valley National Health Service Trust was hereunto affixed in the presence of....*”

## 59 Register of sealing

The **Trust Secretary** shall keep a register in which they will make an entry of every sealing, numbered consecutively in a book 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;

34 | Page

### SECTION A - INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS

Approved by GEH Trust Board on XXXX 2024, WAHT Trust Board on XXXX 2024  
and WVT Trust Board on XXXX 2024

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04/04/2024 15:27:29

- 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, he is present:

- 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;
- 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:

- the member must disclose their interest as soon as practicable after the commencement of the meeting and this must be recorded in the minutes;
- 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**;
- 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.
- 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

**SECTION A - INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS**

Approved by GEH Trust Board on XXXX 2024, WAHT Trust Board on XXXX 2024  
and WVT Trust Board on XXXX 2024

*This version of the Standing Orders can only be guaranteed to be the current adopted version, if it is opened directly from the Trust's intranet library of policies and procedures.*

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

<b>Report to:</b>	<b>Public Board</b>
<b>Date of Meeting:</b>	<b>09/04/2024</b>
<b>Title of Report:</b>	Emergency Preparedness Resilience and Response Annual Report
<b>Status of report:</b>	<input checked="" type="checkbox"/> <b>Approval</b> <input type="checkbox"/> <b>Position statement</b> <input type="checkbox"/> <b>Information</b> <input type="checkbox"/> <b>Discussion</b>
<b>Report Approval Route:</b>	Trust Management Board
<b>If Other, provide details:</b>	Also information has been through the EPRR Committee
<b>Lead Chief Officer/Director:</b>	<b>Chief Operating Officer</b>
<b>Author:</b>	Tom Taylor, Head of EPRR
<b>Documents covered by this report:</b>	National EPRR Core Standards Framework v3 2022
<b>1. Purpose of the report</b>	
<p>To meet the mandatory national standard to update Trust Board on the work of Emergency Planning.</p> <p>To brief Trust Board on the Trusts current state of preparedness, including compliance with the core standards national framework, and Civil Contingencies Act 2004 and the NHS Act (2006) as amended by the Health and Social Care Act (2012), as required by the NHS England EPRR Framework.</p>	
<b>2. Recommendation(s)</b>	
<p>Approve the content of the report, in line with the requirements in the national EPRR Core Standards Framework</p> <ul style="list-style-type: none"> <li>Note the key activities and response to incidents during 2022/23; and</li> <li>Receive assurance that Worcestershire Acute Hospitals NHS Trust is prepared to respond to an emergency and has resilience to the continued provision of safe patient care.</li> </ul>	
<b>3. Executive Director Opinion<sup>1</sup></b>	
<p>This paper provides assurance on the Trust's Emergency Preparedness, Resilience and Response (EPRR) arrangements. In summary, there continues to be a considerable amount of work in developing the Trust's EPRR arrangements.</p>	

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

**4. Please tick box for the Trust's 2023/24 Objectives the report relates to:**

☒ ***Best services for local people***

☒ ***Best experience of care and outcomes for our patients***

☒ ***Best use of resources***

☒ ***Best people***

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04/04/2024 15:27:29

## **1. Introduction**

1.1 This paper provides a report on the Trust's emergency preparedness to meet the requirements of the Civil Contingencies Act (2004) and the NHS England Emergency Preparedness, Resilience and Response Framework (EPRR) 2015.

1.2. The Trust has a mature suite of plans to deal with Major Incidents and Business Continuity issues. These conform to the Civil Contingencies Act (2004) and current NHS-wide guidance. All plans have been developed in consultation with local and regional stakeholders to ensure cohesion with their plans.

1.3. The paper reports on the training and exercising programme and the development of emergency planning arrangements and plans. The report gives a summary of instances in which the Trust has had to respond to extraordinary circumstances.

## **2. Background**

2.1 EPRR is a core function of the NHS and is a statutory requirement of the Civil Contingencies Act (CCA) 2004. Responding to emergencies is also a key function within the NHS Act (2006) as amended by the Health and Social Care Act (2012).

2.2 In December 2022, the Government published the UK Resilience Framework which sets out an ambitious new vision and approach to the UK's resilience up to 2030, and as such, a full review of the Civil Contingencies Act 2004 is underway.

2.3 Nationally, there is a high level of focus with the increasing amount of guidance and expanding range of threats that NHS Trusts must be prepared for. It is essential that there is a continued focus on the Trust's Emergency Preparedness and Business Continuity arrangements. It is important that the Trust maintains and continues to advance its reputation within the EPRR arena and contributes towards the Region's preparedness.

2.4 The Civil Contingencies Act (2004) outlines a single framework for civil protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness and response at the local level.

As a category one responder, the Trust is subject to the following civil protection duties:

- assess the risk of emergencies occurring and use this to inform contingency planning.
- put in place emergency plans.
- put in place business continuity management arrangements.
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- share information with other local responders to enhance coordination.
- cooperate with other local responders to enhance coordination and efficiency.

## **3. WAHT Core Standards update.**

3.1 The EPRR Team have completed a mandatory process of self-assessment of the core standards for 2023-2024. This year the Trust has provided detailed assurance to the ICB EPRR lead of the evidence of compliance with the core standards and the NHSE regional EPRR team.

3.2 The updated core standards were released to the Trust on the in July 2023 for submission to NHSE in August 2023. We have increased in compliance level to partial compliance for 2023-2024. This is in line

with the delivery of the EPRR Strategy for the Trust, put in place in 2022, which has the following work streams:

- Emergency Planning
- Out of hours planning and specialist response to support Incident management via the EPRR team.
- EPRR and On Call Training
- Testing and exercising plans and response.
- Training of Trust wide staff in the process of Business Continuity
- CBRNe Response over the emergency departments and MIU
- Development of lockdown plans and protection from terrorism threat.
- Development of NHS green agenda and climate adaptation to the thrust wide emergency planning process.

3.3 The Strategy includes progressing in the compliance levels for the Trust to be substantially compliant by 2024-2025.

Table 1: WAHT Core Standards 2023/24 compliance overview

Fully Compliant	Partially Compliant	Non- Compliant
49	13	0

To meet overall ‘fully compliant’ status the Trust must have 100% of standards fully compliant. To meet partial compliant status, the Trust must have 79% of standards fully compliance. For 2023/24, overall, Trust wide compliance is ‘partial’ for the Core Standards Assessment

3.4 The Hereford and Worcestershire ICB system are one of the only systems in the Midlands regions to have no providers ranked as non-Compliant for core standards. 10% of good practice and learning for the whole of the Midlands region came from the Hereford and Worcestershire system. 10 individual learning point came from the Trust noted in the midlands best practice report.

4. Local Health Resilience Partnership update on Core standards for the ICB area.

4.1 The Trust has played an active role in the Local Health Resilience Partnership (LHRP) this year to support the process of improving EPRR for public and patients we deliver care to. The work of the LHRP includes improvement of system wide EPRR, Emergency Planning, response to incidents.

4.2 All members of the Herefordshire and Worcestershire systems have seen an increase to the core standards in the year of 2023-2024.

Table 2: Herefordshire and Worcestershire Core Standards 2023/24 compliance overview

Organisation	Services provided or organisational type (X those which apply)											Compliance achieved:		
	Acute providers	Specialist providers	NHS Ambulance services	Patient Transport Providers	NHS 111	Community services providers	Mental health providers	ICB	Primary care (GP, community pharmacy)	Commissioning Support Unit	Other NHS funded organisations	Full / Substantial / Partial / Non		Change ↑ ↔ ↓
												2022/2023	2023/2024	
Herefordshire & Worcestershire Integrated Care Board								X				Partial	Sub	↑
Worcestershire Acute Hospitals NHS Trust	X											Non	Partial	↑
Wye Valley Foundation NHS Trust	X					X						Non	Partial	↑
Herefordshire & Worcestershire Health Care NHS Trust							X					Non	Partial	↑

5. Training Numbers

5.1 The EPRR team have completed EPRR Training across key areas in the Trust and during 2023/24; this has included a roll out of updated on call management team training for Executives on call, Senior

Managers on Call, and Senior Nurse on call. The training supports the roll out of the regionally delivered Principles of Health Command training to Executive Team and senior managers on call.

5.2 Specialist training has been delivered to Emergency Department staff on Chemical, Biological, Radiative, Nuclear (CBRNe) Decontamination, including dry and full wet decontamination management of contaminated patients.

5.3 Other key areas of training include training of the clinical and nonclinical site management team, and switchboard training on the call out process. The EPRR team successfully joined the new staff induction program from June 2023 and deliver monthly training to all new starters in the Trust with an overview of EPRR and Business continuity.

*See Appendix 1 Training Update*

## **6. Incidents in the last year**

6.1 In the last year the Trust has reported and responded to 3 critical incidents, 2 Business continuity and 2 standby incidents. In line with EPRR Framework 2022 and Trust EPRR arrangements, the debrief process has been completed following all incidents to include a hot debrief and formal post incident debrief. Post incident reports have been completed for all incidents to note areas of good practice, and areas for improvement in planning and response. Formal documentation of 'lessons learned' has taken place, to ensure the learning process is joined up, and continual. The post incident reports have been reviewed by the EPRR Committee and shared with the Integrated Care Board and NHSE regional EPRR team.

6.2 The incidents were as follows:

- Alexandra Hospital Data Centre cooling plant Fault (Critical) October 23
- Trust Wide Capacity and Flow Patient Safety (Critical) November 23
- Trust Wide Capacity and Flow Patient Safety (Critical) December 23
- Kidderminster Hospital Endoscopy Chemical leak (standby Business Continuity) November 23
- Loss of PCI Services Worcestershire Royal Hospital (Business Continuity) June 23
- Loss of Digital Communications Systems Non-Clinical Systems (Business Continuity)
- Coronation Power Fault Aconbury Building (standby Business Continuity) May 23

## **7. Exercises in the last year**

7.1 In the last year the Trust has completed tabletop, live play and communication exercises in line with the NHSE EPRR Framework 2022. This included a tabletop CBRNe exercise prior to the opening of the new Emergency Department at Worcestershire Royal Hospital.

7.2 We completed a live multi agency and system wide evacuation and shelter exercise at Kidderminster Hospital, with the successful evacuation and shelter of 30 actors from a ward with a mixed inpatient economy including Acute, Rehabilitation, sub-Acute and mental health patients from a ward to identified shelter location. This large-scale exercise was completed in partnership with Herefordshire and Worcestershire Health and Care Trust, the Integrated Care Board, Acute Trust, and with actor participants from the Defence Medical Academy (Armed Forces).

## **8. Lessons and learning from Incidents and exercises.**

8.1 Learning from incidents forms a major part in planning for the EPRR Practitioners. There are various elements of the learning process, including: post incident reports, Exercise reports and consumption of

wider external learning from the NHSE Midlands EPRR team. The following list summarises key learning identified over the last 12 months:

- Communication to the public, staff, and system partners
- Staff training – specifically for on call management Teams, and more generally around and EPRR awareness
- Review of evacuation and shelter plans
- Reliance on our Data Centres for digital systems
- Alignment of Departmental Business Continuity plans to the ISO22301 Standard
- Preparations for the change over from Public switched Telephone Network to Digital Telephone services

8.2 Using the midlands process for learning, we have identified 40 points of learning. 25 have been addressed, 11 are still to be addressed with ongoing work, and there are four learning points where the plans are still being developed.

## **9. CBRN statement of readiness and external CBRN Audit (including training)**

9.1 The Trust has completed a self-assessment and external audit for CBRNe completed by West Midlands Ambulance service on both Emergency Departments. The Audit included review the Trust Wide CBRNe plans, risk assessment, staff training logs, equipment logs, test, and service of equipment records. As part of the Audit process, the equipment was set up at both Emergency Departments and included decontamination tents, power and water supply, safety equipment, other decontamination equipment, wastewater pumps, and wastewater storage. The equipment was fully tested including running of water and electrical power as a full-scale equipment deployment.

9.2 The audit on both sites was very positive with some areas for improvement identified:

- Replacement of wastewater pumps at Both emergency departments,
- Review of wastewater storage equipment Alexandra hospital,
- Increased training numbers for emergency department Nursing and non-clinical staff in both Wet and dry decontamination, and
- Review and updating of signage in the emergency department for initial operational response steps 1,2,3.

9.3 Good practice and improvements were noted on both Emergency Departments audits for improvements in process, equipment, and training in the last 12 months.

9.4 In the last 12 months we have had full servicing on the CBRNe decontamination equipment, Replacement of Incident Response Signs, Replacement of CBRN wastewater pumps, Replacement of battery powered emergency portable lighting for evacuation and shelter in the event of full-scale evacuation and loss of electrical power.

## **10. Emergency Preparedness Resilience and Response resources and roles**

10.1 The Trust wide EPRR team is a multi-skilled team made up of three full whole-time equivalents as follows:

- Head of EPRR: Trust wide lead for EPRR planning, strategy, representation for internal and external system lead groups, committees, Local Resilience Forum (LRF), Local Health Resilience Partnership (LHRP), Health Emergency Planning Operational Group (HEPOG), LRF risk working group, Trust wide training lead, strategic / tactical / operational advisor, CBRNe training lead and co-chair of the Midlands Acute EPRR Network. To deputise, with delegated authority, for the COO and DCOO at EPRR associated committees where necessary. To ensure the development of emergency planning and service planning within the Trust which improves health and wellbeing, demonstrating a high standard in terms of effectiveness, efficiency, safety, enhancing staff and the patient experience in line with Trust Values. To facilitate and support the development of relevant networks spanning health and social care organisations. Deliver support as a subject matter expert to Executive and senior managers of the Trust in responding to major incidents across the Trust.
- EPRR Officer and Business Continuity Lead: leads business continuity (BC) planning across corporate, divisional, directorate teams. Input and specialist advice to Digital BC planning, Estates and facilities, Audit lead for BC best practice.
- Incident Control Centre Manager / Single point of Contact: Trust wide lead for communications dissemination of information from the ICB and Regional NHSE single point of contacts, leading for logging in incidents, lead for weekend and out of hours planning, development of learning from on call management logs and themes analysis from on call events.

10.2 From February 2023, using the information from the debriefs and learning from incidents, the EPRR team will be trailing a specialist advice and on call service out of hours at the weekend to offer strategic and tactical advice and support in the event of incidents and events in the Trust.

## **11. 24/25 Annual plan**

11.1 The work programme for the forthcoming financial year will take into account the continuing Trust response to Industrial Action, operational response issues, the Training and Exercising 2024/2025 BC Workshops, CBRNe, PRPS Training, Command and control Updates, and Joint Emergency Services Interoperability Protocol (JESIP) Commanders, which will be reviewed and prioritised prior to the start of the 24/25 financial year and agreed through the EPRR Committee.

11.2 The key areas of focus for the 24/25 Annual Plan will be:

- Updating plans and standard operating procedures to take account of changes to the National Security Risk Assessment and the National Risk Register and updated national guidance.
- Development of the Mass Countermeasures Plan.
- Development of Business Continuity Arrangements.
- Development of Mass Causality plans.
- Development of Mass fatalities Plans.
- Development of the new and emerging Pandemic Plan.
- Site and Department Lockdown Action Cards
- Development of a counter Terrorism Plan in line with Martins Law
- Review of all response plans to ensure they are fit for purpose following internal and external debriefs.
- Delivery of Trust-wide training programme in line with the NHS Minimum Occupational Standards, the National Occupational Standards and Skills for Justice Requirements. This will include



Emergency Department training on all sites, where sessions are able to go ahead (staffing and site pressures continue to be a risk to ED training).

## **12. Emergency Preparedness Resilience and Response Statement of readiness**

12.1 This statement is specific requirement of the Core Standards Framework:

Worcestershire Acute Hospitals NHS Trust needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an infectious disease outbreak or a major transport accident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act 2004 (CCA), the Civil Contingencies Act 2004 (Contingency Planning Regulations) 2005, the NHS Act 2006 and the Health and Care Act 2022. This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR). The Trust overall rating from the NHSE Core standards assessment is partially compliant for 2022-2023. Areas for improvement will be monitored from the Core standards Work plan 2023-2024.

## **13. Briefing on LRF, LHRP, HEPOG**

13.1 The Trust has played an active role in the Local Resilience Forum (LRF), Local Health Resilience Partnership (LHRP), and the Health Emergency Planning Operational Group (HEPOG), for the last 12 months. The Trust have contributed to the development of Mass Fatalities Plan, Communications work stream, development of Mass Countermeasures plan, Evacuation and Shelter System Wide Plan and New and Emerging Pandemic Plan. The system wide group have responded to a range of situations and emergencies including flooding other weather-related situations response to support for the community. As a system the Trust have also attended training and exercising events to include planning for national power outage, cybersecurity incidents and weather-related incidents. Included on the work plan for next year is a mass casualty-based exercise to test mass casualties and mass fatality plans including mortuaries within the Worcestershire footprint.

### **13.2 LRF Workflow**

Areas of work this year.

- Risk assessment working group for the updated national risk register.
- Mass Fatalities work program.
- Communications Work Program warning and informing.
- Tactical Advisers Group Member
- Chief officers group Member
- Stronger LRF programme
- Tactical coordinating group response to incidents including Flooding and other Worcestershire incidents.

### **13.3 LHRP, HEPOG Workflows**

Areas of work this year.

- Development of Mass Countermeasures Plan
- Development of Evacuations and Shelter system wide Plans

- Review of support for Core Standards
- Risk register updates.

The Current LHRP Hereford and Worcestershire footprint will be joining with Shropshire to be West Mercia LHRP

#### **14. Business Continuity and Statement Business Continuity Statement of readiness**

14.1 Following a change to NHSE Business Continuity (BC) Management in Spring 2023 for the first time since 2016, the EPRR team began a full review of the Trusts BC Planning. A new Business Continuity Management System (BCMS) was brought into effect in the summer of 2023, and a review of all the Trusts BC Planning began.

14.2 Our simple objectives for this new management system are:

- To identify any gaps, write or update all BC plans to conform to best practice.
- To format all BC Plans into an easy to use but comprehensive Trust wide template.
- To make BC planning more accessible to all staff, not just senior managers.

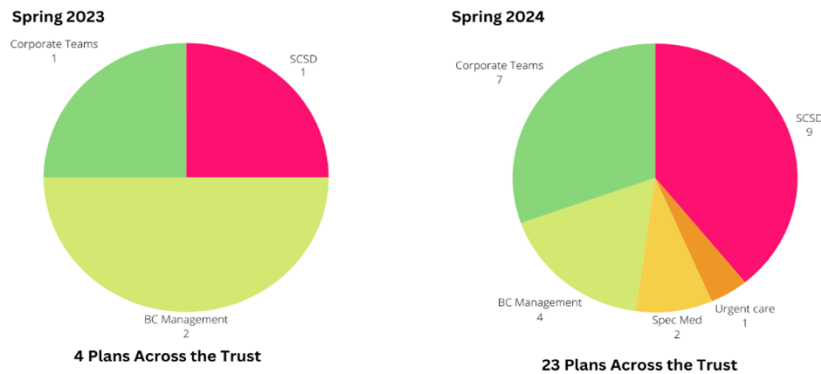
14.3 Previously there has been a reliance on individuals' knowledge to guide teams and directorates through incidents, with the risk that as these people leave this knowledge is lost. It is the intention of the EPRR team to capture this knowledge and through the new BCMS, make this knowledge easily accessible to all staff in the event of an incident. We are making all staff more aware of BC, and all our major incident plans, by discussing them as part of the EPRR section on the Trust induction and including BC discussions in all major incident training.

14.4 Over 15 specialist Teams and Directorates so far have undertaken an analysis of their Business Impacts during incidents and had a plan produced, including a 'Plan on a Page'. This is an easy read document detailing steps to take if and when threats to service provision arise. Many other teams and directorates have some BC planning in place but are aware of gaps, others have little to know BC planning, however this has only recently been identified. By targeting areas that are key to patient safety and support the local health economy, we are lowering the potential impacts of incidents to the Trust Day by day.

14.5 There is still plenty of work to be done, however as more teams and directorates engage with the new BCMS and those gaps close, we become a more resilient organisation. The risk profile of business continuity continues to decrease as this work progresses, and the Trust continues to improve in terms of BC preparedness. We are approaching the international standard of good practice and going beyond what is expected of us by NHSE. A yearly update and Audit are available of BC Plans see below for summary.

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04/04/2024 15:27:29

## BC Plans that meet the NHSE Good Practice Guidelines



### 15. EPRR Risks

15.1 Risk assessment and review is completed in all areas of EPRR Work programs. In 2023 the EPRR risks have been updated and are reported at all EPRR committee with escalation following the trust risk policy with the highest risks being reported to the corporate risk register and Trust management Board (TMB).

15.2 The key Trust EPRR current risks are.

- Adverse weather including Heatwave, Cold weather, Flooding.
- New or emerging pandemics
- Preparing for emergencies
- CBRN response
- Learning from incidents
- Telephony system (the old copper phone network will be switched off in 2025)
- Loss of electric supply when on generators
- Disruption to supply chain.
- Cyber Incidents

15.3 The EPRR team play an active role with reviewing and mitigating risk from the local health resilience Partnership (LHRP) Risk register.


- Disruption to Supplies/Supply Chain
- Mass Casualty Incident, Non-Contaminated Casualties, Contaminated Casualties, PRPS National Procurement
- Prolonged, severe capacity pressure in health and social care threatening ability to respond to EPRR incidents.
- Partial or full loss of critical service or premise or infrastructure
- Cyber Attack
- Infectious disease outbreak
- Psychosocial support
- Extreme weather inclusive of heatwave and cold weather alerts (excluding flooding)
- Regional failure of utilities network (Gas, Water, Electricity, Communications)
- Workforce

- Public or Environmental Health incident

15.4 The EPRR Practitioners have an active role in the Risk Assessment working Group (RWAG) working with system partners as part of the Local resilience forum (LRF) the group review the national risk register and alien to the local community served by the Trust. Link attached to the LRF Public risk register.

[Community Risk Register](#) | [West Mercia Police](#)

Appendix

Appendix Number	Appendix title	Supporting Document
1.	EPRR Training Update	 EPRR Training update 23.24.pptx

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**WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024**

<b>Report to:</b>	<b>Public Board</b>
<b>Date of Meeting:</b>	<b>09/04/2024</b>
<b>Title of Report:</b>	Trust annual objectives for 2024/25
<b>Status of report:</b>	<input checked="" type="checkbox"/> <b>Approval</b> <input type="checkbox"/> <b>Position statement</b> <input type="checkbox"/> <b>Information</b> <input type="checkbox"/> <b>Discussion</b>
<b>Report Approval Route:</b>	Trust Management Board
<b>If Other, provide details:</b>	
<b>Lead Chief Officer/Director:</b>	<b>Director of Strategy and Planning</b>
<b>Author:</b>	Jo Newton , Lisa Peaty & Sarah Speck
<b>Documents covered by this report:</b>	Click or tap here to enter text.
<b>1. Purpose of the report</b>	
To share the Trust's annual objectives for 2024/25 for approval	
<b>2. Recommendation(s)</b>	
It is recommended that Trust Board consider and approve the Trust's annual objectives for 2024/25	
<b>3. Chief Officer/Executive Director Opinion<sup>1</sup></b>	
<p>The draft Trust annual objectives (Appendix 1) have been developed within the context of our Ten Point Plan, the Foundation Group Big Moves and associated strategic pillars as well as the four priority areas associated with our drive for financial recovery. The objectives also reflect the priorities set out in the NHS Operational Planning Guidance for 2024/25.</p> <p>The draft has been developed in conjunction with the executive team and following discussion at the Trust Board Workshop on 12<sup>th</sup> March 2024.</p>	
<b>4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:</b>	
<input checked="" type="checkbox"/> <b>Focus on Flow</b>  <input checked="" type="checkbox"/> <b>Governance</b>  <input checked="" type="checkbox"/> <b>Home First Mindset</b>  <input checked="" type="checkbox"/> <b>4ward Improvement System</b>  <input checked="" type="checkbox"/> <b>Elective Care: No Delays</b>	<input checked="" type="checkbox"/> <b>Think/Act as a Lead Provider</b>  <input checked="" type="checkbox"/> <b>Improve Staff Experience</b>  <input checked="" type="checkbox"/> <b>Tertiary Partnerships</b>  <input checked="" type="checkbox"/> <b>Leadership and Structures</b>  <input checked="" type="checkbox"/> <b>Strategic 'Big Moves'</b>

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

## Background

In October 2023, Trust Board approved our Ten Point Plan which set out the Trust's priorities and immediate areas of focus to drive improvements in quality, safety and efficiency. The priorities are set out below. The Ten Point Plan enables colleagues to focus on those things that will make the biggest difference and help them to understand the part they can play in delivering them. The plan also signposts some of the more significant shifts in our direction of travel and strategic intent.

# Our Ten Point Plan



V1 01022024

The Foundation Group has adopted five big moves underpinned by 6 strategic pillars which are delivered through organisational plans and objectives of the respective Trusts.



Appendix One has been shaped by discussions with the Trust's executive team and with a line of sight to the developing Medium Term Financial Recovery Plan as well as the national annual planning guidance for 2024/25. Our proposed objectives for 2024/25 have been aligned with the Big Moves and Ten Point Plan.

Feedback from the Trust Board workshop on 12<sup>th</sup> March 2024 and performance indicators have been incorporated into the draft objectives. Once approved, the objectives will be communicated across the Trust and relevant stakeholders. Divisional objectives will be developed to support delivery of the trust objectives. They will be used to support objective setting for our colleagues as part of the annual Personal Development Review process. Trust objectives will also be used to support population of the Board Assurance Framework for 2024/25.

Wells-Jo  
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# Appendix One: *draft* annual objectives for 2024/25

## Introduction

The annual trust objectives signal the Board's key priorities for the coming year. These take account of Trust strategy, local priorities and the 2024/25 national planning guidance. Once approved, the objectives will be communicated across the Trust and relevant stakeholders. They will be used to support objective setting for our colleagues as part of the annual Personal Development Review process as well as being used to support divisional level objective setting. The annual trust objectives will also be used to support completion of the Board Assurance Framework for 2024/25.

The objectives are presented under four headings which relate to the key priorities from our 10 point plan: Flow and discharge, elective care, workforce, and sustainability.

## Our objectives

### 1. Flow and discharge

#### ***Improve flow by improving current services and introducing new services and approaches***

Executive Lead: Chief Operating Officer

Our key priority is improving patient flow through our emergency care services. We will use demand and capacity modelling to model and deliver co-location of SDECs, the closure of the Pathway Discharge Unit and to develop a site plan which concentrates day case at Kidderminster Treatment Centre and relevant services in community settings. Developing and delivering new models of care for frailty, implementing and embedding seven day working and reviewing the site management staffing model will also support delivery of this objective. We will also strengthen pathway working to prevent front door attendances by embedding the Single Point of Access model.

*Key performance indicators:* ED performance

*Link to 10 Point Plan:* Focus on Flow

*Link to Big Moves:* Home First supported by technology and collaboration

#### ***Work with our partners to reduce delays in discharge and optimise the use of beds across place***

Executive Leads: Chief Operating Officer / Chief Nursing Officer

Reviewing the full discharge pathway, including resetting the 'discharge to assess' model and delivering the discharge transformation programme will be the focus of reducing discharge delays. We will also work with partners to review the way in which we utilise the bed stock across Worcestershire to optimise the use of beds to enable timely discharge.

This will ensure that the right patient is in the right bed at the right time, supporting reduction in discharge delays and long length of stay. This objective also encompasses the development and implementation of virtual hospital and/or virtual wards.

*Key performance indicators:* reduction in 21-day length of stay, bed occupancy



*Link to 10 Point Plan:* Focus on Flow, Home First Mindset

*Link to Big Moves:* Home First supported by technology and collaboration

### ***Implement strategic digital and estates programmes to support flow***

Executive Leads: Chief Digital Information Officer / Chief Operating Officer

We have invested in digital and estate infrastructure in the last 12 months, including opening of our new Emergency Department at Worcestershire Royal Hospital, two new theatres at the Alexandra Hospital and commenced the implementation of our Electronic Patient Record. In 2024/25 we will implement the next phase of our Electronic Patient Record (including in emergency and urgent care), introduce voice recognition software and an outpatient room booking system, all of which will support flow and improvements in the care that we provide. We will also agree and implement a strategic estates programme with a focus on equipment replacement, initially addressing replacement of our MRI scanner and Cardiac Cath Labs at Worcestershire Royal.

*Key performance indicators:* implementation of programmes in line with plan

*Link to 10 Point Plan:* Focus on Flow, Home First Mindset

*Link to Big Moves:* Home First supported by technology and collaboration

## **2. Elective Care**

### ***Deliver productivity improvements in outpatients and theatres to increase elective activity and reduce waiting times***

Executive Lead: Chief Operating Officer

Our outpatients and theatres transformation programmes have been implemented over the last 12 months and have delivered productivity improvements, particularly within theatres. We will continue to drive productivity improvements in theatres, and also focus on 'Right Procedure, Right Place' and implementing 2.5 session days/6 day working. Implementation of the electronic room booking system and increasing clinic utilisation will enhance productivity in outpatients, as will roll out of the 'Further Faster' programme.

*Key performance indicators:* Theatre and outpatient productivity, RTT

*Link to 10 Point Plan:* Elective Care

*Link to Big Moves:* Productivity strategic pillar

### ***Achieve Elective Surgical Hub accreditation for Kidderminster Treatment Centre***

Executive Lead: Chief Operating Officer

Our expression of interest for the cohort 5 GIRFT Elective Hub Accreditation for Kidderminster Treatment Centre was approved by NHSE in March 2024. This will support us to ring-fence planned surgery and reduce waiting times for routine operations and procedures. We will be preparing a formal application for accreditation to submit to NHSE in early summer, prior to an NHSE accreditation visit in July when we will receive a formal assessment against a defined set of criteria. This will support an increased level of productivity and efficiency that will help improve patient waiting times.

*Key performance indicators:* achieve elective hub accreditation in line with plan.

*Link to 10 Point Plan:* Elective care

*Link to Big Moves:* Productivity strategic pillar

### ***Reduce cancer backlogs, initially focusing on fragile pathways***

Executive Lead: Chief Operating Officer

We will continue to reduce the time that patients referred for suspected cancer wait for diagnosis and, for those who have a confirmed diagnosis of cancer, wait for treatment. We will initially focus on fragile cancer pathways including Urology and Dermatology.

*Key performance indicators:* Faster diagnosis standard, cancer treatment standard

*Link to 10 Point Plan:* Elective Care

## **3. Workforce**

### ***Progress our plans for a right-sized, cost-effective workforce with the skills for success***

Executive Lead: Chief People Officer

Our key focus is to reduce our spend on agency staff by building and retaining a permanent workforce with the skills for success. We will undertake reviews of clinical and non clinical staffing models and the capability needed to deliver the improvements in care required. This will include a review of divisional structures and of job planning for medics and Clinical Nurse Specialists. We will also improve retention by enhancing professional career development support for staff across the Trust; further developing and embedding opportunities for flexible working and improving staff engagement.

*Key performance indicators:* agency rate, vacancy rate, turnover rate, staff survey results

*Link to 10 Point Plan:* Staff experience, leadership and structures

*Link to Big Moves:* Be a very flexible employer

### ***Improve facilities for staff to improve their experience of coming to work***

Executive Lead: Chief Operating Officer

We have listened to our colleagues and this objective acts on their feedback whilst also supporting an improvement in staff retention. We will continue working with our suppliers to improve our catering offer by enhancing the range of food on offer and its availability. We will also implement the staff car parking plan and work with relevant partners to improve car parking facilities, including securing some quick wins.

*Key performance indicators:* turnover rate, staff survey results

*Link to 10 Point Plan:* Staff experience

*Link to Big Moves:* Be a very flexible employer

#### **4. Sustainability**

##### ***Continue our drive towards financial sustainability***

Executive Lead: Chief Finance Officer

In order to continue our drive towards financial sustainability, we will implement our Financial Strategy which focuses on tackling the drivers of our underlying deficit and delivering our medium term CPIP programme. We will work collaboratively with our Integrated Care System partners to deliver a financially sustainable health and care system for Herefordshire and Worcestershire. We will also focus on reducing waste using our improvement system and improving productivity to release more time to care for our patients.

*Key performance indicators:* Delivery of key financial improvement trajectories

*Link to 10 Point Plan:* Improvement system

*Link to Big Moves:* Productivity strategic pillar

##### ***Develop sustainable models of care which meet the needs of our population***

Executive Lead: Chief Strategy Officer

We aim to be a lead provider within Worcestershire and will work to develop and implement a new Place Partnership which integrates the current Worcestershire Executive Committee and the Home First Delivery Board. We will undertake a review of fragile services as part of the refresh of our Clinical Services Strategy and will continue to develop and deliver the lead provider models for Dermatology, OFMS, Haematology and Stroke. In addition, we will work to develop our pathways of care with specialist tertiary providers, initially developing frameworks for lung, head and neck cancer, and specialist pathways for stroke and renal patients.

*Key performance indicator:* models of care developed and implemented

*Link to 10 Point Plan:* think and act as a lead provider/partnership with large specialist (tertiary) providers

##### ***Develop strategies in selected specialties for embedding prevention and reducing health inequalities to reduce secondary care activity***

Lead: Chief Medical Officer

Work completed with our system partners indicates that prevention strategies for some long term conditions can prevent referral of patients for secondary care or can prevent further exacerbation of acute conditions. We will work with our partners to develop and embed prevention strategies for selected long term conditions to avoid urgent admissions and elective referrals. We will target activities to reduce health inequalities using a population health management approach.

*Key performance indicator:* implementation of strategies

*Link to 10 Point Plan:* think and act as a lead provider

*Link to Big Moves:* embed prevention in every service

### ***Leverage our role as an anchor institution to lead the NHS on carbon reduction***

Lead: Chief Strategy Officer

Our Trust Board signed off our Three-Year Green Plan in April 2022 which is consistent with our strategic priorities around healthier communities and service sustainability as an anchor institution. It is also informed by and aligned with regional and ICS objectives. The Plan identifies ten workstreams for sustainable healthcare services and requires a balance between environmental, economic and social values to deliver optimal outcomes for our patients and communities now and in the future. We will continue to implement the workstreams in line with the plan for 2024/25.

*Key performance indicator:* implementation of Green plan priorities

*Link to Big Moves:* Lead the NHS in carbon reduction

Wells-Jo  
04/04/2024 15:27:29

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

<b>Report to:</b>	<b>Public Board</b>
<b>Date of Meeting:</b>	<b>09/04/2024</b>
<b>Title of Report:</b>	Communications and Charity Update
<b>Status of report:</b>	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
<b>Report Approval Route:</b>	Choose an item.
<b>If Other, provide details:</b>	
<b>Lead Chief Officer/Director:</b>	<b>Director of Communications</b>
<b>Author:</b>	Richard Haynes, Director of Communications
<b>Documents covered by this report:</b>	Click or tap here to enter text.

### 1. Purpose of the report

#### Communications and Engagement Update

##### Meadow Birth Centre 'Virtual Tour'



A new video tour of the Meadow Birth Centre was filmed and published to celebrate the 'relaunch' of Meadow Birth Centre at Worcestershire Royal Hospital in February. The new video tour of the unit – co produced with Worcestershire Maternity and Neonatal Voices Partnership - showcases the fantastic facilities on offer including the en-suite facilities in each of the four rooms, birthing pools, dimmable lighting, light features above the pools, Bluetooth speakers and the centre's family room, as well as answering some frequently asked questions. For information on Meadow Birth Centre and to watch the new video tour visit [www.worcsacute.nhs.uk/mbc](http://www.worcsacute.nhs.uk/mbc)

The Communications team also produced a film on behalf of the Herefordshire and Worcestershire system for Worcestershire LMNS explaining the **Induction of Labour** process. The informative video, which is published on both WAHT and Wye Valley websites as well as the BadgerNotes App, aims to answer frequently asked questions ahead of induced labour. The video is available at <https://youtu.be/GRzd5F5HhaU>

##### Exec Live

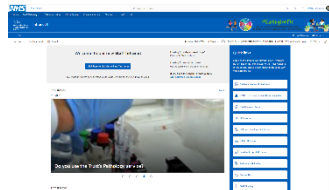


Exec Live was launched in December and the fortnightly Teams sessions are now an established part of our internal communications activities. The format sees members of the executive team answering questions from colleagues joining the call as well as questions submitted in advance or taken from popular themes in our Rumour Mill.

Feedback has been very positive and although attendance at the sessions themselves varies, recordings of Exec Live shared via Worcestershire Weekly

and our Facebook group have proved very popular (as an example the Exec Live held on 28 February has since generated more than 1,300 views by colleagues.)

## Intranet II



We have continued to work with colleagues in the Digital Team on the development of our new intranet, with go live planned for later this month. The new intranet, hosted on the Sharepoint platform, will offer colleagues a more modern and user-friendly experience both in terms of editing and searchability.

## Foundation Group Working

We continue to work with communications colleagues across the Foundation Group to share resource and expertise. Current work includes a joint advertising approach for our forthcoming Group Improvement Week in May, shared learning for future staff survey communications, and the development of a shared social media training resource for colleagues across our Trusts. We are also in the early stages of developing a campaign to support patient flow for release later in the year.

## Our public social media accounts, over the last three months:

- On **Meta** (Facebook and Instagram) - our posts were seen **256,063** times.
- On **X** (Twitter) - our posts were seen **127,504** times.
- On **LinkedIn** - our content was seen **164,904** times.
- On **YouTube** - our videos were watched **57,254** views.
  - Which makes a total of **605,728** times that content posted by our Trust social media accounts was seen by people over the last three months.

*\*These figures include some use of targeted paid-for advertising for our recruitment campaigns.*

## Our Staff Facebook Group is also very active:

- 5,626 colleagues actively viewed content from or visited our Staff Facebook Group over the last three months.
- 1,145 individual posts were made in the Group over the last three months.
- 6,550 comments were made on posts in the Group over the last three months.
- 35,558 'reactions' (likes, etc.) were given to posts in the Group over the last three months.

## Recruitment

Working closely with HR, recruitment and professional development colleagues, a number of successful projects are underway or have been completed, including:

**Healthcare Support Worker Event at Kidderminster:** Communications support for this event (a first for our Trust) which highlighted career opportunities, training, and support for HCSWs included internal and external advertising and the development of printed assets for the event. Feedback from our Professional Development team was positive, and the work done will help to develop a model for supporting future events.

5-11 FEBRUARY 2024  
**NATIONAL APPRENTICESHIP WEEK**

Meet Sophia, she is one of the 200 colleagues who have benefitted from the Trust's Apprenticeship Levy.

Did you know, we now have **Level 2 to Level 3** apprenticeships available for both clinical and non-clinical workers?

**Join us this week**  
We will be hosting a series of apprenticeship information sessions both in-person & virtual

**Tues 06 Feb**  
ALX Outside Quinney's Restaurant

**Wed 07 Feb**  
WRH Main entrance 11am - 2pm  
**Microsoft Teams** 3pm - 4pm  
Meeting ID: 336 275 694 003  
Passcode: SJNmj

**Thurs 08 Feb**  
WRH Main Entrance 11am - 2pm

**For more info visit:**  
Worcestershire Weekly or  
[wah-tr.apprenticeships@nhs.net](mailto:wah-tr.apprenticeships@nhs.net)

**Apprenticeships:** A wealth of communications and marketing support has been provided to increase awareness and drive the recruitment of Apprentices across the Trust.

This includes the development of new marketing collateral for specific HCSW apprenticeship roles,



including job adverts, leaflets, press releases and website development.

During National Apprenticeship Week in February, communications support included development of content for use across traditional and social media, the Trust website, as well as internal channels to raise awareness on the opportunities for apprenticeships. We also contributed to a system-wide paid for local newspaper campaign during the week.

## **Worcestershire Acute Hospitals Charity Update**

### **Christmas Appeal**

The Christmas appeal to raise £20,000 to purchase 20 day beds for the End of Life Care Team has been completed as part of a successful partnership with the Friends of Worcestershire Royal Hospital and Pershore Hospital League of Friends along with a public appeal. They will be a very valuable contribution to the Trust providing a comfortable place for people to rest next to their loved ones at the end of their lives and greatly increase the current provision.

### **Charity Films**

We are working with a local Worcester based media company to produce a set of charity films. Midland Road Studios are gifting their time and expertise to the charity completely free of charge as part of a charity partnership. The first chapter has been released and can be viewed here:

<https://vimeo.com/890303668/dad097960c?share=copy>

The next chapter focuses on the charity's work with the End of Life Care Team. Filming took place with the team in the Peony room at WRH on 8 February and we have some final shots to take at the Alex before we move on to Chapter 3. This will be a very valuable asset in raising awareness of the charity and our work and impact across the Trust.

### **Wellbeing spaces**



Installation of the new Staff Wellbeing and Relaxation Spaces (funded through a grant from NHS Charities Together) are complete at the Alex (pictured) and Kidderminster. Health and safety sign off is ongoing and the signage is currently being designed ready for opening. A space has been identified and costed for WRH and work will hopefully commence soon. These spaces are not bookable, and colleagues will be asked to not use them as workspaces but to use them for when they need a quiet moment during a hectic or difficult shift.

### **Artwork Projects**



The charity team are working with colleagues from across the Trust to improve the hospital environments with high quality artwork.

Recently completed projects include the Acute Frailty Unit (WRH) which was specifically designed to calm patients with views from bays through domestic windows and encourage movement with a corridor of views from train windows.

Following the successful completion of the mural outside the UEC at WRH some residual monies from the grant are being used to expand the mural to the adjacent wall and painting should commence in the next few weeks.

The next space to benefit will be Endoscopy at Kidderminster and plans are being worked up for the old theatres at the Alex following the success of the artwork in the West Theatres. We have also joined the National Arts in Hospitals Network with the aim to share best practice and learning across the sector.

## Challenge events



The next challenge event will be our Eastnor Castle Walk on 18 March which we are hosting in partnership with Wye Valley Hospitals Charity. This is a great opportunity to host a joint event and work more closely with our Foundation Group partners. The sponsorship target is £100, and we hope that teams will once again get involved.

The charity has purchased 40 places in the Worcester City Run which will take place on 15 September. At the time of writing, we only had six half marathon places left to fill.

## Installation of contactless donation stations

The stations at Kidderminster, WRH main atrium and the Worcestershire Oncology Centre are now up and running and receiving donations. This provides a much better experience for donors and allows the charity to capture donor information and gift aid declarations. We have had some connectivity problems with the donation station at the Alexandra but hope to find a solution with the support of estates and facilities colleagues in the very near future.



## Charity brand refresh and asset development

As part of developmental funding provided through NHS Charities Together, we have refreshed the charity's branding, bringing in a new colour pallet and a "Lifeline" design to help further strengthen our identify and brand awareness.

## Charity Newsletter

The first charity newsletter for supporters is now being finalised. It will share with previous donors stories of charity funded projects and provide updates on opportunities to get involved in the future. This is a significant step forward in our stewardship strategy to build loyalty and secure ongoing support.

## 2. Recommendation(s)

Board colleagues are asked to note the contents of the report

## 3. Chief Officer/Executive Director Opinion<sup>1</sup>

This report provides Board members with examples of significant communications and engagement activities (including charity and fundraising activities where relevant) which have taken place since the last update (December 2023) as well as looking ahead to key communications events/milestones in coming months.

It also includes recent examples of our more successful proactive media and social media work which help to improve the profile and reputation of our Trust as well as supporting the wellbeing of our staff.

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

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



<div><div><input checked="" type="checkbox"/> <b>Focus on Flow</b></div><div><input type="checkbox"/> <b>Governance</b></div><div><input type="checkbox"/> <b>Home First Mindset</b></div><div><input type="checkbox"/> <b>4ward Improvement System</b></div><div><input type="checkbox"/> <b>Elective Care: No Delays</b></div></div>	<div><div><input type="checkbox"/> <b>Think/Act as a Lead Provider</b></div><div><input checked="" type="checkbox"/> <b>Improve Staff Experience</b></div><div><input type="checkbox"/> <b>Tertiary Partnerships</b></div><div><input checked="" type="checkbox"/> <b>Leadership and Structures</b></div><div><input checked="" type="checkbox"/> <b>Strategic ‘Big Moves’</b></div></div>
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**Minutes for Quality Governance Committee**

**Thursday, 29<sup>th</sup> February 2024 at 10.00 am – 1.00 pm**  
**Via MS Teams**

			<b>Attendance Status</b>
<b>Chair</b>	Julie Moore	Non-Executive Director	
<b>Required Attendees</b>	Sarah Shingler	Chief Nursing Officer	√
	Julie Booth	Deputy Director IPC	√
	Rachel Dunne	Deputy Chief Nursing Officer - ICB	√
	Justine Jeffery	Director of Midwifery	√
	Baylon Kamalarajan	Consultant Paediatrician and POSCU Lead	<b>Apols</b>
	Helen Lancaster	Chief Operating Officer	
	Vikki Lewis	Chief Digital officer	√
	Michelle Lynch	Associate Non-Executive Director	√
	Edwin Mitchell	Associate Divisional Director - SCSD	<b>Apols</b>
	Richard Oosterom	Associate Non-Executive Director	<b>Apols</b>
	Nicholas Purser	Surgery Governance Lead	<b>Apols</b>
	Stephen Collman	Managing Director	√
	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	Acting CMO – Quality, Governance & Professional Standards	√
	Julian Berlet	Acting CMO	√
	Simon Adams	Healthwatch	<b>Apols</b>
	Erica Hermon	Company Secretary	<b>Apols</b>
<b>Attending</b>	Kimberley Waldron	Nurse Consultant, Dermatology	√
	Emma King	Deputy Director of Estates & Facilities	√
	Chris Byrne	Healthwatch	√
	Amrat Mahal	Head of Children's Nursing	√

<b>Item</b>	<b>Title</b>
QGC/23/1	<b>Welcome and Apologies for Absence</b>
	Dame Julie welcomed all present at the meeting.
QGC/23/2	<b>Declarations of Interest</b>
	There were no new declarations of interest raised.

QGC/23/3	<b>Minutes of the last meeting</b>
	The minutes of the meeting held on the 25 <sup>th</sup> January 2024 were confirmed as a factual representation of the meeting and approved.
QGC/23/4	<b>Action Schedule</b>
	Progress on the outstanding actions were reviewed and updates received.
QGC/23/5	<b>Escalations from Chief Medical Officer and Nursing Officer for items outside of standard report / not on the agenda</b>
	<p>Ms Walton updated that there were still issues within sepsis with teams struggling with the cross over figures from the paper documents to EPR. A meeting was scheduled with the team on Friday to work through issues. Sepsis management have been assured that performance remains within the standard. An update would be provided at the next meeting. A Working Group discuss the issues and have oversight. Dame Julie advised that the whole organisation should be involved in getting the EPR work right.</p> <p>Patients that have additional nutritional needs was under review and has been highlighted through the Patient Safety Group.</p> <p>The Trust was looking to apply to be in the pilot group for the national implementation of Martha's Rule. It relates to a process through families to highlight or escalate concerns that a patient is deteriorating.</p> <p>Ms Shingler advised that the Trust has had its first measles case. The process in place worked well and the patient had now been discharged.</p> <p>Mr Murphy queried how staff were coping on the ward that had previously been highlighted which had little bathroom facilities. Ms Shingler replied that additional staff had been introduced in that area and the bed number had reduced.</p>
QGC/23/6	<b>Best Services for Local People</b>
QGC/23/6.1	<b>Maternity Services Safety Report</b>
	<p>Ms Jeffery presented the report and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Booking compliance was reported as 87%. Thanks were extended to the digital team for their assistance of the implementation of a new system. Work was underway on the maternity dashboard.</li> <li>• Workforce KPIs show improvement.</li> <li>• MCAs were being recruited.</li> <li>• Sickness is being managed.</li> <li>• The neonatal team were achieving the standards for safe staffing but QIS compliance was lower than expected due to vacancies.</li> <li>• Training compliance is improving. The Trust was on track to meet national requirements.</li> <li>• 2 stillbirths and 1 neonatal death had been reported in January. There was no evidence of poor care.</li> <li>• 2 new MNSI cases had been reported.</li> <li>• 10 moderate harm incidents had been reported.</li> </ul>

	<ul style="list-style-type: none"> <li>• Medical staffing and deanery fill had been problematic. 2 posts had been offered to fellows. Offers had also been made to 2 new consultant posts in obstetrics.</li> <li>• 100% compliance was reported with consultant attendance.</li> <li>• Picker survey summary would be provided in next month's report.</li> <li>• The declaration was submitted as planned for the CNST schemes. £500k had been requested as part of an action plan for staffing.</li> <li>• There had been a diversion from policy which would be presented at Trust Board.</li> </ul> <p>Ms Sinclair advised that there is a good local evidence base for rationale from diverting from the NICE guidelines.</p> <p>Ms Lynch queried how reassurance would be given to individuals from a complaints perspective. Ms Jeffery replied that a written response is provided along with the actions being taken, specific to their complaint. The Maternity Voice Partnership also review the complaints with the Trust every month and provide advice.</p> <p>Dame Julie referred to routine temperature monitoring and asked how the building was monitored as there had been complaints from staff. Ms Jeffery replied that in buildings where there were newborn babies, there were regulations where there were certain temperate requirements. There had been issues in theatres with air changes which were difficult to manage. There were issues with the seals of windows which prompted the staff to investigate. Issues were reported with the programme of maintenance. Dame Julie expressed concern and dissatisfaction with the monitoring of the PFI contract. Ms Shingler advised that a request had been put forward to the Estates team at a cost of c£15k for new windows. Systems and processes would be reviewed.</p>
	<b>Resolved that: The report was noted for assurance.</b>
	<b>Maternity Staffing Report</b>
	<p>Ms Jeffery highlighted that sickness had started to reduce, however MCA/MCW sickness was rising and focus was now in this area.</p> <p>Turnover remains below Trust average.</p> <p>Vacancy rate is static at 9% with new starters due on 4<sup>th</sup> March.</p> <p>2 international midwives have qualified and would be joining the team.</p> <p>13 staffing and medication incidents were report but caused no harm.</p> <p>Recruitment was underway for MCAs.</p> <p>An open day was scheduled for midwives to assist with vacancy fill.</p>
	<b>Resolved that: The report was noted for assurance.</b>
QGC/23/6.3	<b>Perinatal Incident Report</b>
	<p>Ms Jeffery informed 2 stillbirths had been reported and documented within the report. Promotional work was being drafted for expectant mothers.</p> <p>Dame Julie gave thanks to the teams for the progress made.</p>
	<b>Resolved that: The report was noted for assurance.</b>
QGC/23/6.4	<b>Nurse Staffing Report</b>
	<p>Ms Shingler reported that paediatric staffing was safe. Neonatal was not compliant against a target of 100% but no areas were reported as unsafe. Matrons have informed that it is increasingly difficult to staff rotas with specialist nurses and the</p>

	<p>risk has been documented on the risk register. A succession plan was in place as are mitigations. It is a national issue.</p> <p>The adult area staffing was safe. Teams were working hard to staff escalation areas. Agency spend has continued to reduce as substantive staff are swapping out agency.</p> <p>Thornbury nurses were used in December due to additional demand at short notice. Surge capacity in Aconbury continues.</p> <p>Winter wards (Avon 4 and ward 15) continues and are reliant on temporary staffing solutions.</p> <p>Vacancy rate continues to reduce and there was improved retention with registered nurses and HCAs.</p> <p>Care hours were reported as 8.6 hours per patient per day.</p>
	<b>Resolved that: The report was noted for assurance.</b>
QGC/23/6.5	<b>Patient Safety Alerts Q3</b>
	<p>Ms Shingler reported that there had been 8 safety alerts. All were acknowledged within the timeframe.</p> <p>1 had been completed during Q3. 2 alerts were overdue but had now been approved and will be closed.</p> <p>3 alerts were due for completion in Q4.</p> <p>Oversight around the alert process had been increased. The Deputy Chief Nursing Officer now meets with the team on a monthly basis for oversight and engagement.</p>
	<b>Resolved that: The report was noted for assurance.</b>
QGC/23/6.6	<b>Blood Transfusion Q3</b>
	<p>Ms Shingler presented the report and informed that a robust process was in place and an update on training was provided.</p>
	<b>Resolved that: The report was noted for assurance.</b>
QGC/23/6.7	<b>Cleaning Standards</b>
	<p>Ms King joined the meeting to present the report.</p> <p>Assurance was given that the monitoring team are fully trained and competent.</p> <p>The scoring matrix is under review.</p> <p>Ms Shingler informed that during outbreaks of norovirus, the team completed audits and scored 96%, however the audit completed by IPC scored much lower.</p> <p>A Task &amp; Finish Group has been set up for alignment and support.</p> <p>Dame Julie observed a false level of assurance had been reported.</p> <p>Dr Sinclair asked whether learning was being shared from the wider system as we have identified that the audits were not sufficient.</p> <p>Ms King replied that the findings had been raised through NHSE and the team had reached out through the IPC network.</p> <p>Ms Shingler stated that conversations about accountability had taken place and action plans had been created.</p> <p>Ms King informed that a Steering Group had been established to report concerns regarding standards of cleaning.</p> <p>Ms Lynch queried who had ownership. Ms King replied that there was ownership by facilities, estates and maintenance, nursing and allied health professionals.</p>

	<p>There was a clear framework around responsibilities. In house teams were being held to account along with the PFI team.</p> <p>An update would be provided to the next meeting.</p>
	<b>Resolved that: The update was noted for assurance.</b>
QGC/23/7	<b>Best Experience of care and best outcomes for patients</b>
	<b>Experience</b>
QGC/23/7.1	<b>Integrated Performance Report</b>
	<p>Ms Shingler advised that the report was being created for Trust Board therefore a verbal update would be provided.</p> <p>Mr Collman highlighted the following key points:</p> <p><b>Emergent &amp; Urgent care</b>  There are long ambulance waits but improvements were being seen.  ERS performance was reported at around 60%. There were challenges to improve and to achieve the target.  Key focus will be on reducing waits.</p> <p><b>Flow</b>  Length of stay remains at around 9 days. Discussion had been taking place with speciality medicine teams.</p> <p><b>Cancer</b>  Numbers are improving in terms of backlog. Urology has reduced by 50.  Dermatology numbers have also reduced and the backlog is 60.  Insourcing arrangements were being streamlined and teams were working with Wye Valley Trust.  The Dermatology review report had now been received.  Cancer pathways were performing well.</p> <p><b>RTT</b>  The Trust had a target to achieve of 0 78 week waits by the end of March. There is a risk of 20 patients which are head and neck complex cases.</p> <p>Dame Julie remarked of the good process made with reductions.</p>
QGC/23/8	<b>Best Experience of care and best outcomes for patients</b>
QGC/23/8.1	<b>Dermatology Risk Action Plan</b>
	<p>Ms Waldron attended the meeting to present the report.</p> <p>There were no substantive consultants in post. There has been a long history of consultants leaving which has caused the fragility to the service.  Recruitment was underway with Wye Valley Trust to support.  A soft launch was planned by 1<sup>st</sup> April and meetings were ongoing regarding how the amalgamation will look.</p> <p>Teledermatology and AI supported working was under review for future services.  The Trust was currently unable to deliver in this area.</p> <p>Additional admin support is being discussed.</p> <p>Ms Smart expressed concern over how bad the service had been for patients and it was concerning whether there were other fragile services that were not fully</p>

	<p>understood by the Committee. Ms Waldron replied that a Task &amp; Finish Group has been established with the lead pharmacist and all biologic patients were included within. Systemics were more problematic due to oversight.</p> <p>Mr Berlet advised that much work was underway focusing on fragile services.</p> <p>Ms Shingler added that the external report was received on Friday. Factual accuracy checking was underway and will be presented to Trust Board next week. Though the report is not positive, it is reflective of the service.</p>
	<b>Resolved that: The report was noted for assurance.</b>
QGC/23/8.2	<b>Urology Report</b>
	<p>Mr Berlet advised that there had been concerns around functioning of the Urology service for some time, in terms of operational performance and capacity. Some issues had been identified and flagged through the patient safety and governance routes including regulation 28 notices with lost to follow up patients and delayed treatment. Concern had also been expressed by the Regional team regarding treatment pathways. In light of the concern, an external review was commissioned and undertaken.</p> <p>The report was taken as read. There are a number of recommendations across a number of different areas. The reviewers were very supportive of the service, recognised that changes needed to be made to improve the functions and were supportive of the clinical treatment and clinical choices made. There are different clinical approaches. Our services are more contemporary than some others. The Trust and ICB have met with the reviewers.</p> <p>Dame Julie highlighted the personality issues and whether they had been resolved. Mr Berlet replied that they were in the process of being resolved. It was clear that patients had been offered choices. Work was still underway to improve the function of the MDT. Team dynamics are improving, and a separate clinical meeting was being introduced to lead discussion on treatment choices.</p> <p>Dr Sinclair found the report conflicting. Appropriate choices were being made but the network isn't emphasised. There are admin and pathway issues that need more resourcing along with governance arrangements. A new building will not fix the relationship issues. Mr Berlet replied that the MDT is taking place, is functioning and there is input from the senior team.</p> <p>Ms Smart referred to the missed appointments, advising that there are missed appointments in all areas and asked whether there was a process in place. Mr Berlet replied that work is ongoing with the patient safety team in all areas for potential lost patients.</p>
	<b>Resolved that: The report was noted for assurance.</b>
QGC/23/8.3	<b>TIPCC Q3</b>
Wells-Jo 04/04/2024 15:27:29	<p>Ms Booth presented the report with and assurance level of 4. The Trust was over trajectory in regard to organisms. The team attended Collindale last week to review reporting. Some organisations aren't reporting data until decision to admit. There has been a reduction of c.diff. A CPE outbreak had been declared on Aconbury 3. A source could not be identified. A full clean of the ward had been undertaken and no cases have been reported since. Screening of patients had been undertaken. A Water Safety Plan has been completed and ratified.</p>



	<p>Work was ongoing in relation to alert organisms. A Task and Finish Group was in place. Action will be management of care bundles.</p> <p>A measles case had been confirmed. An initial expose may have been Birmingham ED.</p> <p>No MRSA had been reported in this quarter there was 1 in critical care. Swabs were negative, therefore it will be a contaminant.</p> <p>It was reported that there were high levels of bed occupancy, length of stay and boarding is impacting on delivery of standards.</p> <p>The process around completed actions from the failures in audits was under review and being managed through the Datix system.</p> <p>Covid positive numbers had not dropped below an average of 50 inpatients for some time.</p> <p>Zonal kitchen costings had been received for the removal of macerators.</p> <p>Ms Shingler commended the team in regard to the Water Plan which was a big achievement.</p>
	<b>Resolved that: The report was noted for assurance.</b>
QGC/23/8.4	<b>Regulation 28 Notices</b>
	<p>Ms Shingler presented the report for information and oversight. A quarterly report will be presented to the Committee.</p> <p>The Trust had responded to the coroner in relation to the MRSA case and the majority of actions had been completed.</p> <p>One case related to a failure to apply NICE guidelines.</p> <p>One case related to a failure to lost to follow up in Urology. A process mapping event was taking place the following day.</p> <p>The Trust have been advised by the senior coroner that more regulation 28's should be expected, which is a national picture.</p>
	<b>Resolved that: The Terms of Reference were approved.</b>
QGC/23/8.5	<b>Delivering Safe Care Through Winter – Paediatric Ward</b>
	<p>Ms Mahal presented the report.</p> <p>Paediatrics were centralised into the Riverbank ward. The Current model was a consultant lead assessment pathway model. An increase in referrals was reported over the winter period largely due to the capacity of tertiary centres. Children are presenting with more complex issues resulting in a longer length of stay which has an impact on flow. As a result, teams have had to cancel elective surgery at short notice and there was not a waiting room. The current footprint is not large enough when there are fluctuations.</p> <p>2 consultants managed the ward and have to discharge at risk due to space. Risk assessments were consistently completed but does result in multiple moves whilst awaiting a bed.</p> <p>Recruitment and retention work was underway jointly with Urgent Care to alleviate anxieties. Sickness has been quite high across paediatrics resulting in high agency usage. There had been an impact on wellbeing and morale within the team.</p> <p>A Paediatric Assessment Unit was expected to be in situ by the end of the year which will alleviate some of the risks to pathways and prevent delays.</p> <p>Ms Booth commended the team on managing IPC in the area.</p>



	<p>Ms Smart sought assurance that the Assessment Unit would be available in readiness for next winter. Mr Collman replied that the estates team were working on the proposal and a response expected within the next week.</p> <p>Ms Mahal added that an IPC focused walkabout had taken place which provided assurance regarding decision making. No hospital acquired infections had been reported. Patient feedback has always been positive and no formal complaints had been received.</p>
	<b>Resolved that: The update was noted.</b>
QGC/23/9	<b>Governance</b>
	<b>Q&amp;S BAF Risks</b>
	Ms Wells advised that all risks were being reviewed with Executives and a new process was being introduced to include the risks on Datix. A report was being compiled for presentation to Trust Board. Ms Shingler added that the BAF is being aligned to the 10 point plan and priorities.
	<b>Resolved that:</b>
	<b>Q&amp;S Corporate Risks</b>
	Ms Shingler advised that an Executive Risk Management Committee had been put in place and the quality and safety risks would be presented to the Committee.
	<b>Resolved that:</b>
QGC/23/10	<b>Committee Escalations</b>
	<b>Trust Board</b>
	Escalations. Perinatal Incident report. Staffing. Urology Report.
QGC/23/10.1	<b>Other Committees</b>
	No further items for discussion.
QGC/23/11	<b>Any Other business</b>
QGC/23/12	<b>Reflections on the meeting</b>
	No reflections were shared.
QGC/23/13	<b>Close</b>
	The meeting closed at 11.45am.

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04/04/2024 15:27:29

## AUDIT AND ASSURANCE COMMITTEE

### Minutes of the Meeting held on Tuesday 13 February 2024 at 11.00am held via MS Teams

#### PRESENT:

<b>CHAIR:</b>	Colin Horwath	Non-Executive Director
<b>MEMBERS:</b>	Simon Murphy	Non-Executive Director
	Karen Martin	Non-Executive Director
	Tony Bramley	Non-Executive Director
<b>IN ATTENDANCE:</b>	Stephen Collman	Managing Director
	Erica Hermon	Company Secretary
	Neil Cook	Chief Finance Officer
	Lynne Walden	Head of Financial Planning and Financial Services
	Emma Masters	Internal Audit
	Paul Westwood	Counter Fraud
	Leanne Hawkes	360 Director
	Andrew Smith	External Audit
	Susan Smith	Deputy Chief Nursing Officer (for item 100/23)
	Julian Berlet	Deputy Chief Medical Officer (for item 100/23)

#### APOLOGIES:

096/23	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> Mr Horwath welcomed all to the meeting. There were no further items of business identified.	<b>ACTION</b>
097/23	<b>DECLARATIONS OF INTEREST</b> There were no new declarations of interest. Declarations are available on the Trust's website.	
098/23	<b>MINUTES OF MEETING HELD ON 14 NOVEMBER 2023</b> The minutes of the meeting held on 14 <sup>th</sup> November 2023 were approved.  <b>RESOLVED THAT: The minutes of the meeting held on 14 November 2023 were approved.</b>	
099/23	<b>Matters Arising and Action Schedule</b> The action schedule was reviewed and updates were noted.  Ownership of the recommendations in Internal Audit reports was discussed and should be owned by Executives and oversight at the appropriate action taken. The role of this Committee was to ensure that they were being actioned appropriately. It was clarified that any limited assurance reports would be reviewed by the Committee and attended by the lead Executive.	

#### Internal Audit

100/23 **Internal Audit Progress Update**

Ms Masters advised 2 Terms of Reference had been issued. The medically fit for discharge may no longer be going forward.

The final stage 1 report for the Head of Internal Audit Opinion was included within the report. Stage 2 draft has been sent to the Trust for review and response to recommendations.

2 final reports were available – Theatre governance and complaints.

In regard to the forward plan, meetings had taken place with Executives and feedback received from Non-Executives. The findings had been shared and would be discussed at TMB. Formal approval would be sought by the Committee.

Action tracking has improved since the last Committee. There were no outstanding recommendations and the follow up rates had seen signs of improvement.

Appendix A outlined an update of ongoing internal audit work.

Appendix B are the Terms of Reference

Appendix C outlined the KPIs of the plan.

Mr Horwath asked that a summary of the ideas from Non-Executives were circulated. **Action.**

Mr Horwath queried whether the Trust was on plan to achieve significant assurance. Ms Masters replied that there was more work to do but at this stage did not think there would be significant assurance as there were two pieces of work completed that was limited assurance and raised some concerns in the stage 1 and 2 Head of Opinion. Ms Hawkes advised that stage 2 was yet to be discussed and advised caution. A number of areas would be considered prior to the overall opinion.

### **Head of Internal Audit Opinion.**

The Risk Management Strategy, Board Assurance Framework and Corporate Risk Register had been reviewed. It was found that the Risk Management Strategy was out of date. A new Strategy had been drafted and was under the ratification process and would be presented to Trust Board in March prior to implementation. The Corporate Risk Register had not been to Trust Board this financial year. Performance monitoring information was out of date and actions were noted to be out of date.

The Stage 2 shows that as the Risk Management Strategy and Corporate Risk Register have not yet been presented to Trust Board, they remain outstanding as part of the second review undertaken.

Ms Hermon informed that the Trust was implementing a Corporate Division Risk Committee to review corporate functions and would be renamed as Trustwide risks. The BAF will be hosted to Datix and linked with risks. A robust action plan was in place going forward.

Mr Bramley encouraged making the changes at pace.

Mr Murphy asked whether the discussion was representative of being quite poor in the past and it's a significant issue or whether it was new ways of working that would

Wells-Jo  
 04/04/2024 15:27:40

improve the Audit Committee. Ms Hermon replied that there was an element of both. The Board hadn't always seen the high risks in addition to the BAF. The pace will seek change in the next month and would have more scrutiny of risk processes into the divisions.

Ms Hawkes added that the opinion would be based upon the arrangements that have been in place across the whole year.

### **Complaints**

Ms Masters informed that the review looked at whether investigations were being completed in a timely manner and whether the Trust is learning from them. Limited assurance was provided overall. This is due to a backlog, though this had reduced now. The evidence of investigations was not held on Datix as the policy dictates. The 25 day response time was not always adhered to and there were issues with keeping the complainant informed when there were delays. The Trust was also unable to demonstrate lessons being learnt. The policy also required updating to include new guidance.

Mr Murphy queried why more of the ambers were not red. Ms Masters replied that the risk ranking was slightly different and limited assurance had been provided.

Ms Martin advised that it was a worrying report and found the actions were not as firm as she would have expected and would have hoped to have seen more definitive action points with timelines.

Ms Smith agreed that the Trust had been in a poor position, particularly with the surgery backlog. A lot of resource had been introduced last year to provide additional support. As of last week, the 85 overdue complaints had reduced to 15. There is further work to do and a full action plan is in place which is being monitored. For additional oversight and assurance, there is a Chief Nursing Officer Production Board every week who now monitor complaints. The complaints policy had been updated and going through the ratification process.

Mr Bramley stated that this area has been problematic but did require assurance that improvements were being made.

Mr Horwath observed that the Board had been informed that performance with dealing with complaints has not been satisfactory but the report was disappointing that there were issues within a number of areas.

Ms Martin advised that the Trust will be judged on the outcome of the report and reiterated that there is more work to do.

Mr Horwath advised that the report would be referred to the Quality Governance Committee for review but feedback to this Committee would be required at a later date.

Mr Horwath queried whether internal audit were satisfied with the responses and whether they were adequate. Ms Masters replied that there is a separate action plan within complaints set up and took assurance that the report has been taken seriously and that work has been completed since the completion of the report which was ongoing. The report will be included on the recommendation tracker and work with

Wells Jo  
04/04/2024 15:27:29

the Trust to obtain evidence that it has been fully embedded within the organisation. It was suggested that a follow up review is completed next year.

Mr Horwath asked for assurance that consideration had been given to all of the issues that are within complaints management, not just those raised by internal audit and that audit are satisfied that the steps being taken would make improvements. Ms Smith replied that all processes had been reviewed and benchmarked within divisions and reviewed weekly. The new policy incorporated a number of areas and better tracked.

### **Theatre Governance Review**

Ms Masters presented the report, advising that the review included all 3 Trust sites looking at the governance arrangements to support the national safety standards for invasive procedures, policy and compliance testing.

Limited assurance was provided. This was due to minutes not being taken of the Theatre Governance meetings, Terms of Reference required updating, local safety standards required review and the Trust policy required updating to reflect guidance issued in January 2023. There were also inconsistencies with completing checklists and a lack of evidence of debriefs being completed. An action plan has been created and the staff involved have been really proactive with working together.

Mr Berlet confirmed that the vast majority of actions had been completed, in particular in relation to the meetings and changes to Trust processes. The element that will require more time around providing assurance will be the reaudit of the process. The Committee were informed that the one element of the WHO safety checks is the debrief as it takes place after the event to gather learning going forward. This element generally receives the lowest compliance across the Trust.

Mr Horwath was assured that patient safety had not been compromised and there was confidence that the team were picking up the learning and implementing it as part of their action plan. Many of the Datix issues will be picked up under the WHO safety checklist.

Mr Horwath asked how many of the findings were previously somewhat unknown. Mr Berlet replied that there were some elements which were disappointing such as the structure of the meetings and delayed inclusion of the 3 additional elements. Since the implementation of the WHO checklist, a number of organisations have struggled to achieve full compliance with all of the 5 elements of the surgical safety checks across the board with every patient.

Mr Murphy stated that it was a disappointing report, but the management responses were agreed. It would be helpful to have proper minutes from the meetings. Mr Murphy queried whether there were further reaching risks in relation to debriefs. Mr Berlet replied that there needed to be documentation of the debrief.

Ms Martin recalled at People & Culture Committee, concerning points in relation to behaviour and attitude were noted. Though action plans were in place, some of elements of this report related to culture which suggests that focus needed to be on the progress being made within theatre groups.

Wells Jo  
04/04/2024 15:27:29

Mr Horwath informed that the report should be referred to QGC and to have ownership of the issues as they relate to quality and this Committee to receive feedback when the actions have been completed and implemented. It was suggested that the action plan is appended to the minutes for Committee members to view.

### **Global Internal Audit Standards**

Ms Hawkes informed that new standards were introduced in January and were due for implementation in January 2025. A review would take place to ensure that the processes and systems were fully compliant. Updates would be provided throughout the year.

Mr Horwath queried why the Medically Fit For Discharge report was deferred. Ms Masters informed that the Trust was undertaking some work in this area and was awaiting feedback from the Trust. Ms Smith informed that work was underway with KPMG who were currently completing a review. Focused project work was underway and the report had been deferred to ensure there was no duplication of work until the current review was complete.

**RESOLVED THAT: The reports were noted.**

## **Counter Fraud**

101/23

### **Counter Fraud Progress Report**

Mr Westwood presented the report and updated that the self-assessment against standards were largely green. Ambers related to slight delays in populating the national system.

### **Investigations**

One case had been ongoing since 2018 and was going through the magistrates court on Thursday for the first hearing.

Another case had been ongoing since 2019. The hearing was scheduled for December, however the defence barrister failed to turn up, therefore the hearing had been adjourned until September 2025.

3 incidents have been reported since the last Committee, all of which have been closed due to lack of information, pending any further information.

Updates on the national fraud initiative were included within the report, which continues.

Declarations of Interest matches have been concluded.

Finance matches are 85% complete.

A potential scam email had been received several times. Allegations had been made around declarations and contracts with a supplier that the Trust have been involved with. Work had been undertaken and confirmed that declarations had been made in the past when required and due processes followed. No response has been sent to the sender to date.

Ms Martin referred to the case adjourned and queried whether the employee remained employed by the Trust. Mr Westwood confirmed that they did not.

Wells Jo  
 04/04/2024 15:27:13

Mr Horwath encouraged continuing to alert people to the risk of fraud.

Mr Westwood informed that the Fraud, Bribery & Corruption Policy had been reviewed and minor amendments made. The changes made were highlighted in yellow.

**RESOLVED THAT:**

- **The report was noted for assurance.**
- **The Fraud, Bribery & Corruption Policy was approved.**

## External Audit

102/23

### External Audit Progress Report

Mr Smith advised that planning work was nearing completion and an Audit Plan would be presented at the next Committee. Early testing of income and expenditure balances would commence in March for the start of year end accounts. The national deadline is 28<sup>th</sup> June.

The VFM work was due to be complete by the end of June and the report would be presented at the next available Committee.

Mr Cook would advise Committee of any changes made prior to submission of the accounts as and when ad may arise.

**RESOLVED THAT: The report was noted for assurance.**

103/23

### Value for Money Report

Ms Hermon presented the report which provides the evidence required by external audit. There have been some updates to the report since published, which improves the position.

Ms Hermon to meet with Mr Smith to review.

Mr Horwath reiterated the importance of the statutory duties of value for money.

Mr Murphy flagged that it had not been an easy process in the past and asked for early escalation of any issues. Mr Smith advised that a list of information required would be shared along with a project management tool to improve the process.

Mr Cook informed that the intention that the key recommendations were distributed to other sub-Committees and management functions and queried whether that had happened. Ms Hermon was engaging with the Chief Officers and named leads to gather initial evidence. The list would be reviewed with Mr Smith and updated as required.

Mr Horwath asked for updates on an exception reporting basis.

Mr Bramley queried whether the effectiveness of the arrangements would be discussed anywhere during the governance review. Ms Hermon replied that a new organisational chart had been drafted and would be presented at the next Trust Management Board. An Improvement Board may be established where such issues

Wells-Jo  
 04/04/2024 15:27:12



would be discussed. Work was ongoing with Terms of Reference, reporting, frequency etc.

**RESOLVED THAT: The proposal was supported.**

104/23

**Going Concern**

Mr Cook informed that historic financial performance for the organisation is significant in terms of challenge going forward. A financial plan and strategy were being drafted. In terms of going concern, the Trust was in a similar position to previous years and continues to exist.

**RESOLVED THAT: The Committee considered and endorsed the Chief Finance Officer's recommendations.**

105/23

**Timetable for 2023/24**

Ms Walden advised that submission for the draft reports is 24<sup>th</sup> April at midday. The full audit would commence. Final submission and annual report was 28<sup>th</sup> June. An Audit Committee would be held on 20<sup>th</sup> June.

**RESOLVED THAT: The report was noted for assurance.**

106/23

**Debt Write Off**

Ms Walden proposed a write off of debts of £1916.09. The appendix was attached for information. The Trust continues to work with external debt recovery on chasing any overdue debts. Referrals were included within the appendix.

**RESOLVED THAT: The Committee approved the Debt Write Off.**

107/23

**Freedom to Speak Up Report**

No representation was available at the Committee. Ms Martin informed that the People & Culture Committee had reviewed the report. It was agreed that duplication could be avoided in future as the report had been reviewed by another Committee.

**RESOLVED THAT: The report was noted.**

108/23

**Code of Governance**

Ms Hermon advised that a number of functions were being aligned with the Foundation Group. Terms of Reference were being reviewed for Committees that are common across the group and where the governance function should be the same. Once agreed by the 4 Trusts, the report would be presented at the Foundation Group Board for final approval.

Mr Horwath suggested review at a Board Workshop.

Mr Horwath queried the Committee review of the Board decision to suspend the Board standing orders. Ms Hermon replied that should the Trust deviate from standing orders, it would be a retrospective review of appropriateness by exception.

Mr Bramley advised that the Finance and Performance Committee used to review a number of waivers and contract awards, however now that meeting had ceased, Mr Bramley queried whether a robust governance arrangement was now in place. Ms Hermon replied that her recommendation would be that a waiver report was

Wells Jo  
 04/04/2024 15:27:16



presented to this Committee. This allows the Committee to challenge the procurement process and would be a standing agenda item. Mr Cook agreed that it should be reported to each Committee.

**RESOLVED THAT: The report was noted for assurance.**

109/23 **Terms of Reference**  
 Not discussed.

### For Information

110/23 **Any Other Business**  
 Mr Horwath asked that an update regarding cyber came back to the Committee. Ms Hermon advised that an action has been issued to SIROs and collective response would be sent to the Foundation Group Board.

Ms Hermon informed that at the Remuneration Committee, there was an action in relation to the Clinical Excellence Awards policy and Mr Burley advised that it would not be appropriate to be presented at Remuneration Committee. Ms Hermon would explore the issue and where it should be presented.

111/23 **Committee Escalations**  
 Head of Internal Audit Opinion and visibility of Risk Register at Board level.  
 Complaints limited assurance report.  
 Approved Going Concern.

112/23 **Reflections**

Wells-Jo  
 04/04/2024 15:27:29

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

<b>Report to:</b>	<b>Public Board</b>
<b>Date of Meeting:</b>	<b>09/04/2024</b>
<b>Title of Report:</b>	Audit & Assurance Committee Report
<b>Status of report:</b>	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
<b>Report Approval Route:</b>	Choose an item.
<b>If Other, provide details:</b>	
<b>Lead Chief Officer/Director:</b>	Select Director
<b>Author:</b>	Colin Horwath
<b>Documents covered by this report:</b>	Audit & Assurance Committee Report
<b>1. Purpose of the report</b>	
The purpose is to bring to the attention of the Trust Board matters of significance discussed by the Audit & Assurance Committee A&CC) at its meeting of 14 March 2024.	
<b>2. Recommendation(s)</b>	
Note the matters for particular attention.	
<b>3. Chief Officer/Executive Director Opinion<sup>1</sup></b>	
<p>The purpose of the following report is to bring to the attention of the trust board, matters of significance discussed by the audit and assurance committee at its meeting in March 24.</p> <p><b>Matters for particular attention.</b></p> <p>Internal audit update.</p> <p>The internal auditors presented their progress report and updated the committee on two reports issued in draft, High Earners follow up, Financial controls and payroll.</p> <p>The committee received a report from the internal auditors on counter fraud.</p> <p>It was assured that no significant incidents of fraud have been reported during the financial year.</p> <p>A long standing case of alleged fraud had been to the Magistrates Court, who had referred it to Crown Court and was due to be heard in March 2024.</p> <p>The committee received amended versions of Standing Orders, Standing Financial Instructions, and Scheme of Delegation. These had been updated to reflect changes in governance and ensure alignment with the other members of the foundation group.</p> <p>The Committee recommended them for approval by the Board.</p> <p>The Committee received a new report itemising breaches of SFI's and SOD.</p> <p>Whilst noting that there may be circumstances when such breaches are acceptable, it welcomed the considerable focus from the finance department in ensuring such exceptions are minimised, and following up if there were instances when the rationale for the breach was not considered appropriate.</p>	

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

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

☐ **Focus on Flow**

☐ **Governance**

☐ **Home First Mindset**

☐ **4ward Improvement System**

☐ **Elective Care: No Delays**

☐ **Think/Act as a Lead Provider**

☐ **Improve Staff Experience**

☐ **Tertiary Partnerships**

☐ **Leadership and Structures**

☐ **Strategic 'Big Moves'**

Wells-Jo  
04/04/2024 15:27:29

**WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST**

**PEOPLE & CULTURE COMMITTEE**

**Minutes of the meeting**  
**Tuesday 6<sup>th</sup> February 2024 at 10:00**  
**Flower Day Room, Working Well Centre**

<b>Present</b>		
<b>Chair</b>	Karen Martin (KM)	Non-Executive Director
<b>Members</b>	Tina Ricketts	Director of People & Culture
	Sarah Shingler	Chief Nursing Officer
	Julie Moore	Non-Executive Director
	Justine Jeffery	Director of Midwifery
	Colin Horwath	Non-Executive Director
<b>Attendees</b>	Liz Faulkner	Assistant Director HR Corporate Services
	Bianca Edwards	Assistant Director of People
	Rich Luckman	Assistant Director of Culture
	Ella Jackson	EA to Director of People & Culture (Minutes)
	Jo Newton	Director of Strategy & Planning
	Melanie Stinton	Freedom to Speak Up Guardian/Lead 4ward Advocate
	Louise Pearson	Associate Director of Nursing Workforce & Education
	Tracey Baldwin	Divisional Director of Nursing, SCSD
	Jenni Carr Smith	HR Business Partner, SCSD
	Bec Harris	Vice Chair LGBTQ+ Network
	Dan Hastie	Corporate Advanced Clinical Practitioner Lead
<b>Apologies</b>	Simon Murphy	Vice Chair
	Jules Walton	Interim Chief Medical Officer
	Stephen Collman	Managing Director
	Neil Cook	Chief Finance Officer
	Sue Sinclair	Associate Non-Executive Director

Ref		Action
001/24	<b>Chairs Welcome and Apologies for Absence</b>	
	Ms Martin welcomed all to the meeting and the apologies received were acknowledged.	
002/24	<b>Quorum and Declarations of Interests</b>	
	There were no additional Declarations of Interest pertinent to the agenda. Declarations of Interest are available on the Trust's website.	
	Ms Martin confirmed that: a) A Quorum of the P&C was present. b) There were no declarations of interest.	
003/24	<b>Minutes of the previous meeting</b>	
	The minutes of the last meeting held on the 5 <sup>th</sup> December 2023 were reviewed and agreed as a true and accurate record.	

	<b>RESOLVED – that the minutes of the meeting held on 5<sup>th</sup> December 2023 approved.</b>	
004/24	<b>Matters Arising and Review of ongoing Action Log</b>	
	The ongoing action log was reviewed and updated accordingly.	
005/24	<b>Staff Story – Alex Theatre Culture Review</b>	
	<p>Ms Baldwin and Ms Carr-Smith briefed the Committee on the independent review that was commissioned for Theatres following a dignity at work appeal. Details of the review has also been shared at the 4Ward Culture Steering Group.</p> <p>Ms Baldwin advised that it has been difficult for the band 7s involved to read the report and they have been working with them closely. Some team members took the findings personally and felt quite negative about the process, but the team are having regular check-ins to gauge engagement and wellbeing. The negative culture in theatres has developed over a significant amount of time, but members of the team are now taking ownership and sharing their suggestions and ideas on how to improve the culture. An action plan has been put together with regular briefing sessions in place to review progress.</p> <p>It was noted that there had recently been a separate case of sexual harassment and that there was observed to be a similar “banter” behaviour. The Sexual Safety Charter is being promoted in the team as well as the Behavioural Charter.</p> <p>The LGBTQ+ Network are arranging bespoke Rainbow Badge training for the Theatres staff, and there is also work underway in relation to Freedom to Speak Up (FTSU), to ensure that if such behaviours persist, then colleagues have the confidence to challenge it or know the most appropriate person to raise it to.</p> <p>Ms Baldwin added that she has met with other Divisional teams to share learning, as these behaviours affect other teams too. Ms Baldwin noted that Theatres can be a high intensity, stressful environment and that this can occasionally lead to inappropriate behaviours. A wellbeing space has been identified at the Alex for the team to use to collect their thoughts in stressful times, and they are working on securing a similar space at WRH.</p> <p>Ms Martin asked for a timeframe for completion of the action plan and noted her concerns regarding how long it has taken for this issue to come to light. Ms Martin suggested sharing the learning and showcasing to the wider organisation as a “<i>you said, we did</i>” piece.</p> <p>Ms Baldwin stressed the amount of time that has allowed this culture to develop and advised it will take a significant amount of time to improve it, with ongoing efforts. Learning is being shared with Women &amp; Children and Surgery Divisions as they have a number of cases with similar themes. Regular updates are scheduled for the 4ward Culture</p>	

Wellbeing  
04/04/2024 15:27:29

	<p>Steering group and Ms Baldwin has been liaising with Ms Stinton to use a Culture Barometers to measure the culture in the team.</p> <p><b>ACTION: Ms Martin suggested inviting a band 7 and one of their colleagues to the Committee for an update in a few months' time.</b></p> <p>Mr Horwath asked how sustainable the improvements are if the behaviours have been ingrained over such a long period of time. Ms Baldwin responded that there needs to be ongoing efforts to promote zero tolerance and encouraging the use of Datix to report inappropriate behaviours and incidents of colleagues being aggressive. Ms Carr-Smith added that a key focus is giving staff the confidence to challenge bad behaviours and that they are reviewing induction processes so that it's clear for all new starters from their first day, what standards of behaviour are required and what behaviours will not be tolerated.</p>	
006/24	<b>Director of People &amp; Culture Report</b>	
	<p>Ms Ricketts presented the report and briefed the Committee on the risk of Industrial Action further to the Consultants' rejection of the referendum for an increase in pay. Additionally, the negotiations for a separate pay spine for Nursing staff could contribute to this discontent between trade unions.</p> <p>There is a risk to the social and domiciliary care workforce, due to a change in immigration policy regarding bringing dependants over to the UK.</p> <p>Following 11 years without a local agreement in the Trust, an On-call policy has now agreed through Staff-side, to standardise the stand-by rates across all on-call groups. Ms Edwards and the HR Business Partners will be leading on embedding this across the Trust, including individual organisational change processes for each on-call scheme, to ensure on-call is the right service, and risk assess the impact. Ms Martin requested confirmation regarding the governance process for workforce policies as the Committee had not seen the policy previously. Ms Ricketts and Ms Edwards agreed for the On-Call policy to be scheduled for the April Committee meeting, with additional detail regarding impact on staff and the wider Trust.</p> <p><b>ACTION: Agreed to bring the On-Call policy to the April meeting, including detail on the implications for staff and the Trust as a whole.</b></p> <p><b>ACTION: Ms Edwards to confirm the governance process for approval of workforce policies.</b></p> <p>Ms Ricketts advised that there will be some groups that benefit from the new policy, and others who do not; each individual organisational change process will outline the impact for each group, and this will then inform whether the new policy is implemented for that group.</p> <p>Ms Jeffery added that the Women &amp; Children Division will not benefit; staff often do not log short phone-calls, however if they are now advised that they should be logging them, there will be an increase in</p>	

Well5-Jo  
04/04/2024 15:27:29

	cost. The Division has 80 Community Midwives and following the organisational change process, it will need to be reviewed whether on-call is the right approach.	
007/24	<b>Best Services for Local People</b>	
	<p><b>LGBTQ+ Network Update</b></p> <p>As Vice Chair of the LGBTQ+ Network since 2022, Ms Harris explained feels that the Network has made substantial achievements in this time.</p> <p>Inclusive posters are displayed on all sites and the Rainbow Badge training has been successfully launched, with very positive feedback from staff. The Network had a presence at Worcester Pride in July 2023 and intend to do so again this year.</p> <p>A Network “We do this by” has been completed to cement expectations from members, themselves and colleagues in the wider Trust. Ms Harris advised that the Network’s Intranet page is almost up to date and will include a patient-facing page for patients to access for reassurance and information before attending the hospital. Discussions have been commenced with the Director of Estates regarding providing gender-neutral facilities and at the recent Staff Awards, the Network won the award for the best use of charitable funds. Two new policies have been released regarding supporting staff and patients who are Transgender, non-binary and gender non-conforming. The policy for staff includes information for line managers who have a member of staff that is transitioning; this includes a list of tasks that need to be completed and a timeline of when to complete them, for example, ordering new uniform and changing their name badge. The Network is actively involved in the “Say My Name” project and encourages members to include the audio function on their email signatures as an example of how to pronounce their name correctly.</p> <p>Following assessment results, a Rainbow Badge Action Plan has been created, that outlines tasks for the Network to complete in order to achieve the standard. Ms Harris advised that there are 58 actions in total; 31 are incomplete, 22 are complete, 4 are partially complete and 1 is planned. The group are looking to be reassessed in the future when they achieved more actions and asked for support from colleagues in other teams to do so.</p> <p>Ms Martin asked what impact will achieving the standard have on staff and patients and Ms Harris responded that the standard shows that the Trust is a safe place for all staff and patients. Mr Luckman added that the standard also provides reassurance and confidence for those patients that may be reluctant to seek medical treatment because of a fear of how they may be treated. Mr Luckman shared a story of a young child who easily recognised the Rainbow badge and understood what it meant. The Rainbow badges allow signposting to a particular member of staff they could feel safe speaking to.</p> <p>Ms Harris advised that a number of the actions are regarding gender neutral facilities and discussions have been started regarding this.</p>	

Wells-Jo  
04/04/2024 15:27:29



	<p>There are also a several actions regarding essential to role training on ESR; this was approved by the Trust however is now under review by the government. Further actions include reviewing non-inclusive imagery around the Trust, such images of a man and woman having a baby in Maternity.</p> <p>It was noted that the Chair of the Network is allowed protected time to focus on the Network, however this is not the case for other members. Ms Harris explained the goal is to create Divisional Champion roles to liaise between their Divisions and the Network as a source of information.</p> <p>Ms Ricketts suggested the Network uses the “<i>must do, should do</i>” framework to help communicate the Action plan to the Divisions and gain the evidence they need. Ms Ricketts also commended the Network for their work on the Sexual Orientation Equality Standards; noting that the Workforce Race Equality Standards and Workforce Disability Equality Standards exist nationally, but the Network is trailblazing in developing a standard for Sexual Orientation. It was noted that this is in draft currently and will be shared at a future meeting.</p> <p>Ms Shingler suggested the creation of a Task and Finish Group where the Executives can nominate their Deputies to attend to provide the support needed in order to achieve the action plan.</p>	
008/24	<p><b>4Ward Improvement System Update</b></p> <p>Ms Newton presented the report for noting by the Committee. The Trust is now mid-term with the 4ward Improvement System and is reviewing how the system currently operates and how it aligns with the 10-point plan. Ms Newton acknowledged that the past few months have been unsettling for the Improvement team and that they have been asked to stand-down some of their work whilst the Trust focusses on the Financial Recovery plan.</p> <p>There has been a significant amount of reflection and efforts to gain feedback; from Transformation Guiding Board, by talking to colleagues who have been involved with the programme and colleagues within the Improvement team itself. The report details the feedback and lessons learnt that leadership, training and impact of value streams and RPIWs have been highlighted as key areas to focus on.</p> <p>Ms Newton noted that a cultural change is fundamental to provide the framework in which to deliver continuous improvement. It was recognised that there had been turnover in terms of leadership and that the Improvement system was relatively new to some Executive colleagues.</p> <p>24% of Trust staff have completed the Foundation Improvement training, however Ms Newton recognised this had been challenging. Engagement and support at all levels is key and advised that feedback from departments implied further work is needed to engage middle managers. It was suggested to refocus the improvement system as an activity for a whole team, rather than an individual.</p>	

Well5-Jo  
04/04/2024 15:27:29



<p>Wells-Jo 04/04/2024 15:27:29</p>	<p>Ms Newton advised that feedback from colleagues who have been involved with RPIWs and value streams was positive, however recognised that 5 days is a considerable time commitment. Moving forward, these will be shorter Kaizen events.</p> <p>The Executive team remains focussed on embracing the system and are preparing to visit Leeds where they have had VMI for a number of years. There are ongoing discussions regarding evolving Transformation Guiding Board into an Improvement Board that is more aligned to the Foundation Group model.</p> <p>There is a drive to encourage cross-divisional work through a review of the Accountability Walls by making them more accessible, possibly virtually, and widening the attendance. Improvement tools and kits will be uploaded to the Intranet to make the training more accessible. As an alternative to face-to-face training, a package is also being developed for ESR, consisting of 3 modules, that staff can complete at a time convenient for them. The Trust has made the decision to stand-down RPIWs to allow focus on the Financial Recovery Plan and support teams to make improvements relating to financial recovery.</p> <p>Ms Newton advised that overall, there has been a shift to better align the Improvement System to the business and that a detailed action plan will be put together to keep the momentum. Ms Harris added that there have been a number of emails to the Improvement team's inbox from staff requesting their supporting in making improvements in their areas, showing positive engagement.</p> <p>Mr Horwath asked whether the good news stories are shared widely enough in the organisation in order to promote further interest. Ms Newton agreed and noted that time commitment is worth it to learn the tools.</p> <p>Mr Haynes advised that there are various channels in place for positive stories to be shared. However, in order to make the Trust a better place to work, the tools and values need to be embedded across the wider organisation, with a focus on outcomes as opposed to targets. Mr Haynes added that the message needs to be clear that the Improvement System and the tools they will learn can benefit their working lives, instead of being a tick-box exercise. Further to Ms Harris's comment regarding staff asking the Improvement team for guidance, Mr Haynes explained the positive feedback will spread amongst colleagues.</p> <p>Ms Martin commented on the value of having colleagues together in one room, rather than virtually, and Ms Newton agreed that this needs to be balanced with accessibility.</p> <p>Ms Martin raised concern that there had been no mention of the 4Ward Improvement System in the Theatres review heard earlier in the meeting and suggested that staff are not fully seeing the value in the system and how it can be used to their benefit. The considerable length of time required for training to be approved was also noted, and Ms Newton added that the team are hoping to utilise heatmaps to review which staff have completed the training and who hasn't.</p>	
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	<b>ACTION: Update on the 4ward Improvement System to be brought to a future meeting.</b>	
009/24	<b>Best Experience of Care &amp; Outcomes for Our Patients</b>	
	No items.	
010/24	<b>Best Use of Resources</b>	
	<p><b>Education, Learning &amp; Development Review</b></p> <p>Ms Pearson presented the report, noting the objectives of the project and what actions have been taken so far to achieve them. This includes the creation of focus groups containing multi-disciplinary educators across the Trust.</p> <p>The headroom for mandatory and essential to role training for Nursing staff has been identified as a key area to focus on. For core Nursing staff between band 2 and band 6, this is 4 hours of mandatory training every year, 7½ hours every 2 years and 13½ hours every 3 years. Therefore, a new starter in the NHS would be required to complete 25 hours' worth of mandatory training. There is 21 hours' worth of essential to role training on ESR, however Ms Pearson noted that some one-off training has been on ESR for a while and has a high completion rate amongst staff, such as Dementia training at 85%.</p> <p>The amount of headroom that is allocated for training per person, per year within a ward establishment is 7 days training. Mr Pearson noted that this headroom covers mandatory training and the current essential to role training, adding that there is a significant amount of training pending and in development.</p> <p>Ms Shingler summarised that all essential to role and mandatory training for Nursing staff is within the ward funded establishments and noted feedback from staff that they do not have time to complete the training. Mr Haynes queried whether the figures were realistic in considering issues with recruitment, sickness absence and capacity that can impact on time for training. Ms Shingler responded that boarding areas are not additionally staffed so this would not impact on training time, however the other issues Mr Haynes raised would.</p> <p>Ms Martin queried the spend on training per capita for the organisation, and where the Trust benchmarks in comparison to others. The significant hours of training required for new starters was recognised, however Ms Martin proposed whether a member of the public would be of the same view and whether it was an unreasonable amount of training for a member of staff caring for them. Ms Martin raised that many staff who have completed the one-off training may no longer be with the organisation. Ms Martin further queried how the training links back to incidents and the results of the Staff Survey.</p> <p>Ms Jeffery added that where there is sickness, staff will be stood down from training to cover. It was also noted that the training requirement for band 7s is significantly more and that Midwives have a further 6 days of essential to role training.</p>	

Well5-Jo  
04/04/2024 15:27:29

011/24	<b>Best People</b>	
	<p><b>Staff Survey Results</b></p> <p>Ms Ricketts informed the committee that the Trust's data is benchmarked against other Trust who use the same survey provider as the National results have not yet been released. Ms Ricketts added that the Trust has been on a journey over several years regarding Staff Survey results but noted that the low completion rate indicates poor staff engagement across the Trust.</p> <p>Mr Luckman advised that the initial results were received 4 weeks earlier than usual to enable quicker action and response to the feedback. A summary pack was shared with the Divisions to provide their initial feedback and also shared at the Culture Steering Group. the team has taken onboard feedback from last year regarding the heatmaps being too high level and have provided additional detail this year. Feedback from Senior Leaders Brief was that "you said, we did" should continue to be used and suggested that they are revisited at each briefing.</p> <p>The Trust's response rate has reduced by 5% with 2215 responses. The results indicate that basic hygiene factors not being met, such as having nutritional food available at work and car parking. Mr Luckman suggested that the reduced response rate may be a result of survey apathy, as staff are vocal about what the issues are but they are not being addressed as quickly by the Trust.</p> <p>Mr Luckman advised that the additional information included in the report is to offer assurance to the Committee, and that Divisional responses and actions will be covered at the next meeting.</p> <p>Ms Martin raised concern regarding the low response rate, whilst noting that there are other Trusts also facing the same hygiene issues such as carparking, but that they manage to achieve higher response rates. Ms Martin added that she was not fully reassured by the Divisional responses to why their response rates were low, or their actions to address them.</p> <p><b>ACTION: Rotate Divisional attendance at future Committee meetings to report on progress against actions from the Staff Survey.</b></p> <p>Dame Julie Moore noted her concern that the results for recommending treatment at the hospital for a friend or relative, have dropped by 9%. Ms Ricketts suggested posing the question back to staff and asking them what would need to change in order for them to recommend treatment to a friend or relative. Ms Martin added that she sees an ample amount of good news stories communicated to staff, but upon visiting them in person, feels there is discontent.</p> <p>Mr Haynes agreed that carparking is an issue for many Trusts and suggested that the response regarding a place to be cared for, may be due to staff's awareness of the capacity and operational pressures the</p>	

Wellb-Jo  
04/04/2024 15:27:29

	<p>Trust is under. Mr Haynes added that the Trust needs to restore belief amongst staff that their feedback will make a difference and proposed a focus on departmental and ward managers.</p> <p>Ms Ricketts explained that it is a line manager's responsibility to ensure that appraisals are completed, career and wellbeing conversations are being undertaken and that staff surveys are completed. Ms Ricketts also added that the red areas on the heatmap align with other data in terms of Freedom To Speak Up concerns and other HR casework.</p> <p>Ms Martin asked if there is any further support needed from the Committee. Mr Luckman advised that they have acted on feedback from last year regarding receiving results sooner and in a way that is easy to consume and suggested that the Committee could be more visible alongside Divisional leadership teams to highlight the Staff Survey and behavioural charter.</p>	
012/24	<p><b>Integrated People &amp; Culture Report</b></p> <p>Ms Ricketts provided an overview of the Trust's progress against each of the priorities identified for year 2 of the 3 Year Plan.</p> <p>The Trust's target was for the Staff Survey results to have improved from the baseline and Ms Ricketts informed that in general, results have improved. It was also a target for completion rates to be better than the Acute Trust average, and this requires further improvement.</p> <p>The Trust has exceeded its Workforce plan and this has offset the opening of two new winter wards, avoiding an increase in temporary staffing costs. Further work is required regarding establishment control.</p> <p>Premium staffing costs have reduced and this is due to positive work with the Nursing team and the removal of high tier agencies. Ms Ricketts recognised further work is needed regarding agency spend in the Medical workforce, due to their high vacancy rate.</p> <p>Ms Ricketts observed that there seems to be few large transformational programmes in the organisation, and that PEPs are based on things that should be business as usual. This would support the help the Trust make sure they have the right size, cost-effective workforce. Ms Ricketts noted that the opportunities are summarised in the Workforce Plan on a Page which will help with productivity and premium staffing reduction. Divisions can select which schemes to work on.</p> <p>The staff turnover rate has improved and there are fewer staff leaving the Trust due to work/life balance. This can be partially attributed to work regarding flexible working opportunities, and this can be observed in the staff survey results. Work has begun to embed the behavioural charter across the Trust but recognised that further efforts are needed. Time to hire has improved due to significant improvements in the recruitment process.</p>	

Wellb-Jo  
04/04/2024 15:27:29

	Mr Horwath asked Ms Ricketts her opinion on whether the organisation has in place what is required to undertake transformational programmes. Ms Ricketts commented that governance oversight needs to be determined to link finance priorities and the workforce in order not get the ownership at the right level.	
013/24	<p><b>Safe Staffing Report – Nursing</b></p> <p>Ms Shingler presented the report for assurance and informed the Committee that Neonatal staffing was not BPAM compliant against the target of 100% however due to the acuity on the ward at the time, it was deemed to be safe. Overall Nursing pay costs of £14.3million in month was an increase of 0.1% compared to October, however this is due to recruitment of substantive Nursing staff and is accompanied by a reduced vacancy rate.</p> <p>Bank agency spend increased throughout November however agency has reduced. Registered Nurse vacancy rates are 4.95% which shows positive improvement, however the vacancy rate for Healthcare Support Workers remains high and is continuing to drive agency usage.</p> <p>No harm was caused due to staffing levels caused throughout the month. Ms Shingler highlighted that several wards are over their Nurse to patient ratio; with too many Nurses for the number of patients on a ward. This can be attributed to the configuration of some wards and these will be reviewed in the coming months. Ms Shingler added that the suggestion will be to replace trainee Nurses on shift with Registered Nurse Associates in order to improve the skill mix and reduce cost.</p>	
014/24	<p><b>Safe Staffing Report – Midwifery</b></p> <p>Ms Jeffery presented the report and noted the assurance level of 5; a reduction on the previous report, due to increased sickness absence throughout November and December.</p> <p>Turnover rate continues to reduce in Midwives and Support Workers; the vacancy rate is still high for this group. The vacancy rate for Midwifery has increased, however this is in line with the increased establishment. Ms Jeffery added that there are 16 Midwives in the pipeline to start in February or March. Supernumerary status of shift leads was not achieved however one to one care in labour was achieved.</p> <p>Ms Jeffery advised that the information on delays in induction for the labour pathway has been included in the report. This is to triangulate the impact of staffing levels on patient care and safety. Ms Jeffery added that many patients being induced have been offered it in order to avoid still births, and therefore there is a safety risk when delaying inductions due to low staffing levels.</p> <p>The first Maternity Support Worker Apprentice has now completed their apprenticeship, with two more due to finish in March, and an ACP starting in summer.</p>	

Wells-Jo  
04/04/2024 15:27:29

	<p>Ms Ricketts asked if there is any further support to offer the Division in terms of wellbeing and stress related sickness absence. Ms Jeffery advised that a significant amount of the Division's stress-related sickness absence is bereavement leave, and this is expected to reduce by March.</p>	
015/24	<p><b>Non Medical Advanced Practice Careers Framework</b></p> <p>Mr Hastie presented the report and explained that it relates to new guidelines and terms relating to different levels of practice. Health Education England and NHSE determine the structure; starting at foundation level practice and then progressing to enhanced, advanced and then consultant levels. Mr Hastie explained that he aims to use the structure to start dialogue with different colleagues across the Trust to review job roles, expectations, and career pathways. The goal is to have an interactive careers framework on the Intranet for colleagues to access and understand the differing roles in the Trust. The interactive guide will also feature hyperlinks to pages on the intranet that detail the Trust's training and development offers, as well as job descriptions, National frameworks and local policies for ease of reference.</p> <p>The framework will be an enabler for career conversations with staff to find out what they want to do next, and what they need to do in order to get there. It was noted that this will also benefit staff retention as well as their development. Mr Hastie requested approval from the Committee for the framework to be uploaded to the new Intranet and continue his work on this project.</p> <p>Ms Ricketts raised that there are few development opportunities listed for colleagues Band 8a and above. Ms Shingler commented that Nurse Consultants can be a Band 8c or 8d, dependant on role. In areas where there is high agency spend such as Fragile services, colleagues can be developed in order to fulfil some of those roles. Ms Shingler added that there is ample funding available for continuous professional development, to enable this training.</p> <p>Issues with non-medical prescribing were raised, in particular with band 7 Advanced Clinical Practitioners being unable to prescribe, which does not adhere to the National framework. Ms Shingler explained that there are staff in roles they do not have the experience of qualifications for, and this work will support those individuals to obtain the experience and qualifications required.</p> <p>Mr Hastie added that they are working closely with NHSE to ensure that the ESR coding is correct and accurate for the workforce, as this can affect benchmarking figures.</p> <p>Mr Horwath commented that the tool will be useful if used consistently at all levels and suggested feedback at a future meeting for assurance that it is being used to this effect.</p> <p><b>RESOLVED – that the Committee approves publishing of the Careers framework on the Intranet.</b></p>	

Wells-Jo  
04/04/2024 15:27:29



	<b>ACTION: To provide assurance on consistent use of the Careers Framework at a future meeting.</b>	
016/24	<p><b>Update on Midwifery Students Education Action Plan</b></p> <p>The report was taken as read and Ms Jeffery explained that there was a reduction in the Trust's result for Undergraduate Midwifery training in the November 2021 NETT survey. Following this result, Health Education England (HEE) contacted the Trust to undertake an exploratory learning event.</p> <p>This led to a number of concerns being raised, in particular the large number of students. This had risen from roughly 38 students to 80 per year over a 3 year period. Feedback from HEE detailed some cultural issues at the time, however the key concerns were that the Division was over-saturated with students. Midwives were exhausted and many did not have a shift where they did not have a student with them, and this reduced the quality of assessments and opportunities for learning.</p> <p>Ms Jeffery advised that there is positive progress against the action plan, including a meeting with the University to agree a limit on the number of students from February 2024. HEE requested an update on progress against the action plan and the Division is now waiting for confirmation regarding a further visit on 6<sup>th</sup> March 2024.</p>	
017/24	<b>Governance</b>	
	<p><b>Board Assurance Framework</b></p> <p>Ms Ricketts informed that Ms Hermon has been reviewing the Board Assurance Framework across the Foundation Group with the view to move into a shared format moving forward, and this will be brought to the next Committee meeting for assurance.</p>	
018/24	<p><b>People &amp; Culture Risk Register</b></p> <p>Ms Ricketts proposed closing risks regarding;</p> <ul style="list-style-type: none"> <li>• Direct engagement as the review of contracts has now been completed.</li> <li>• Pension tax issues due to the removal of Lifetime Allowance tax implications from the 1<sup>st</sup> April 2024. There have been few complaints regarding this, especially with partial retirement now being an attractive option.</li> </ul> <p>Ms Ricketts suggested increasing the risk regarding Occupational Health capacity due to an increase in referrals linked to the increase in sickness absence. The waiting list is now 6 weeks which can be an issue for colleagues who require early intervention. A business case has been developed and is in the process of being approved for additional support. Ms Martin asked whether all referrals were relevant, and Ms Edwards confirmed that all referrals are now triaged and will be returned if they are not appropriate.</p> <p>It was proposed to reduce the risk regarding workforce supply due to reduce vacancy rates observed over recent months.</p> <p>Ms Ricketts agreed to circulate the two new risks to be added to the register and these were;</p>	

Wellb Jo  
04/04/2024 15:27:29

	<ul style="list-style-type: none"> <li>Measles – following a recent outbreak in the Midlands the Trust has identified that 7% of colleagues are not immunised. The requirement would be for these individuals to isolate for 21 days if they contract Measles or have contact with someone who has Measles. A plan is in place to offer immunisation those individuals who do not have it, and prioritising areas such as ED and Paediatrics.</li> <li>Impact of the On-Call policy.</li> </ul> <p><b>RESOLVED: The Committee approved the above changes to the Risk Register.</b></p>	
019/24	<b>Any Other Business (AOB)</b>	
	<p><b>Equality Delivery System (EDS) 2023</b></p> <p>Ms Ricketts advised that the report was for the Committee to note ahead of the Foundation Group Board meeting. Mr Luckman informed that the Trust is in line with the other members of the Foundation Group and is ahead of Wye Valley.</p>	
020/24	<p><i>Ms Martin asked for feedback on in person meetings and the Committee agreed for future meetings to continue to be held in person, alternating across the three sites. Ms Martin also advised that Committee membership is under review, with an aim to include more operational representatives.</i></p> <p><i>The Committee and Ms Martin thanked Ms Ricketts for her work and dedication as Director of People &amp; Culture at the Trust and wished her luck in her new role.</i></p>	
	<b>Date of Next Meeting</b>	
	The date of the next meeting is 2 <sup>nd</sup> April 2024.	

Wells-Jo  
04/04/2024 15:27:29



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
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
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
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
DOLS	Deprivation of Liberty Safeguards
DCU	Day Case Unit
DNA	Did Not Attend
DTI	Deep Tissue Injury
DOEC	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
HCU	High Dependency Unit
HSE	Health & Safety Executive

Wells  
04/04/2017 11:29

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
MCA	Mental Capacity Act
MES	Managed Equipment Services
MHPS	Maintaining High Professional Standards
MIU	Minor Injury Unit
MLU	Midwifery Led Unit
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MASD	Moisture Associated Skin Damage
NEWS	National Early Warning Scores
NHSCFA	NHS Counter Fraud Authority
NHSLA	NHS Litigation Authority
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
PROMs	Patient Reported Outcome Measures
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

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04/04/2025

RTT	Referral to Treatment
SAA	Surgical Assessment Area
SCBU	Special Care Baby Unit
SDEC	Same Day Emergency Care
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
SPOA	Single Point of Access
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

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