

Date of meeting	14 September 2017
Paper number	Enclosure H1

Report provided:					
For approval:	√	For assurance:	√	To note:	
				For information:	

Board Assurance Framework

Accountable Director	Michelle McKay Chief Executive Officer
Presented by	Michelle McKay Chief Executive Officer
Author	Cathy Geddes, NHS Improvement Director Sonia Lloyd, Head of Risk Management and Clinical Governance

Alignment to the Trust's strategic priorities (√)	<i>Deliver safe, high quality, compassionate patient care</i>	√	<i>Design healthcare around the needs of our patients, with our partners</i>	√
	<i>Invest and realise the full potential of our staff to provide compassionate and personalised care</i>	√	<i>Ensure the Trust is financially viable and makes the best use of resources for our patients</i>	√
	<i>Develop and sustain our business</i>	√		

Alignment to the Single Oversight Framework (√)	Leadership and Improvement Capability	√	Operational Performance	√
	Quality of Care	√	Finance and use of resources	√
	Strategic Change	√	Stakeholders	√

Report previously reviewed by		
Committee/Group	Date	Outcome
Quality Governance Committee	24 August 2017	Quality risks approved
People and Culture Committee	24 August 2017	Workforce risks approved
Finance and performance Committee	29 August 2017	F&P risks approved

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	All
Level of assurance and trend See individual risks			
Significant	Limited	None	

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Purpose of report	This report presents to the Board for approval the full Board Assurance Framework.
Summary of key issues	<p>Following a Board seminar, the Board has now agreed the risk appetite for each of the individual BAF risks.</p> <p>The current BAF provides an update on the risks identified as at end-August 2017.</p> <p>The scoring for nine of the risks has remained static and the scoring has increased on one risk which is:</p> <p><i>R4.1 "If we do not have in place effective organisational financial management, then we may not be able to fully mitigate the variance and volatility in financial performance against the plan leading to failure to deliver the control total, impact on cash flow and long term sustainability as a going concern,"</i> which has increased from a 12 to a 20.</p>
Recommendations	<p>The Board is asked to agree and sign off the BAF, noting the changes to risk scoring and mitigations to address gaps in controls.</p> <p>The Board is also requested to consider the frequency of reporting of the BAF to the board and the relevant sub committees.</p> <p>The Board is asked to note the risk flow chart (at end of paper)</p>

Board Assurance Framework
14 September 2017
Version 16.2

Risk Heat Map				Current Score (likelihood x impact, arrow indicates any movement since last report)							Worcestershire Hospitals NHS Trust		
		Priorities	Risks	Outset Scores	Movement since last report								
Strategic Objective					<=9	10	12	15	16	20	25	Target Score	
1. Deliver safe, high quality compassionate patient care	P1.1 Embed and assure the revised ward to board governance structures and processes and improve the identification and management of risk	R1.1 If we do not have in place robust clinical governance for the delivery of high quality compassionate care, we may fail to consistently deliver what matters to patients- which may impact on patient experience (including safety & outcomes) with the potential for further regulatory sanctions.	4x5=20							4x5=20 ↔		2x4=8	
	P1.2 Develop a more robust improvement, quality and safety culture across the Trust, including learning when things go wrong	R1.2 If we do not have a clear improvement journey vision that engages staff and builds improvement capability, we may fail to deliver sustained change and improvements required.	5 x 4 = 20							5 x 4 = 20 ↔		2x4 = 8	
	P1.3 Ensure the appropriate measures are taken to address all the quality and safety concerns identified by the CQC	R1.3 There is a risk that patient safety and performance may be adversely affected due to weaknesses in systems and processes	5X4=20							5X4=20 ↔		3 x 3 = 9	
2. Design healthcare around the needs of our patients, with our partners	P2.1 Improve urgent care and patient flow pathways across the whole system to ensure the care is delivered by the right person in the right place first time	R2 Unless we work with our health and social care partners to understand flow across the system, then we may have inadequate arrangements in place to manage demand (activity)- which may impact on the system resilience and internal efficiencies impacting on delivery of contractual performance (4hr access standard; RTT; Cancer etc)	4x5=20							4 x 5 = 20 ↔		3x3=9	
	P2.2 Ensure the Trust meets its agreed trajectories for patient access and operational performance improvement in urgent and elective care												
3. Invest and realise the full potential of our staff to provide compassionate and personalised care	P3.1 Develop leadership capacity and capability at all levels within the organisation	R3.1 If we do not have in place a suitably qualified and experienced leadership team (across sub board levels including Divisional and Directorate) then we may fail to deliver the required improvements at pace- with the potential for further deterioration in patient care & experience & escalated regulatory enforcement actions	4 x 4 = 16						4 x 4 = 16 ↔			2x2=4	
	P3.2 Develop at all levels an organizational culture and set of behaviours that embody the Trust's values	R3.2 If we do not deliver a cultural change programme we may fail to attract and retain staff with the values and behaviours required to deliver the high quality care we aspire to.	3 x 5 = 15					3 x 5 = 15 ↔				2 x 2 =4	
4. Ensure the Trust is financially viable and makes the best use of resources for our patients.	P4.1 Systematically improve efficiency and sustain financial performance ensuring that the Trust delivers its financial control total.	R4.1 If we do not have in place effective organisational financial management, then we may not be able to fully mitigate the variance and volatility in financial performance against the plan leading to failure to deliver the control total, impact on cash flow and long term sustainability as a going concern.	3x4=12						5x4 =20 ↑			2x3=6	
	P4.2 A compelling vision for the Trust and a workforce strategy that supports the retention of current staff recruitment to vacancies and development of new roles	R4.2 If we do not resource our clinical staff rotas at ward/departmental level then we will not meet patient needs consistently- with the potential for reduced quality & co-ordination of care provision.	5 x 4 = 20							5 x 4 = 20 ↔		3 x 3 = 9	

NHS Trust											
		negative impact on patient flow & access targets: long term impact on staff resilience; poor retention of staff & inability to attract staff.									
		R4.3 If we do not have a workforce strategy that addresses organizational development, values and behaviours as well as workforce development and recruitment we will not be able to provide care that meets the needs of our patients; meets the internal workforce demands and fills our vacancies.	4 x 3 = 12			4 x 3 = 12 ↔					2 x 3 = 6
5. Develop and sustain our business	Develop a 5 year clinical service strategy that supports the clinical and financial sustainability goals described in the Herefordshire and Worcestershire STP.	R5 If we are unable to secure the support of our clinical workforce, community and STP stakeholders for the 5 year clinical strategy, we may not be able to make the changes required to ensure long term viability of services.	4x4=16					4 x 4 = 16			3x3=9
	Strengthen our collaboration and partnership working with other providers in Worcestershire and beyond to ensure local access to a full range of high quality services.							↔			

Mapped to Single Oversight Framework

1. Leadership and Improvement Capability	2. Operational Performance	3. Quality of Care	4. Finance and use of resources	5. Strategic Change	6. Stakeholders
Invest and realise the full potential of our staff to provide compassionate and personalised care	Design healthcare around the needs of our patients, with our partners	Deliver safe, high quality compassionate patient care	Ensure the Trust is financially viable and makes the best use of resources for our patients.	Develop and sustain our business	Design healthcare around the needs of our patients, with our partners

Risk Description	Principal Risk: The Trust fails to deliver safe, high quality compassionate patient care to our patients					Risk ID	R1.1
Risk Details	If we do not have in place robust clinical governance for the delivery of high quality compassionate care, we may fail to consistently deliver what matters to patients- which may impact on patient experience (including safety & outcomes) with the potential for further regulatory sanctions.						
Executive lead	Chief Medical Officer	Last Reviewed	14th August 2017	Target Date	July 2018	Review Group	CGG
CQC Domain(s)	Safe	Caring	Responsive	Effective	Well Led		
Corporate Objective(s)	1	2.	3	4	5		

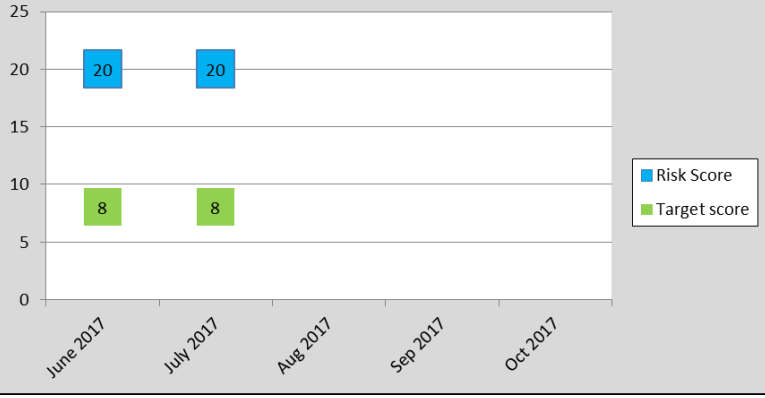

Risk Rating: Likelihood x Severity			Relevant Key Performance Indicators		
			Metric	Trust compliance March 2017	Target
Initial Risk Score	20	<p>■ Risk Score ■ Target score</p>	Complaints responded to within 25 days	56%	85%
Current Risk Score	20		Number of serious incidents	4	0
Target Risk Score	8		Primary Mortality Review completion	45%	>75%
Risk Appetite	Low		Secondary Mortality Review completion	0%	>50%
Direction of travel	↔		Friends and Family Test A&E Score Acute Score Outpatients Score	71.9% 80.0% 77.5%	>75% >85%

Rationale for current score

The Trust Clinical Governance systems are not fully embedded from Ward to Board. There is a lack of understanding of risk within the organization. The current process for managing complaints is in need of review. The Trust has been rated as Inadequate by the CQC and is currently in Special Measures.

Controls: what are we currently doing about the risk?			Assurances: how do we know if the things we are doing are having an impact?																									
Quality Improvement Plan reviewed at Quality Improvement Board Quality Governance Committee receives monthly reports from Divisions. National SI reporting system Trust BAF identifying risks to Trust objectives Corporate Risk Register Risk Management Strategy Risk awareness session held with the Board 6/06/17 & BAF discussion held 08/08/17			Review of KPIs at the following :Divisional performance and Accountability meetings Quality Improvement Board Clinical Governance Group Quality Governance Committee Quality Improvement Review Group NHSI performance Review meetings																									
Gaps in controls and assurances: what additional controls and assurances should we seek?			Mitigating Actions: what more should we do?																									
Corporate Governance systems and process under review. Additional support required. Review of risk maturity required Exploring support required to strengthen Clinical Governance systems and processes. Engaging support of NHSI to develop a patient experience strategy			Review Divisional Governance meetings to ensure capability exists within the Divisions and provide training as required. Develop agreed proforma with KPI's that all Divisions must report on through their Clinical Governance meetings up to CGG. Support sought from OUH for Risk Maturity review. Seeking additional Governance support for a six month period.																									
Related High Risks (>14 and DATIX ID)																												
3419	Corporate Risk Register: There is a risk of avoidable harm if improvements are not made following mortality review	16	<div><h3>Underpinning Risks</h3><table><thead><tr><th></th><th>Risks scoring 20</th><th>Risks scoring 16</th><th>Risks scoring 15</th></tr></thead><tbody><tr><td>June 2017</td><td>1</td><td>2</td><td>2</td></tr><tr><td>July 2017</td><td>1</td><td>2</td><td>2</td></tr><tr><td>Aug 2017</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep 2017</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct 2017</td><td>0</td><td>0</td><td>0</td></tr></tbody></table></div>			Risks scoring 20	Risks scoring 16	Risks scoring 15	June 2017	1	2	2	July 2017	1	2	2	Aug 2017	0	0	0	Sep 2017	0	0	0	Oct 2017	0	0	0
	Risks scoring 20	Risks scoring 16			Risks scoring 15																							
June 2017	1	2			2																							
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Aug 2017	0	0			0																							
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Oct 2017	0	0	0																									
2591	Medicine Risk Register: EDS not completed in a timely manner	20																										
3428	Corporate Risk Register: There is a risk that patients may suffer avoidable harm if deterioration is not recognised and escalated via NEWS	15																										
3325	Corporate Risk Register: There is a risk that stroke patients may not get timely assessment, diagnosis and treatment.	16																										
3340	Corporate Nursing, Governance and Risk: Risk of non-compliance to MRSA policy leading to bacteraemia or wound infection resulting in patient harm.	15																										

Risk Description	Principal Risk: The Trust fails to deliver safe, high quality compassionate patient care to our patients					Risk ID	R1.2
Risk Details	If we do not have a clear improvement journey vision that engages staff and builds improvement capability, we may fail to deliver sustained change and improvements required.						
Executive lead	Chief Nurse	Last Reviewed	14th August 2017	Target Date	July 2018	Review Group	TLG
CQC Domain(s)	Safe	Caring	Responsive	Effective	Well Led		
Corporate Objective(s)	1	2	3	4	5		

Risk Rating: Likelihood x Severity			Relevant Key Performance Indicators		
			Metric	Trust compliance March 2017	Target
Initial Risk Score	20		F&F Test (Q4 16/17) Re care & treatment Re place to work	Likely/extremely likely 63% 46%	70%
Current Risk Score	20		Discharges before 10:00	9%	15%
Target Risk Score	8		Number of staff training in improvement methodology	No baseline	TBA
Risk Appetite	Moderate		CQC Well Led Domain	Inadequate	Requires improvement
Direction of travel			Number of improvement projects started per month Number of improvement projects that are off trajectory	No baseline No baseline	TBA 0%

Rationale for current score

The Trust does not currently have a Quality Improvement Strategy and agreed QI methodology. There is limited QI capability within the organization.

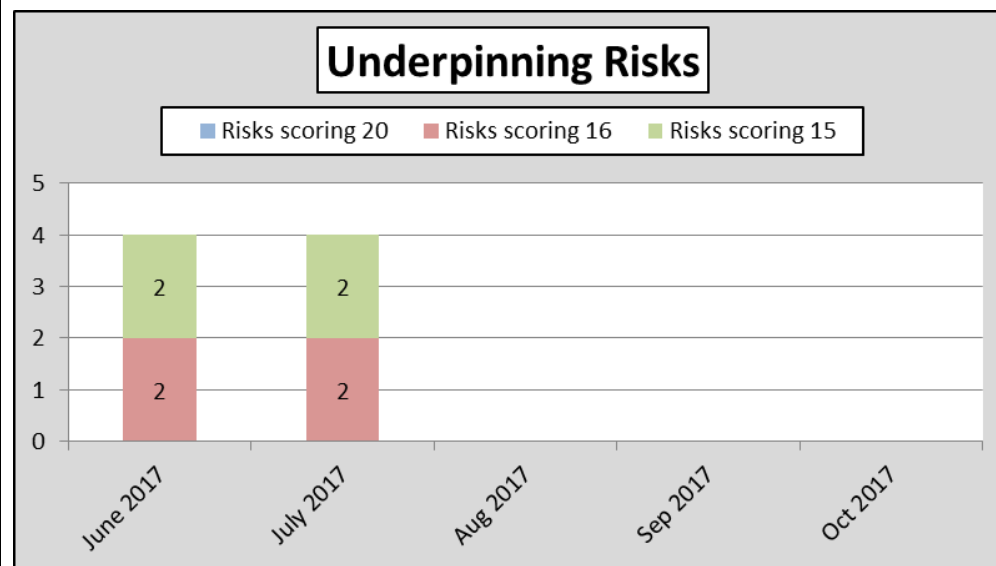
Controls: what are we currently doing about the risk?	Assurances: how do we know if the things we are doing are having an impact?
Some QI methodology being applied to specific projects such as Red to Green. Project Management support in process of being set up to support delivery of improvements, initial focus on CIP's ensuring link to quality. Quality Improvement Plan written and Quality Improvement Board in place to monitor progress.	KPI's for Red to Green programme KPI's for PMO projects Annual staff survey report. Monthly QIP exception reports.
Gaps in controls and assurances: what additional controls and assurances should we seek?	Mitigating Actions: what more should we do?

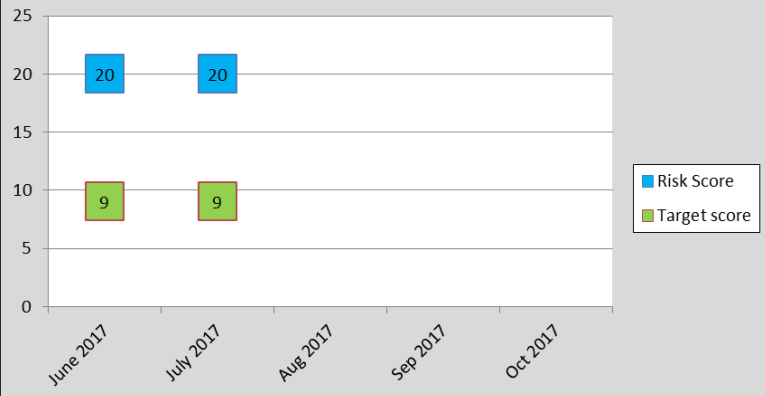

Lack of QI methodology
Lack of QI capability, Board development started 6/7th June with session from AQuA. Further session planned on Mortality in September 2017.

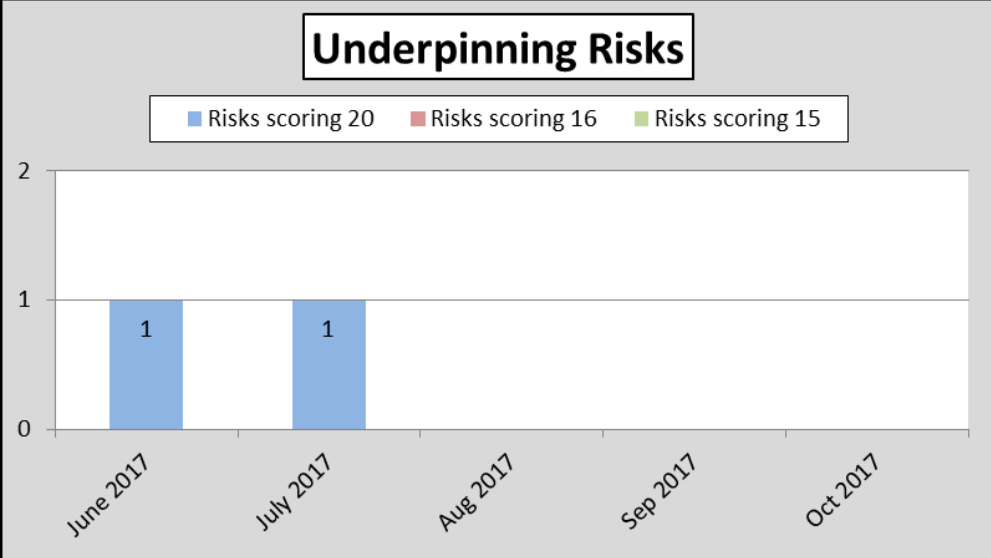
Develop links with West Midlands Academic Health Science Network to agree programme of training and development for staff linked to patient safety. Identify individuals who have QI capability. Culture change programme to factor in key areas of risk for the Trust and adopt process flow methodology for these issues as part of the culture change programme.

Related High Risks (>14 and DATIX ID)

3428	Corporate Risk Register: There is a risk that patients may suffer avoidable harm if deterioration is not recognised and escalated via NEWS	15
3419	Corporate Risk Register: There is a risk of avoidable harm if improvements are not made following mortality review	16
3340	Corporate Nursing, Governance and Risk: Risk of non-compliance to MRSA policy leading to bacteraemia or wound infection resulting in patient harm.	15
2976	SCSD Risk Register: Failure to achieve JAG Accreditation	16



Risk Description	Principal Risk: There is a risk that patient safety and performance may be adversely affected due to weaknesses in systems and processes					Risk ID	R1.3	
Risk Details	There is a risk that patient safety and performance against objectives may be adversely affected. This is caused by weaknesses in Trust systems and processes that are unknown or undetected prior to an incident occurring. The effect has potential for delays in communication, diagnosis, treatment and follow up within and without of the organisation. The impact is an increased patient safety risk, increased reputational risk, failure to meet objectives and likelihood of complaint/claim.							
Executive lead	Chief Executive Officer	Last Reviewed	14 th August 2017	Target Date	Dec 2018	Review Group	TLG	
CQC Domain(s)	Safe		Caring	Responsive	Effective		Well Led	
Corporate Objective(s)	1		2		3		4	5
Risk Rating: Likelihood x Severity					Relevant Key Performance Indicators			
					Metric	Trust compliance June 2017		Target
Initial Risk Score	16				Number of Staff trained to use electronic systems	Unable to establish baseline		90% of relevant staff
Current Risk Score	20							
Target Risk Score	9							
Risk Appetite	Low							
Direction of travel								
Rationale for current score								
Recent serious incident has highlighted significant weaknesses in a communication system with external stakeholders. At present, it is unclear whether this has resulted in patient harm. The Trust needs to be assured that adequate controls are in place to prevent serious incidents within Trust systems and processes. It is unknown when a similar incident could occur.								

Controls: what are we currently doing about the risk?			Assurances: how do we know if the things we are doing are having an impact?																									
Audit of electronic system for clinic letter generation and circulation with an associated action plan Harm review where communication with patients and or GPs has failed			Monthly backlog reports from Bluespier. Harm reviews of all letters underway - weekly reports on progress.																									
Gaps in controls and assurances: what additional controls and assurances should we seek?			Mitigating Actions: what more should we do?																									
The Trust is unclear whether other systems may fail No audit of electronic reporting systems Staff training position unclear			Staff training is required to reduce the existing problem Identification of current systems and audits already undertaken to formulate gap analysis. There is a need to secure an external review of all patient data systems to ensure there are no other gaps in controls across the Trust.																									
Related High Risks (>14 and DATIX ID)																												
3522	There is a risk that patient safety and performance may be adversely affected due to weaknesses in systems and processes	20	<div><h3>Underpinning Risks</h3><table><thead><tr><th></th><th>Risks scoring 20</th><th>Risks scoring 16</th><th>Risks scoring 15</th></tr></thead><tbody><tr><td>June 2017</td><td>1</td><td>0</td><td>0</td></tr><tr><td>July 2017</td><td>1</td><td>0</td><td>0</td></tr><tr><td>Aug 2017</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep 2017</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct 2017</td><td>0</td><td>0</td><td>0</td></tr></tbody></table></div>			Risks scoring 20	Risks scoring 16	Risks scoring 15	June 2017	1	0	0	July 2017	1	0	0	Aug 2017	0	0	0	Sep 2017	0	0	0	Oct 2017	0	0	0
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Aug 2017	0	0			0																							
Sep 2017	0	0			0																							
Oct 2017	0	0			0																							

Risk Description	Principal Risk : The Trust is unable to design healthcare around the needs of our patients, with our partners					Risk ID	R2.1
Risk Details	Unless we work with our health and social care partners to understand flow across the system, then we will have inadequate arrangements in place to manage demand (activity) which will impact on the system resilience and internal efficiencies impacting on delivery of contractual performance (4hr access standard; RTT; Cancer etc.)						
Executive lead	Chief Operating officer	Last Reviewed	14 th August 2017	Target Date	Sept 2018	Review Group	TLG
CQC Domain(s)	<u>Safe</u>	<u>Caring</u>	<u>Responsive</u>	<u>Effective</u>	<u>Well Led</u>		
Corporate Objective(s)	1	2	3	4	5		

Risk Rating: Likelihood x Severity			Relevant Key Performance Indicators		
			Metric	Trust compliance June 2017	Target
Initial Risk Score	20	<p>■ Risk Score ■ Target score</p>	Emergency Access Standard	82.67%	95%
Current Risk Score	20		Stranded patients	38.46%	15%
Target Risk Score	9		12 hour breaches	6	0
Risk Appetite	High		Number of DTOC patients	32	As good as or better than the national average
Direction of travel	↔		Referral to Treatment	84.07%	92%
			Cancer 62 day	61.40%	85%
			Diagnostics	6.07%	1%

Rationale for current score

The Trust is not currently meeting any of the national performance standards and has significant problems with flow of urgent care patients.

Controls: what are we currently doing about the risk?

A comprehensive Patient Flow work stream has been created. It has five key projects:

Assurances: how do we know if the things we are doing are having an impact?

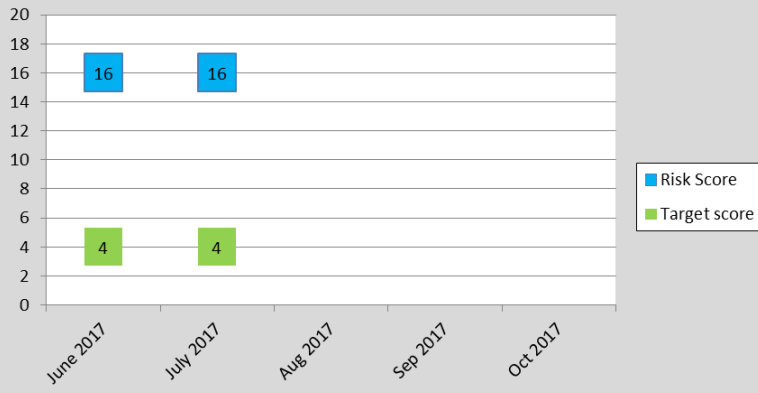
Front:

Compliance with the 4 hour ED standard - mandated nationally 90% by September, 95% by March 2018
All patients triaged in 15 minutes

1. Front - covering A&E, MAU and Short stay	<p>All patients seen by an ED doctor within an hour All patients seen by a Specialist Doctor within 1 hour of referral % of patients spending less than 24 hours in MAU % of Patients spending less than 72 hours in Short Stay</p>
2. Middle - covering Ward Processes	<p>Middle: Number of beds given to the Assessment Units by 10am Daily Senior Reviews completed by noon % of beds allocated within one hour of DTA EDS completed within one hour of decision to discharge 33% of discharges by noon Number of patients through the Discharge Lounge daily Empty beds in Assessment Units by noon</p>
3. Back - covering Stranded Patients	<p>Back: No patient waiting more than 24 hours for an assessment Discharge Planned on admission using EDDs (within 14 hours of Admission) 'Ticket Home' (drawn up by the Ward on the day of Admission to the Ward) Less than 20 patients waiting for external POCs, Community or Nursing/Residential Care beds</p>
4. Bed Management - covering our SOPs and Operational processes	<p>Bed Management All SOPs and Bed Management policies reviewed and implemented by 9/17 Site Management and On Call system revisited and changes implemented by 8/17 Medical Bed numbers on the Worcester site reviewed and Demand clearly articulated by 8/17</p>
5. Frailty - covering those aged over 75 in particular	<p>Frailty Frailty pathway in place by 10/17</p>
6. Emergency Care Improvement Programme review of the Patient Flow Centre (PFC) September 2017.	<p>A&E delivery Board and A&E escalation meetings monitor progress against plans</p>
7. A&E Delivery Board system review of system level escalation policy and system level Winter plan.	

Gaps in controls and assurances: what additional controls and assurances should we seek?			Mitigating Actions: what more should we do?																									
Failure to escalate and follow escalation policy Limited impact of whole system working Lack of out of hospital pathways			Ensure all internal processes are followed in line with internal policies. Continue to push system partners to develop strategies to ensure patients receive care in the right place at the right time. Ensure robust Winter plan in place in a timely manner.																									
Related High Risks (>14 and DATIX ID)																												
2148	Corporate Risk Register: Patients may be harmed following a delay in diagnosis due to lack of appointment capacity within Endoscopy	20	<div><h3>Underpinning Risks</h3><table><thead><tr><th>Month</th><th>Risks scoring 20</th><th>Risks scoring 16</th><th>Risks scoring 15</th></tr></thead><tbody><tr><td>June 2017</td><td>6</td><td>2</td><td>2</td></tr><tr><td>July 2017</td><td>6</td><td>2</td><td>2</td></tr><tr><td>Aug 2017</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep 2017</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct 2017</td><td>0</td><td>0</td><td>0</td></tr></tbody></table></div>		Month	Risks scoring 20	Risks scoring 16	Risks scoring 15	June 2017	6	2	2	July 2017	6	2	2	Aug 2017	0	0	0	Sep 2017	0	0	0	Oct 2017	0	0	0
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2709	Corporate Risk Register: Risk of delayed admission to critical care from full unit	16																										
2790	As a result of high occupancy levels, patient care may be compromised (previous BAF risk incorporated into R2)	20																										
2981	Medicine Risk Register: Capacity	20																										
3289	Corporate Risk Register: Risk that patient safety may be compromised as Trust will be unable to meet contracted activity (RTT) within Gynaecology service	20																										
3331	Surgical Risk Register: There are high levels of patients that are not in the right specialty bed. Leading to delay in specialty review.	15																										
3482	Corporate Risk Register: There is a risk that patient safety, effectiveness and management may be compromised in ED.	20																										
2299	Corporate Risk Register: Patients not receiving follow-ups within clinically stipulated timescale, may result in loss of vision	15																										
3361	Medicine Risk Register: SIAN area -ED WRH	20																										
3483	Corporate Risk Register: Patients may be harmed due to delays in treatment/waiting times	16																										

Risk Description	Principal Risk: Failure to invest and realise the full potential of our staff to provide compassionate and personalised care					Risk ID	R3.1
Risk Details	If we do not have in place a suitably qualified and experienced leadership team (across sub board levels including Divisional and Directorate) then we may fail to deliver the required improvements at pace with the potential for further deterioration in patient care & experience & escalated regulatory enforcement actions						
Executive lead	Chief Executive Officer	Last Reviewed	14 th August 2017	Target Date	April 2018	Review Group	TLG
CQC Domain(s)	<u>Safe</u>	<u>Caring</u>	<u>Responsive</u>	<u>Effective</u>	<u>Well Led</u>		
Corporate Objective(s)	1	2	3	4	5		

Risk Rating: Likelihood x Severity			Relevant Key Performance Indicators		
			Metric	Trust compliance March 2017	Target
Initial Risk Score	16	 <p>Bar chart showing Risk Score and Target score from June 2017 to October 2017. The Y-axis represents the score (0 to 20). The X-axis represents the months (June 2017, July 2017, Aug 2017, Sep 2017, Oct 2017). The Risk Score (blue bars) is 16 in June and July, and 4 in August, September, and October. The Target score (green bars) is 4 in June, July, and August, and 4 in September and October.</p>	CQC well led domain rating	Inadequate	Requires Improvement
Current Risk Score	16		F&F Test (Q4 16/17) Re care & treatment Re place to work	Likely/extremely likely 63% 46%	70%
Target Risk Score	4		Vacancies	437	Vacancy rate of 8% or lower
Risk Appetite	High		Mandatory Training	80.5%	>90%
Direction of travel	↔		Culture change programme	Baseline N/A	Net Leadership score of 50% for EP2 Net Culture score of 45% for CP1
			% Of Eligible medical Staff Completed Appraisal (excludes Doctors in training)	81.9%	85%

Rationale for current score

The Trust has only recently appointed substantively to the majority of its Executive Director positions and a number of the NEDs are new in post. In addition there are significant gaps in capability within the current divisional leadership teams.

Controls: what are we currently doing about the risk?	Assurances: how do we know if the things we are doing are having an impact?
Executive Team appointed NEDs appointed. Board development Programme Culture Change programme including one-on-one coaching for TLG and Board Trust Leadership Group	Accountability Framework in development Staff survey results FFT CQC rating on Well Led domain Appraisal and mandatory training KPI's Net Leadership score Net culture score Board workforce sub-committee
Gaps in controls and assurances: what additional controls and assurances should we seek?	Mitigating Actions: what more should we do?
Recruitment plan not fully embedded. Lack of overarching workforce strategy Lack of Trust wide Training needs analysis	Develop workforce strategy that addresses recruitment issues and has a clear OD element within it to address leadership gaps. Ensure culture change programme is fully supported.

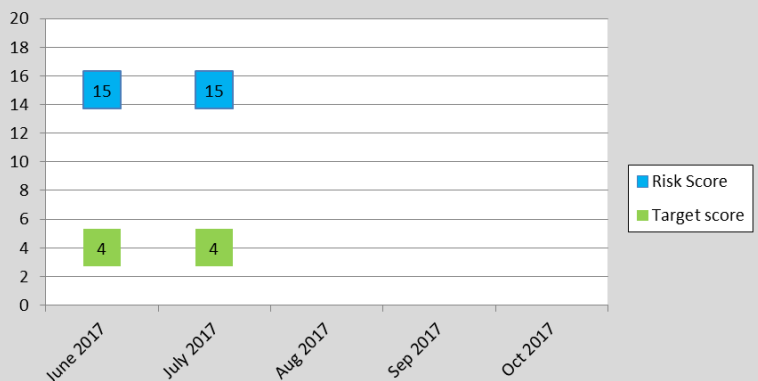
Related High Risks (>14 and DATIX ID)		
2932	Turnover of Trust Board members adversely affecting business continuity and impairing the ability to operate services (previous BAF risk incorporated)	16
2678	If we do not attract and retain key clinical staff we will be unable to ensure safe and adequate staffing levels (previous BAF risk incorporated)	16
3079	Medical Director Corporate Risk: Inability to substantiate medical workforce resulting in excess workforce costs and impacts on clinical care	16

Underpinning Risks

■ Risks scoring 20 ■ Risks scoring 16 ■ Risks scoring 15

Month	Risks scoring 20	Risks scoring 16	Risks scoring 15
June 2017	0	3	0
July 2017	0	3	0
Aug 2017	0	0	0
Sep 2017	0	0	0
Oct 2017	0	0	0

Risk Description	Principal Risk: Failure to invest and realise the full potential of our staff to provide compassionate and personalised care					Risk ID	R3.2
Risk Details	If we do not deliver a cultural change programme we may fail to attract and retain staff with the values and behaviours required to deliver the high quality care we aspire to.						
Executive lead	Chief Executive Officer	Last Reviewed	14 th August 2017	Target Date	Sept 2018	Review Group	TLG
CQC Domain(s)	<u>Safe</u>	<u>Caring</u>		<u>Responsive</u>	<u>Effective</u>	<u>Well Led</u>	
Corporate Objective(s)	1	2		3	4	5	

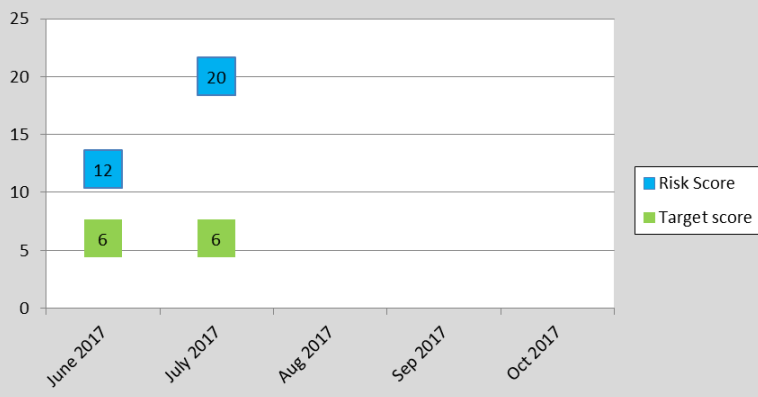

Risk Rating: Likelihood x Severity				Relevant Key Performance Indicators		
		Metric		Trust compliance March 2017	Target	
Initial Risk Score	15			Mandatory training compliance	80.5%	90%
Current Risk Score	15			F&F Test (Q4 16/17) Re care & treatment Re place to work	Likely/extremely likely 63% 46%	70%
Target Risk Score	4			Staff Turnover	12.6%	<>10-12%
Risk Appetite	Significant			Net leadership and culture scores	No baseline available	Net leaderships core for EP2- 50% Net culture score for CP1- 45%
Direction of travel	↔					

Rationale for current score

There are significant cultural and behavioural issues within the Trust that require action. The Trust has engaged external support to deliver a cultural change programme over the next three years.

Controls: what are we currently doing about the risk?			Assurances: how do we know if the things we are doing are having an impact?																									
Cultural change programme – provider in place Culture Committee in place. Board development Programme Trust Leadership Group and Board one-on-one coaching			Accountability Framework in development Staff survey results Staff FFT CQC rating on Well Led domain Appraisal and mandatory training KPI's Net Leadership scores Patient feedback, themes from complaints																									
Gaps in controls and assurances: what additional controls and assurances should we seek?			Mitigating Actions: what more should we do?																									
Lack of overarching workforce strategy Culture change programme not fully rolled out			Develop workforce strategy that addresses recruitment issues and has a clear OD element within it to address leadership gaps. Deliver cultural change programme.																									
Related High Risks (>14 and DATIX ID)																												
2678	If we do not attract and retain key clinical staff we will be unable to ensure safe and adequate staffing levels (previous BAF risk incorporated)	16	<div><h3>Underpinning Risks</h3><div><div>Risks scoring 20</div><div>Risks scoring 16</div><div>Risks scoring 15</div></div><table><caption>Underpinning Risks Data</caption><thead><tr><th>Month</th><th>Risks scoring 20</th><th>Risks scoring 16</th><th>Risks scoring 15</th></tr></thead><tbody><tr><td>June 2017</td><td>2</td><td>3</td><td>0</td></tr><tr><td>July 2017</td><td>2</td><td>3</td><td>0</td></tr><tr><td>Aug 2017</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep 2017</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct 2017</td><td>0</td><td>0</td><td>0</td></tr></tbody></table></div>		Month	Risks scoring 20	Risks scoring 16	Risks scoring 15	June 2017	2	3	0	July 2017	2	3	0	Aug 2017	0	0	0	Sep 2017	0	0	0	Oct 2017	0	0	0
Month	Risks scoring 20	Risks scoring 16			Risks scoring 15																							
June 2017	2	3			0																							
July 2017	2	3			0																							
Aug 2017	0	0			0																							
Sep 2017	0	0			0																							
Oct 2017	0	0			0																							
2711	Corporate Nursing Governance and Risk: Risk to quality and safety of patient care due to difficulties in recruiting to nursing vacancies.	16																										
2873	Corporate Nursing Governance and Risk: Staff do not complete appropriate Safeguarding Training, opportunities to identify patients at risk of harm will be missed	20																										
3485	Corporate Risk Register: There is a risk that the trust is unable to deliver safe and effective care due to medical and nursing vacancies	16																										
2791	Medicine Risk Register: Inappropriate staffing levels	20																										

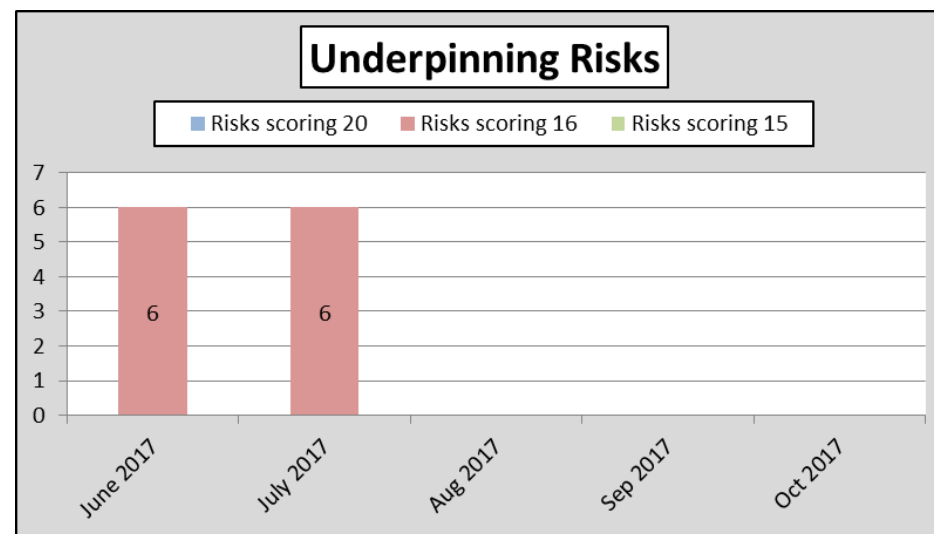
Risk Description	Principal Risk: .The Trust is unable to ensure financial viability and make the best use of resources for our patients.					Risk ID	R4.1
Risk Details	If we do not have in place effective organizational financial management, then we may not be able to fully mitigate the variance and volatility in financial performance against the plan leading to failure to deliver the control total, impact on cash flow and long term sustainability as a going concern.						
Executive lead	Chief Finance Officer	Last Reviewed	14th August 2017	Target Date	March 2018 +1/4ly gateway checks	Review Group	TLG
CQC Domain(s)	Safe	Caring	Responsive	Effective	Well Led		
Corporate Objective(s)	1	2	3	4	5		

Risk Rating: Likelihood x Severity			Relevant Key Performance Indicators		
			Metric	Trust compliance June 2017	Target
Initial Risk Score	12	 <p>■ Risk Score ■ Target score</p>	Compliance with monthly control total	Q1 Target achieved	Per the financial plan
Current Risk Score	20		CIP delivery in Line with Plan	Not compliant at End of June	Per the financial plan
Target Risk Score	6		Operational Metrics linked to STF	Not compliant at End of June	Per the agreed trajectories
			Compliance with Capital Resource Limit (Forecast)	N/A	Per the financial plan
Risk Appetite	Moderate		Carter productivity data through model hospital	The Trust is evaluating this data to ensure that appropriate measures are included as the data evolves and is improved	TBA
Direction of travel			Better Payment practice Code	Not compliant at end of June but improved performance	95%

Rationale for current score	
The Trust has robust monitoring of financial management in place reported through the monthly Performance meetings up to Finance and Performance Committee. There are risks to the control total due to the scale of improvement required within the Trust and the continued high use of temporary staff.	
Controls: what are we currently doing about the risk?	Assurances: how do we know if the things we are doing are having an impact?
<p>Finance and Performance Committee ensuring that risks are being acted on.</p> <p>NHSI fortnightly meetings established to oversee progress (Delivery Board / PRM).</p> <p>Financial Recovery Plans requested from each Budget Holder (Division & Corporate) to focus on:</p> <ul style="list-style-type: none"> • Cost Control actions – Medical Staff, Job Planning, Additional Sessions & Agency control, Nurse roster management, Agency Cap, automated procurement system. • Detailed budget analysis at Directorate level (monthly). • Activity Data Quality, recording and coding. <p>Financial recovery programme being further developed through:</p> <ul style="list-style-type: none"> • Executive SRO's assigned to three key divisions to ensure appropriate executive support to financial recovery. • CFO meetings with Divisions and Corporate Departments. • Financial recovery delegated limits to be implemented as set out within SFI / SOD. • Theatre Improvement Programme being accelerated through culture change workshop. <p>Finance Training refreshed with all budget managers to ensure compliance with Trust procedures.</p> <p>CIP programme has been integrated with Model Hospital and focussing on areas with the highest potential return including active engagement with NHSI national Model Hospital team to maximize results.</p> <p>Daily Cashflow forecasting.</p> <p>Close monitoring of performance against capital programme and strengthened capital expenditure controls.</p>	<ul style="list-style-type: none"> • Monitoring of development and performance against CIP targets. • Monthly review through Model Hospital Board. • Monthly finance reports with detailed analysis of performance v control total and actions identified in Financial Recovery plans. • Numbers of breaches of agency cap. • Weekly review of RTT remediation plans. • External review through NHSI, internal audit and benchmarking. • Capital spend variance to CRL. • Minimum cash balances against plan.
Gaps in controls and assurances: what additional controls and assurances should we seek?	Mitigating Actions: what more should we do?
<p>QIA process for CIPs not embedded</p> <p>Further use of resources of model hospital</p>	<p>Ensure QIA meetings in diary and process agreed.</p> <p>Ensure all CIP projects have completed QIAs</p>

Related High Risks (>14 and DATIX ID)

3481	Corporate Risk Register: Lack of capital resources prevents the Trust from transforming operations	16
3486	Corporate Risk Register: If the Trust does not achieve patient A&E Targets, there will be significant impact on finances	16
3487	Corporate Risk Register: There is a risk that there will be insufficient funding available to open 2 extra wards this winter 2017/18	16
3342	SCSD Risk Register: Potential failure to the operational X-ray service for WRH A&E/In patients as CR/XR units are failing and beyond usable life	16
2744	Corporate Risk Register: There is a risk that the CR units could fail. This could be catastrophic for plain film service delivery to the Alexandra site	16
2856	Corporate Risk Register: Lack of Investment Leading to Failure of Essential Plant and Machinery Causing interruptions in Patient Care or Personal Injury	16



Risk Description	Principal Risk: The Trust is unable to ensure financial viability and make the best use of resources for our patients.					Risk ID	R4.2
Risk Details	If we do not resource our clinical staff rotas at ward/departmental level then we will not meet patient needs consistently with the potential for reduced quality & co-ordination of care provision, negative impact on patient flow & access targets: long term impact on substantive staff resilience; appropriate deployment of staff and poor retention of staff & inability to attract staff.						
Executive lead	Chief Executive Officer	Last Reviewed	14th August 2017	Target Date	April 2018	Review Group	TLG
CQC Domain(s)	<u>Safe</u>	<u>Caring</u>	<u>Responsive</u>	<u>Effective</u>	<u>Well Led</u>		
Corporate Objective(s)	1	2	3	4	5		

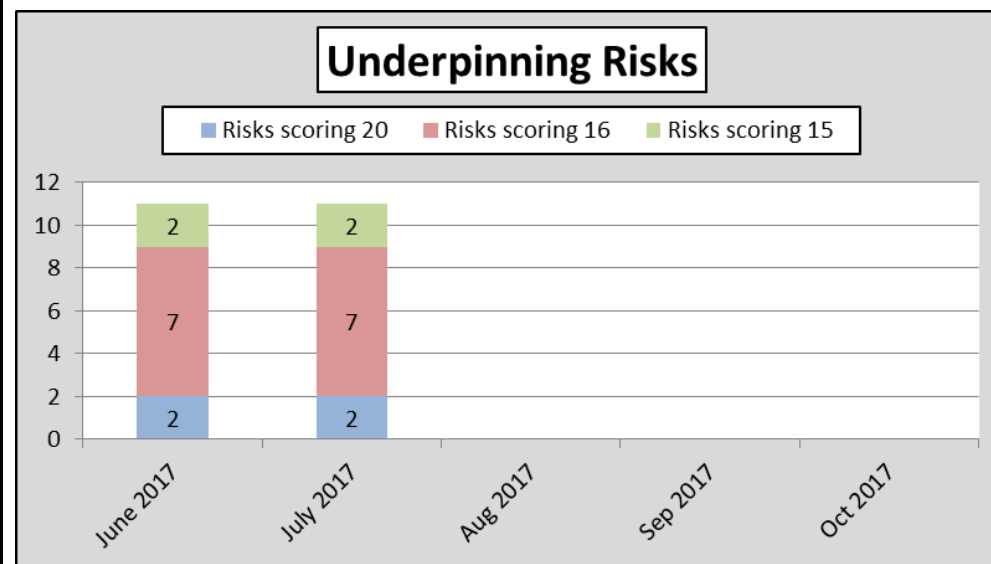
Risk Rating: Likelihood x Severity			Relevant Key Performance Indicators		
			Metric	Trust compliance June 2017	Target
Initial Risk Score	20	<p>Legend: ■ Risk Score ■ Target score</p>	Vacancies	437	8% or less
Current Risk Score	20		Turnover rate	12.6%	10<>12%
Target Risk Score	9		NHSP - Agency Fill Rate	35.1%	n/a
Risk Appetite	Moderate		Safer staffing	96.2% (day) 103% (night)	95%
Direction of travel	↔		Agency Staff - Medics (WTE) Indicative	134.3	<=85

Rationale for current score

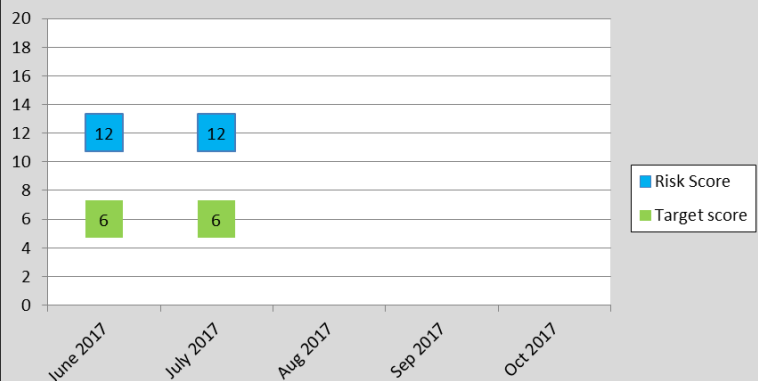
The Trust lacks a comprehensive workforce strategy and does not have robust recruitment plans embedded for the levels of vacancies that currently exist. The Trust is in Special Measures so will struggle to attract and retain staff.

Controls: what are we currently doing about the risk?	Assurances: how do we know if the things we are doing are having an impact?
Prospective staff rotas Recruitment plan developed but not yet embedded. Use of temporary staff to cover vacancies where possible. Vacancy rates monitored through Performance and Accountability meetings Business cases agreed for new Consultant posts being recruited to.	HR workforce reports Agency use/ shift fill rate. Performance against recruitment trajectory Staff survey FFT

			Recruitment KPIs Turnover rate Board workforce sub-committee
Gaps in controls and assurances: what additional controls and assurances should we seek?			Mitigating Actions: what more should we do?
Lack of workforce strategy and robust recruitment and retention plan.			Develop a workforce strategy
Related High Risks (>14 and DATIX ID)			
2678	If we do not attract and retain key clinical staff we will be unable to ensure safe and adequate staffing levels (previous BAF risk incorporated)	16	
2711	Corporate Nursing, Governance and Risk: Risk to quality and safety of patient care due to difficulties in recruiting to nursing vacancies.	16	
2791	Medicine Risk Register: Inappropriate staffing levels	20	
3079	Medical Director Corporate Risk: Inability to substantiate medical workforce resulting in excess workforce costs and impacts on clinical care	16	
3170	Medicine Risk Register: Lack of seven day Consultant review in respiratory high care	15	
3292	Corporate Nursing, Governance and Risk: Poor fill rate from our temporary staffing provider NHSP resulting in reduced staffing levels below the required and safe level.	16	
3296	Medicine Risk Register: Gastroenterology cover at the Alexandra Hospital	16	
3327	Surgical Risk Register: Gaps in the workforce within the Surgical Division may have an adverse impact on patients care	15	
3484	Corporate Risk Register: Potential sub optimal care in overflow wards due to staffing	16	
3485	Corporate Risk Register: There is a risk that the trust is unable to deliver safe and effective care due to medical and nursing vacancies	16	
3505	Human Resources Risk: Inability to recruit Clinical Staff	20	



Risk Description	Principal Risk: The Trust is unable to ensure financial viability and make the best use of resources for our patients.					Risk ID	R4.3
Risk Details	R4.3 If we do not have a workforce strategy that addresses organizational development, values and behaviours as well as workforce development and recruitment we will not be able to provide care that meets the needs of our patients; meets the internal workforce demands and fills our vacancies.						
Executive lead	Chief Executive Officer	Last Reviewed	14 th August 2017	Target Date	April 2018	Review Group	TLG
CQC Domain(s)	<u>Safe</u>		<u>Caring</u>	<u>Responsive</u>		<u>Effective</u>	
Corporate Objective(s)	<u>1</u>		<u>2</u>	<u>3</u>		<u>4</u>	<u>5</u>

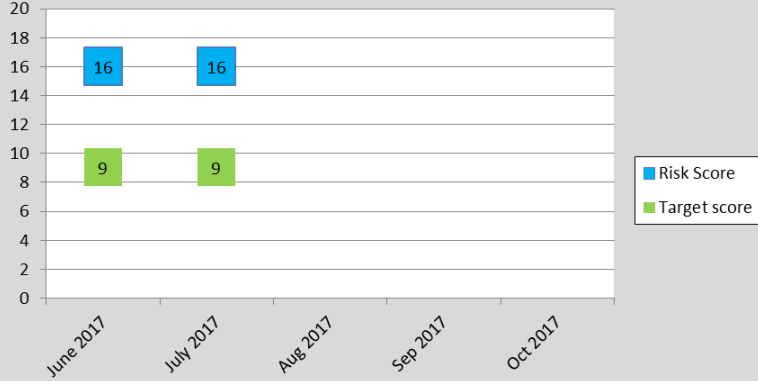
Risk Rating: Likelihood x Severity			Relevant Key Performance Indicators		
			Metric	Trust compliance June 2017	Target
Initial Risk Score	12		Vacancies	437	8% or less
Current Risk Score	12		Turnover rate	12.6%	10<=>12%
Target Risk Score	6		F&F Test (Q4 16/17) Re care & treatment Re place to work	Likely/extremely likely 63% 46%	70%
Risk Appetite	High		Net culture score	No baseline available	45% @CP1
Direction of travel	↔				

Rationale for current score

The Trust lacks a comprehensive workforce strategy and does not have robust recruitment plans embedded for the levels of vacancies that currently exist. It also lacks a workforce development strategy that identifies new roles and plans to develop these. In addition the relationship with HEE, the West Midlands Academic Health Science Network and local Universities needs strengthening.

Controls: what are we currently doing about the risk?			Assurances: how do we know if the things we are doing are having an impact?																				
Prospective staff rotas Some recruitment plans in place. Use of temporary staff to cover vacancies where possible. Vacancy rates monitored through Performance and Accountability meetings Business cases agreed for new Consultant posts with recruitment underway. The Trust does have a small number of Physicians Assistants in place and a clinical lead identified to progress this work.			HR workforce reports Agency use/ shift fill rate. Performance against recruitment trajectory Staff survey FFT Recruitment KPIs/Turnover rate Board workforce sub-committee																				
Gaps in controls and assurances: what additional controls and assurances should we seek?			Mitigating Actions: what more should we do?																				
Lack of workforce strategy and embedded recruitment and retention plan. Weak relationships with HEE and local Universities			Develop a workforce strategy Strengthen links with HEE and local Universities. Set trajectories for developing new roles																				
Related High Risks (>14 and DATIX ID)																							
2678	If we do not attract and retain key clinical staff we will be unable to ensure safe and adequate staffing levels (previous BAF risk incorporated)	16	<div><h3>Underpinning Risks</h3><table><thead><tr><th>Risks scoring 20</th><th>Risks scoring 16</th><th>Risks scoring 15</th></tr></thead><tbody><tr><td>2</td><td>7</td><td>2</td></tr><tr><td>2</td><td>7</td><td>2</td></tr><tr><td>0</td><td>0</td><td>0</td></tr><tr><td>0</td><td>0</td><td>0</td></tr><tr><td>0</td><td>0</td><td>0</td></tr></tbody></table></div>			Risks scoring 20	Risks scoring 16	Risks scoring 15	2	7	2	2	7	2	0	0	0	0	0	0	0	0	0
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3485	Corporate Risk Register: There is a risk that the trust is unable to deliver safe and effective care due to medical and nursing vacancies	16																					
3505	Human Resources Risk: Inability to recruit Clinical Staff	20																					

Risk Description	Principal Risk: The Trust is unable to develop and deliver a long term sustainable clinical services strategy					Risk ID	R5
Risk Details	If we are unable to secure the support of our community and STP stakeholders for the clinical services strategy, we may not be able to make the changes required to ensure long term viability of services						
Executive lead	Director of Strategy and Planning	Last Reviewed	14th August 2017	Target Date	3 years	Review Group	TLG
CQC Domain(s)	Safe	Caring	Responsive	Effective	Well Led		
Corporate Objective(s)	1	2	3	4	5		

Risk Rating: Likelihood x Severity			Relevant Key Performance Indicators		
			Metric	Trust compliance June 2017	Target
Initial Risk Score	16	 <p>■ Risk Score ■ Target score</p>	Medical vacancy rate	TBC	TBC
Current Risk Score	16		Clinical staff turnover	TBC	TBC
Target Risk Score	9		Improvement in clinical service line contribution	TBC	TBC
Risk Appetite	High		Trust financial breakeven	TBC	TBC
Direction of travel	↔				

Rationale for current score

The Trust has recently completed the FoAHSW programme but the impact on the clinical and financial viability of services has been confined to a small number of Trust specialties. As a three site Trust with a significant underlying financial deficit and ongoing recruitment challenges there is the need for a more far reaching, more radical strategy for Trust sites and services. Currently the STP plans are underdeveloped and those which have greater traction are acute services focused with robust Trust leadership and are plans that support greater financial and clinical sustainability of acute services through new countywide service models, repatriation of out of county activity and stronger clinical networks. There is a risk that as NHSE resources are aligned with STPs the pace of change will increase and the Trust needs to have a clear clinical services strategy for inclusion in the STP that it can use STP mechanisms and processes to support and drive. There is a risk from competing priorities for clinical leadership capacity to develop the strategy.

[illegible]

Date of meeting	14 September 2017
Paper number	H3

Report provided:					
For approval:	√	For assurance:		To note:	
				For information:	

Standards of Business Conduct

Accountable Director	Michelle McKay Chief Executive
Presented by	Kimara Sharpe Company Secretary
Author	Martin Wood Deputy Company Secretary

Alignment to the Trust's strategic priorities (√)	Deliver safe, high quality, compassionate patient care	Design healthcare around the needs of our patients, with our partners	
	Invest and realise the full potential of our staff to provide compassionate and personalised care	Ensure the Trust is financially viable and makes the best use of resources for our patients	√
	Develop and sustain our business		

Alignment to the Single Oversight Framework (√)	Leadership and Improvement Capability	Operational Performance	
	Quality of Care	Finance and use of resources	√
	Strategic Change	Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome
Trust Leadership Group	16-8-17	Approved
Key Document Approval	23-8-17	Approved

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	P3.2
Level of assurance and trend (level)			
Significant - level			

Date of meeting	14 September 2017
Paper number	H3

Purpose of report	<p>NHS England has issued guidance on Managing Conflicts of Interest in the NHS which is intended to protect patients, taxpayers and staff covering health services in which there is a direct state interest. The Trust must have regard to this guidance through its incorporation into the NHS Standard Contract pursuant to General Condition 27.</p> <p>The Trust's Standards of Business Policy has been updated to ensure that it complies with the guidance.</p>
Summary of key issues	<p>The guidance provides definitions on conflicts of interest and covers, gifts, hospitality, outside employment, shareholding and other ownership interests, patents, loyalty interests, donations, sponsored events, sponsored research and posts, clinical private practice, procurement, maintenance and publication of registers and how breaches should be dealt with.</p> <p>The Trust already has a comprehensive Standards of Business Conduct Policy applicable to all staff. The Policy has been updated to take into account the national guidance and the model policy issued by NHS England.</p> <p>Once approved arrangements will be made for the Policy to be cascaded throughout the Trust.</p> <p>The Audit and Assurance Committee will monitor its implementation and will discuss the document at its meeting in September.</p>
Recommendations	<p>The Trust Board are asked to approve the attached document. The document gives significant assurance.</p>

Date of meeting	14 September 2017
Paper number	H3

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

STANDARDS OF BUSINESS CONDUCT

- 1 Introduction**
 NHS England has issued guidance on Managing Conflicts of Interest in the NHS to which the Trust must have regard. The guidance introduces consistent principles and rules for managing conflicts of interest. It supports good judgement about how interests should be approached and managed. The guidance came into operation on 1 June 2017.
- 2 Background**
 The Trust's existing document has been revised to take account of the new guidance.
- 3 Implications**
 It is a requirement that the Trust adopts the new standards for business conduct. The Trust will be audited against the introduction of the policy.
- 4 Recommendations**
 The Trust Board are asked to approve the attached document. The document gives significant assurance.

Compiled by
 Kimara Sharpe and Martin Wood
 Company Secretary and Deputy Company Secretary

Director
 Michelle McKay
 Chief Executive

STANDARDS OF BUSINESS CONDUCT

INCORPORATING, CONFLICTS OF INTEREST, HOSPITALITY, GIFTS AND SPONSORSHIP

Department / Service:	Chief Executive's Office
Originator:	Company Secretary
Accountable Director:	Chief Executive
Approved by:	Trust Board
Date of approval:	
First Revision Due:	September 2019
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All departments
Target staff categories	All staff

Policy Overview:

This Policy defines conflicts of interest, hospitality, gifts and sponsorship that may be accepted by staff; how to obtain approval and the monitoring of the receipt of gifts, sponsorship and hospitality. The Policy also defines what areas need to be declared by staff members.

Latest Amendments to this policy

V1.0 – initial draft
V1.1 – draft after consideration by Assistant Director of Finance. Minor changes.
V1.2 – addition of sunshine rules
V1.3 – amendment to declaration of interest section
V1.4 – amendments to incorporate Guidance on Managing Conflicts of Interest in the NHS.

Contents page:

Quick Reference Guide

1. Policy Statement
2. Scope
3. Framework
4. Declaration of interest
5. Personal Conduct
- 6 Duties
- 7 Implementation and monitoring
 - 7.1 Breaches
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- 8 Policy review
- 9 References
- 10 Supporting Information
 - 10.1 Equality requirements
 - 10.2 Financial Risk Assessment
 - 10.3 Consultation Process
 - 10.4 Approval Process
 - 10.5 Version Control

Appendices

Annex A – The Seven Principles of Public Life

Annex B – Declaration Process

Annex C - The Chartered Institute of Purchasing and Supply (CIPS) Code of Ethics

Annex D - Declaration of Gifts, Hospitality and Sponsorship (form)

Annex E – Quick Reference Guide

Annex F – Declaration of Interests (form)

Supporting Documents

Supporting Document 1

Supporting Document 2

Equality Impact Assessment

Financial Risk Assessment

Conflicts of Interest, Hospitality, Gift and Sponsorship Policy Standards of Business Conduct

1 Policy Statement

This policy seeks to describe the public service values, which underpin the work of the NHS and to reflect current guidance and best practice to which all individuals within Worcestershire Acute Hospitals NHS Trust (WAHT) must have regard in their work for WAHT.

WAHT aspires to the highest standards of corporate behaviour and responsibility. All WAHT staff are required to comply with this policy.

As a member of staff you must...	As an organisation we will...
<ul style="list-style-type: none"> Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent Regularly consider what interests you have and declare these as they arise. If in doubt, declare. NOT misuse your position to further your own interests or those close to you NOT be influenced, or give the impression that you have been influenced by outside interests NOT allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money 	<ul style="list-style-type: none"> Ensure that this policy and supporting processes are clear and help staff understand what they need to do. Identify a team or individual with responsibility for: <ul style="list-style-type: none"> Keeping this policy under review to ensure they are in line with the guidance. Providing advice, training and support for staff on how interests should be managed. Maintaining register(s) of interests. Auditing this policy and its associated processes and procedures at least once every three years. NOT avoid managing conflicts of interest. NOT interpret this policy in a way which stifles collaboration and innovation with our partners

The Code of Conduct and Code of Accountability in the NHS (second revision July 2004) sets out the following three public service values which are central to the work of WAHT:

- Accountability - everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.
- Probity - there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, officers and members and suppliers, and in the use of information acquired in the course of NHS duties.
- Openness - there should be sufficient transparency about NHS activities to promote confidence between WAHT and its staff, patients and the public.

In addition, all individuals within WAHT must abide by the Seven Principles of Public Life as set out by the Committee on Standards in Public Life and set out at Appendix A of this policy.

In 2016, the department of health set out 'sunshine rules' which make it compulsory for senior staff (particularly medical staff) to declare all gifts and hospitality to their employers. This has come about following inappropriate acceptance of gifts and hospitality which resulted in favourable terms and access to NHS goods by commercial companies. It is considered that this policy and the procedures that accompany it cover these new 'sunshine rules'. If necessary, the policy will be revised to take account of the new rules.

It is a long established principle that public sector bodies, which include the NHS, must be impartial and honest in the conduct of their business and that their employees should remain beyond suspicion of corruption.

Furthermore, under the Prevention of Corruption Acts 1906 and 1916 for an employee corruptly to accept any inducement or reward for

- doing or refraining from doing anything, in his or her official capacity or
- showing favour, or disfavour, to any person in their official capacity and
- any money, gift or consideration received by an employee in public service from a person or organisation holding or seeking to obtain a contract will be deemed to have been received corruptly unless the employee proves to the contrary.

WAHT staff should be aware that the breach of the provisions of these acts renders them liable to prosecution and may also lead to loss of their employment and superannuation rights. Even when the acceptance of gifts or hospitality is not illegal acceptance can still be improper and may lead to internal disciplinary action.

In 2017 NHS England introduced guidance for staff and organisations for managing conflicts of interest in the NHS. The guidance is intended to protect patients, taxpayers and staff covering health services in which there is a direct interest. It came into force on 1 June 2017.

The guidance defines a "conflict of interest" as "A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or

act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.”

A conflict of interest may be actual – there is a material conflict between one or more interests – or potential – there is the possibility of a material conflict between one or more interests in the future.

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently. It will be important to exercise judgement and to declare such interests where there is otherwise a risk of imputation of improper conduct.

“Interests” can arise in a number of different contexts. A material interest is one which a reasonable person would take into account when making a decision regarding the use of taxpayers’ money because the interest has relevance to that decision.

Interests fall into the following categories:-

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 directly 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 interest or a non-financial personal interest who would stand to benefit from a decision they are making.

*A benefit may arise from the making of gain or avoiding a loss

**These associations may arise through relationships with close family members and relatives, close friends and associates, and business partners. A common sense approach should be applied to these terms. It would be unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about these) then these should be declared.

The aim of this policy is to protect the Trust and its staff from any suggestion of corruption, partiality and dishonesty through a clear framework. The Trust can therefore provide assurance that its staff conduct themselves with honesty and integrity. The Policy sets out:

- the core principles for the acceptance of Gifts, Hospitality and Sponsorships
- the kind of Hospitality Gifts and Sponsorships Trust staff might be allowed to accept

- when a declaration of Hospitality Gift and Sponsorship is required
- when a declaration of interest is required.

It is the responsibility of all staff to ensure that they are not placed in a position, which risks, or appears to risk, conflict between their private interests and their NHS duties. This primary responsibility applies to all NHS staff, i.e. those who commit NHS resources directly (i.e. by ordering of goods) or those who do so indirectly (e.g. by the prescribing of medicines). Further examples would be staff who may have an interest in a private nursing home and who are involved with the discharge of patients to residential facilities or who may have an interest in a locum agency and who are involved in the supply of staff to the organisation.

2 Scope

This policy applies to all persons working for the Trust whether in a clinical or a non-clinical capacity. This includes Non-Executive Directors, volunteers, students, locum staff and agency staff. For ease of reference this policy shall refer to all of the above mentioned above as 'Trust Staff'.

This policy applies to Gifts, Hospitality or Sponsorship offered by any person or body, although (as detailed later) the specific requirements of the policy vary according to the nature of the person or body making the offer.

The policy also states who needs to complete a declaration of interest form and when these forms are published.

3 Framework

This section describes the broad framework for dealing with Gifts, Hospitality and Sponsorship within the Trust. Detailed instructions are provided in annex B.

3.1 Principles of Conduct in the NHS

NHS staff are expected to abide by the Nolan Principles (annex B). In principle, staff are expected to:

- Ensure that the interests of patients remain paramount at all times
- Be impartial and honest in the conduct of their official business
- Use the public funds entrusted to them to the best advantage of the service, always ensuring value for money

It is also the responsibility of staff to ensure that they do not

- Abuse their official position for personal gain or to benefit their family or friends
- Seek to advantage or further private business or other interests, in the course of their official duties

3.2 Definitions

3.2.1 Authorising officer means the appropriate senior nurse, clinician or senior manager (at least at band 8a or above) of the individual concerned. The limits for authorisation are those within the Standing Financial Instructions/Detailed Scheme of Delegation. Some declarable gifts, hospitality or sponsorship may require approval by a Board Director.

The Authorising Officer for

- The Chief Executive shall be the Chairman

- The Chairman shall be the Deputy Chairman
- Any Executive Director shall be the Chief Executive
- Any Non-Executive Director shall be the Chairman

3.2.2 A **declaration** confirms the details of the declarable gift, hospitality or sponsorship that has been offered such as the date and nature of the offer, the name and address of the person/body who made the offer and the name and job title of the person accepting the offer.

3.2.3 **Declarable gifts** are gifts from other third parties with an individual value in excess of £25 or an aggregate value in excess of £100 over rolling period of 12 months, which the individual was allowed to accept because refusal would cause significant offence due to cultural or similar reasons or authorisation has been obtained.

3.2.4 **Declarable Hospitality** is accepted Hospitality from Interested Third Parties with a value in excess of £25.

3.2.5 A **declaration of interest** is when a staff member declares an interest in organisations that may undertake work with the NHS or interested third parties. This may be a financial interest, a non-financial professional interest, a non-financial personal interest or an indirect interest.

3.2.6 **Declarable commercial sponsorship** is accepted sponsorship from interested third parties with a value in excess of £25.

3.2.7 **Gifts** means items which are given without payment or other consideration.

3.2.8 **Hospitality** means the provision of entertainment (including attendance at sporting events) meals and/or other refreshments or services, given without payment or other consideration.

3.2.9 **Interested third parties** are persons or bodies (other than public sector bodies or academic institutions) who are not patients, patients' relatives or friends and who hold or are likely to seek to hold contracts with the Trust or who potentially stand to gain some commercial benefit from the Trust's decisions regarding procurement.

3.2.10 **Other third parties** are persons or bodies who are not patients, patients' relatives or friends.

3.2.11 The **register** collates the data of all declarations over a specific time period. There are two registers, one for gifts and hospitality and one for declarations of interest.

3.2.12 **Commercial Sponsorship** means non-contractual funding provided to the Trust or its staff from an external source for any purpose excluding funding from Charitable Funds, including but not restricted to the following:

- All or part costs of a member of staff
- Research
- Staff training
- Pharmaceuticals
- Equipment
- Use of external meeting rooms

- Costs associated with attendance at conferences seminar or meetings
- Hotel and transport costs (including trips abroad)
- Provision of services (e.g. speakers)

Staff should be aware that research is further subject to separate approval processes as set out in the Research Governance Policies

3.2.13 Trust staff means all employees of the Trust, including Non-Executive Directors, volunteers, students, apprentices, locum staff and agency staff.

3.3 General Rule

As a general rule, staff must not in their official capacity receive gifts hospitality, sponsorship or other benefits of any kind which might reasonably be regarded as compromising the Trust's position or the individual's personal judgement and integrity. In other words, staff should always behave in such a manner that a fair minded member of the public, knowing the facts of the matter, would not see anything improper or suspicious in the receipt of the gift, hospitality and/or sponsorship.

In particular staff must not solicit propose or agree to receive from any third party any form of Gift, Hospitality or Sponsorship in return for doing or not doing anything in relation to the discharge of their duties and responsibilities.

In addition all staff who are in contact with suppliers and contractors (including external consultants) and in particular those who are authorised to sign purchase orders or place contracts for goods, materials or services, are expected to adhere to professional standards of the kind set out in the Ethical Code of the Chartered Institute of Purchasing and Supply (CIPS) as set out in Annex C.

Where the Board, Committee, advisory group or procurement panel make strategic decisions relating to entering into (or renewing) large scale contracts, awarding grants, making procurement decisions or the selection of medicines, equipment and devices these are referred to as "strategic decision-making groups". These groups must operate in a manner consistent with the following principles, which reflect wider standards of good governance:-

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the Declarations of Interest Register.
- The Vice-Chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

All staff must carry out their duties in accordance with the Trust's Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Delegation (SD). The SOs, SFIs and SD set out the statutory and governance framework in which the Trust operates and there is considerable overlap between the contents of this policy and the provisions of the SOs, SFIs and SD. Staff must at all times refer to and act in accordance with the SOs, SFIs and SD to ensure current process is followed. In the event of doubt, staff should seek advice from their line manager or Company

Secretary. In the event of any conflict arising between the details of this policy and the SOs, SFIs and SD, the provisions of the SOs, SFIs and SD shall prevail.

3.4 Gifts

3.4.1 Cash (including cash equivalents such as vouchers/tokens and donations)

Under no circumstances must staff accept personal gifts of cash or cash equivalents even when their value is under the £25 threshold. Where cash or cash equivalents of any value has been offered to an individual the donor should be invited to make a donation to the WAH Charity, if the donor does not wish to do this, the gift must be refused.

3.4.2 Gifts from patients, patients' relatives or friends

The Trust expects its staff to act with honesty and integrity and in compliance with their respective professional code of conduct with regard to the acceptance of Gifts from patients, patients' relatives or friends.

3.4.3 Gifts from third parties

Gifts from third parties (including Interested Third Parties) may be accepted in the following circumstances:

- a) The gifts have an individual value of £25 or less (or an aggregate value of £100 or less over a rolling period of 12 months) and are not cash or cash equivalent. Typical examples would be items such as pens, calendars, diaries, flowers or chocolates from patients or organisations with which the Trust does business.
- b) Refusal would cause significant offence due to cultural or similar reasons or
- c) Authorisation is obtained in accordance with section 3.8 below

3.5 Hospitality means the provision of entertainment (including attendance at sporting events) meals and/or other refreshments or services given without payment or other consideration. This section does not apply to entertainment and/or refreshments provided at events or occasions (e.g. courses, conference, seminar, workshops etc.) sponsored or supported by the Trust.

3.5.1 Hospitality from patients, patients' relatives or friends

As with gifts, the Trust expects staff to act with honesty and integrity and in compliance with their respective professional code of conduct with regard to the acceptance of hospitality from patients, patients' relatives or friends.

3.5.2 Hospitality from other third parties

Hospitality from other third parties who are not interested third parties may be accepted in accordance with the general rule.

3.5.3 Hospitality from interested third parties

Hospitality from Interested Third Parties may be accepted in the following circumstances:

- Provision of Hospitality with a value of £25 or less per member of staff. Typical examples would be lunches/refreshments at seminars, courses or workshops where attendance is free of charge to the Trust.
- Lunches and Dinners – invitations to lunches or dinners of a value between £25 to £75 may be accepted as long as the purpose of the lunch or dinner is to discuss Trust business and acceptance is considered to be beneficial to the

interests of the Trust. Lunches and dinners over a value of £75 should be refused unless (in exceptional circumstances) authority has been obtained in accordance with section 3.8 below.

- Overnight Accommodation – should not normally be accepted. However it may be appropriate to accept overnight accommodation where there is no convenient alternative and where the invitation arises in connection with an official working visit.
- Social, Sporting and Cultural invitations – should not normally be accepted by staff who have a personal involvement in dealing with the interested third party that makes the invitation, but maybe accepted for other members of staff who have no such involvement.
- Refusal would cause significant offence due to cultural or similar reasons or
- Authorisation is obtained in accordance with 3.8 below.

3.6 Commercial Sponsorship

Sponsorship may only be accepted in accordance with the general rule. In addition, staff must not accept Sponsorship from interested third parties unless the following conditions are met.

- Any hospitality element is incidental and proportionate to the event
- Relevant business information or benefit to the Trust is expected to be gained through the Sponsorship and
- If the value of the sponsorship exceeds £25 per staff member involved
 - The sponsorship must be authorised in advanced by the appropriate Authorising Officer and
 - A declaration must be submitted.

Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These “transfers of value” include payments relating to:-

- Speaking at and chairing meetings
- Training services
- Advisory Board meetings
- Fees and expenses paid to healthcare professionals
- Sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK
- Donations, grants and benefits in kind provided to healthcare organisations.

Should there be any doubt as to the appropriateness of accepting a Sponsorship staff should either politely decline or consult the appropriate Authorising Officer.

3.7 Sponsorship Research

Funding sources for research purposes must be transparent. Any proposed research must go through the relevant health research authority or other approvals process. There must be a written protocol and written contract between staff, the organisation and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services. The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service. Staff should declare involvement with sponsored research to their organisation.

Staff who are establishing the external sponsorship of a post should seek formal prior approval from the Trust. Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of arrangements continuing.

Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. For the duration of the sponsorship, auditing arrangements should be established to ensure this is the case. Written agreements should detail the circumstances under which the Trust has the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise. Sponsored post holders must not promote or favour the sponsor's specific products, and information about alternative products and suppliers should be provided. Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

Loyalty interests should be declared by staff involved in decision making where they:-

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how their organisation spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- Are aware that their organisation does business with an organisation with whom close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

Patents and other intellectual property rights which staff hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might reasonably expected to be, related to items to be procured or used by the Trust. Staff should seek prior permission from the Trust before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the Trust's own time, or uses its equipment, resources or intellectual property.

Donations made by suppliers or bodies seeking to do business with the Trust should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.

3.8 Authorisation

Where prior authority is required for the acceptance of Gifts, Hospitality or Sponsorship, the following applies:

- Prior authorisation must be sought from the appropriate Authorising Officer who must be satisfied that the proposed acceptance does not jeopardise the Trust's impartiality and objectivity. (If there is any doubt, the offer should be politely declined) **and**
- Authorisation should be confirmed in writing, including email. Where attendance at an event qualified as study leave or similar, a copy of an

appropriate study leave for or similar is acceptable and no additional approval is required.

3.9 Declarations and Register

Anyone who falls within the scope of this policy must submit a Declaration to the Company Secretary within 30 days of the acceptance of a declarable gift, declarable hospitality and declarable sponsorship.

In addition all staff are required to declare if, and to what extent they have been offered and/or accepted any Gifts, Hospitality or Sponsorship from an interested third party when they become involved in any procurement process relating to that interested third party and such declarations will be noted.

Declarations should be completed by a manual form which is available on the Trust's intranet (annex D).

Where the acceptance of a declarable gift, hospitality and/or sponsorship required prior authorisation, the form must be signed by the Authorising Officer.

The Company Secretary will keep the Register of all declarations of Hospitality and will annually present this to the Audit and Assurance Committee and to the Trust Board. The Register will be published annually on the Trust's website.

3.10 Declined offers of Gifts, Hospitality and/ or sponsorship/ bribe/ Commission

Offers of Gifts, Hospitality or Sponsorships that are declined need not be declared. However any offer of a bribe or a commission or any other offer or a number of offers made by the same person or body over a period of time, which might be seen to be improper or suspicious by a fair minded member of the public, knowing the facts of the matter, must be reported immediately to the Company Secretary.

4 Declaration of Interest

This section describes the policy in relation to the identification and management of conflicts of interest for staff. Adherence to these provisions is mandatory in order to identify and manage current or potential conflicts which may arise between the interests of the Trust and the personal interests, associations and relationships of its staff or representative family members.

Failure to adhere to these provisions relating to the declaration of interests may constitute the criminal offence of fraud, as an individual could be gaining unfair advantages or financial rewards for themselves or a family member/friend or associate. Any suspicion that a relevant personal interest may not have been declared should be reported to the Company Secretary.

The Trust needs to be aware of all cases where an employee, or his or her close family member, has a controlling and/or significant interest in a business (including a private company, public sector organisation), or in any other activity or pursuit, which may compete for an NHS contract to supply either goods or services to the employing authority.

All staff must declare any interest, either on appointment or when the interest is acquired, which may directly or indirectly give rise to an actual or potential conflict of interest or duty. All consultants must declare interests before employment commences with the Trust and annually thereafter. This will be undertaken through

the pre-employment paperwork required to be completed and returned to the HR department. The HR department will forward the declarations on interest to the Company Secretary.

- Interests fall into the following categories:-
-
- 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 directly 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 interest or a non-financial personal; interest who would stand to benefit from a decision they are making.
-
- *A benefit may arise from the making of gain or avoiding a loss
- **These associations may arise through relationships with close family members and relatives, close friends and associates, and business partners. A common sense approach should be applied to these terms. It would be unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about these) then these should be declared.

•

A family member may include:

- a partner (someone who is married to, a civil partner or someone with whom the staff member lives in a similar capacity);
- a parent or parent in law;
- a son or daughter or stepson or step daughter;
- the child of a partner;
- a brother or sister;
- a brother or sister of the staff member's partner;
- a grandparent and/ or a grandchild;
- an uncle or aunt;
- a nephew or niece; and
- the partners of the above.
- Close friends and associates

Further information is available in annex E. The Declaration of Interest form is in annex F and available on the Trust intranet.

The Company Secretary will keep the Declaration of Interest Register. For board level appointments, the Declaration is a public document. For all other staff members, the document will be presented to the Audit and Assurance Committee on an annual basis.

4.1 Outside Employment

Employees are advised not to engage in outside employment, which may conflict with their NHS work, or be detrimental to it. They are advised to tell their employer if they think they may be risking a conflict of interest in this area, the management will be responsible for judging whether the interests of the patients could be harmed, in line with the principles of conduct in the NHS.

4.2 Private Practice

Consultants (and associate specialists) employed under the terms and conditions of service of Hospital Medical and Dental staff are permitted to carry out private practice in NHS hospitals subject to the conditions outlined in the handbook "A Guide to the Management of Private Practice in the NHS". Staff must declare all private practice activity.

Other grades may undertake private practice or work for outside agencies, providing they do not do so within the time they are contracted to the NHS, and they observe the conditions in respect of outside employment.

5 Personal Conduct

5.1 Lending or borrowing

The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.

It is a particularly serious breach of discipline for any member of staff to use their position to place pressure on someone in a lower payband, a business contact, or a member of the public to loan them money.

5.2 Gambling

No member of staff may bet or gamble when on duty or on WAHT premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues.

5.3 Trading on official premises

Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing within the office by, or on behalf of, outside bodies or firms (including non-WAHT interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for staff.

5.4 Collection of money

Charitable collections must be authorised by the Fundraising Manager. Flag day appeals are not permitted, and collection tins or boxes must not be placed in offices. With line management agreement, collections may be made among immediate colleagues and friends to support small fundraising initiatives, such as raffle tickets and sponsored events. Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage or a new job.

6 Duties

The Chief Executive has overall responsibility for the successful implementation of the policy. He/She has to ensure that the Trust has appropriate procedures in place which ensure that all Trust staff are impartial, honest, and beyond suspicion of corruption in the conduct of their business.

Executive directors are required to remind staff that they are obliged to complete and return the hospitality form.

The Company Secretary will present the Registers to the Audit and Assurance Committee once a year.

Divisional directors/Executive Directors may approve the acceptance of Hospitality, Gifts and Sponsorships. They have a duty to exercise this power with the utmost care and under careful consideration of the consequences. Approval may only be granted where the acceptance of hospitality, gift of sponsorship can under no circumstances be perceived as a breach of the duty to remain impartial, independent, honest and above suspicion of corruption.

Trust staff have a duty to:

- Submit declarations
- Submit a statement as part of their appraisal process (if required) that they have complied with this policy
- Adhere to this policy any relevant code of conduct and all good business and corporate governance practices

7 Implementation and monitoring

The Company Secretary will provide advice and support to staff regarding the implementation of this policy. The Policy will be publicised through the Communications Department email and hard copy newsletters. It is also the responsibility of Divisional Directors to raise awareness with staff. The Audit and Assurance Committee will monitor the implementation of the policy through an annual presentation of the register to the Committee. They will review the content of the registers and report to the Trust Board.

7.1 Breaches of this policy

The SFIs have been adopted by the Board and are mandatory for all staff of the Trust. This Policy supplements the SFIs and is therefore also mandatory. Failure to comply is a disciplinary offence and if appropriate may be referred to the Trust's Head of Anti-Fraud Services and this could result in disciplinary proceedings which may include dismissal. All staff who are aware of any breach of this policy have a duty to inform their line manager and the Company Secretary so that appropriate action can be taken.

Staff who are aware about actual breaches of this policy or who are concerned that there has been, or may be, a breach, should report their concerns to the Company Secretary.

7.2 Freedom of Information Act 2000

Staff should note that under the Freedom of Information Act 2000, the information contained within the Trust Registers will be subject to disclosure to any member of the public on request.

7.3 Reporting

The Company Secretary will report to the Audit and Assurance Committee adherence to the policy and any breaches on an annual basis. To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published on the Trust's website with the Register of Interests.

8 Review

This policy will be reviewed every two years. The next review date is September 2019.

9 References

The Public Bodies Corrupt Practices Act 1889
Prevention of Corruption Acts 1906 and 1916
European Commission Directives on Public Purchasing for Works and Supplies
Standards of Business Conduct for NHS staff
Commercial Sponsorship – Ethical Standards for the NHS
Managing Conflicts of Interest in the NHS – Guidance for staff and organisations
The Code of Practice for the Pharmaceutical Industry (2014)

Associated documentation
Standing Financial Instructions
Standing Orders
Freedom of Information Policy
Anti Fraud Policy

10 Supporting Documentation

10.1 Equality requirements

There were no adverse findings in the equality assessment (supporting document 1).

10.2 Financial risk assessment

There were no adverse findings in the finance assessment (supporting document 2).

10.3 Consultation

This key document has been circulated to the following individuals for consultation:

Designation
Executive Team
Non-Executive Directors and Chairman
Communications
Divisional Leadership Teams
Audit and Assurance Committee
Internal Auditors

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
JNCC document subcommittee, Nov 2015
JNCC

MMC

10.4 Approval Process

The Trust Leadership Group will approve the policy. The amendments incorporating the Managing conflicts of interest in the NHS was approved by the Trust Board

10.5 Version Control

Date	Amendment	By:
4-8-15	First draft for consultation	KS
07/2017	V1.4 – incorporating Managing Conflicts of Interest Guidance	MW

Annex A

The Seven Principles of Public Life

The principles of public life apply to anyone who works as a public office-holder. This includes all those who are elected or appointed to public office, nationally and locally, and all people appointed to work in the civil service, local government, the police, courts and probation services, NDPBs, and in the health, education, social and care services. All public office-holders are both servants of the public and stewards of public services. The principles also have application to all those in other sectors delivering public services.

SELFLESSNESS

Holders of public office should act solely in terms of the public interest.

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 admit 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. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Annex B – Declaration Process

All staff must declare material interests at the earliest opportunity (and in any event within 30 days). Declarations should be made on appointment, when a person moves to a new role or their responsibilities change significantly, at the beginning of a new project/piece of work or as soon as circumstances change and new interests arise. All consultants must declare interests before employment commences with the Trust and annually thereafter. Forms to declare interests are available on the Trust's intranet. Completed forms are to be returned to the Company Secretary.

Authorisation Limits			
Type of Hospitality	Rules	Required action	Completion of declaration required
Improper gifts/ hospitality/ sponsorship	Staff must not solicit or propose to receive from any third party any form of gift, hospitality or other benefit in return for doing or not doing anything in relation to the discharge of their duties and responsibilities	All staff must report any breaches to the Company Secretary	Not applicable
Cash/cash equivalent (tokens/ vouchers/donations)	Donors are invited to make a donation to the WAH Charity. Under no circumstances must cash or cash equivalent be accepted, even where the value is less than £25	All staff must report any breaches to their line manager and the Company Secretary	
Gifts from patients, relatives or friends	Staff may accept such gifts provided: <ul style="list-style-type: none"> • The gift is neither cash nor the equivalent • A fair minded member of the public would not see anything improper or suspicious in the receipt of the gift and • Acceptance of the gift does not contravene any professional code of conduct 	In case of any doubt, staff should consult their line manager	
Gifts from other third parties (including interested third parties) with an individual value of £25 or less or an aggregate value of	Staff may accept such gifts provided <ul style="list-style-type: none"> • The gift is neither cash nor cash equivalent • A fair minded member of the public 		No

£100 or less over a rolling period of 12 months	would not see anything improper or suspicious in the receipt of the gift and <ul style="list-style-type: none"> Acceptance of the gift does not contravene any professional code of conduct 		
Gifts from third parties (including interested third parties) with an individual value in excess of £25 or an aggregate value in excess of £100 in a rolling 12 month period	Staff may accept such gifts provided <ul style="list-style-type: none"> The gift is neither cash nor cash equivalent A fair minded member of the public would not see anything improper or suspicious in the receipt of the gift and Acceptance of the gift does not contravene any professional code of conduct and Refusal would either cause significant offence due to cultural or similar reason or acceptance of the gift has been authorised by the Authorising Officer 	Prior Authorisation is required unless refusal would offend	Yes
Hospitality from patients, relatives or friends	Staff may accept such hospitality provided <ul style="list-style-type: none"> A fair minded member of the public would not see anything improper or suspicious in the receipt of the hospitality and Acceptance of the hospitality does not contravene any professional code of conduct 	If in doubt, consult line manager	No
Hospitality from other third parties	Staff may accept such hospitality provided <ul style="list-style-type: none"> A fair minded member of the public would not see anything improper or suspicious in the receipt of the hospitality and 	If in doubt, consult line manager	No

	<ul style="list-style-type: none"> Acceptance of the hospitality does not contravene any professional code of conduct 		
Hospitality from interested third parties with a value of £25 or less	<p>Staff may accept such hospitality provided</p> <ul style="list-style-type: none"> A fair minded member of the public would not see anything improper or suspicious in the receipt of the hospitality and Acceptance of the hospitality does not contravene any professional code of conduct 	If in doubt, consult line manager	No
Hospitality from interested third parties with a value in excess of £25	<p>Staff must not accept hospitality from Interested third parties with a value in excess of £25 unless</p> <ul style="list-style-type: none"> A fair minded member of the public would not see anything improper or suspicious in the receipt of the hospitality and With regards to lunch/ dinner of a value between £25 and £75, the purpose of any lunch/ dinner is to discuss Trust business and acceptance is considered to be beneficial to the interests of the Trust. Lunches and dinners over a value of £75 shall be refused unless (in exceptional circumstances) prior authority had been obtained or With regards to accommodation, there is no alternative and the invitation arises in connection with an official working visit or With regard to social, sporting or 	Prior authorisation may be required	Yes

	<p>cultural events, there is no personal involvement in dealing with the party who makes the invitation or the invitation is accepted for staff who do not have any involvement or</p> <ul style="list-style-type: none"> • The refusal might offend or • Prior authorisation has been obtained from the Authorising Officer 		
Sponsorships from a person/body other than an interested third party	<p>Staff may accept such sponsorship provided</p> <ul style="list-style-type: none"> • A fair minded member of the public would not see anything improper or suspicious in the receipt of the sponsorship and • Acceptance of the sponsorship does not contravene any professional code of conduct 	If in doubt, consult line manager	No
Sponsorships from a an interested third party with a value of £25 or less per staff member	<p>Staff must not accept such sponsorships unless</p> <ul style="list-style-type: none"> • A fair minded member of the public would not see anything improper or suspicious in the receipt of the sponsorship • Acceptance of the sponsorship does not contravene any professional code of conduct • Any sponsorship element is incidental and proportionate to the event and • Relevant business information is expected to be gained through the attendance 	If in doubt, consult line manager	No

Sponsorships from a an interested third party with a value of £25 or more per staff member	<p>Staff must not accept such sponsorships unless</p> <ul style="list-style-type: none"> • A fair minded member of the public would not see anything improper or suspicious in the receipt of the sponsorship • Acceptance of the hospitality does not contravene any professional code of conduct • Any sponsorship element is incidental and proportionate to the event and • Relevant business information is expected to be gained through the attendance • The sponsorship is authorised in advanced by the Authorising Officer and a Declaration is submitted 	If the value of the Sponsorship exceeds £25 per staff member, the sponsorship must be authorised in advanced by the Authorising Officer	Yes
Sponsorship Research	Staff who are establishing the external sponsorship of a post should seek formal prior approval from the Trust. Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of arrangements continuing.	Seek formal prior approval	
Patents and other intellectual property rights	Patents and other intellectual property rights which staff hold	Staff should seek prior permission from the Trust before entering into any agreement	

Annex C**The Chartered Institute of Purchasing and Supply (CIPS) Code of Ethics****Use of the code**

Members of CIPS are required to uphold this code and to seek commitment to it by all those with whom they engage in their professional practice. Members are expected to encourage their organisation to adopt an ethical purchasing policy based on the principles of this code and to raise any matter of concern relating to business ethics at an appropriate level. The Institute's Royal Charter sets out a disciplinary procedure which enables the CIPS Council to investigate complaints against any of our members and, if it is found that they have breached the code, to take appropriate action. Advice on any aspect of the code is available from the CIPS. This code was approved by the CIPS Council on 11 March 2009.

As a member of The Chartered Institute of Purchasing & Supply, I will:

- maintain the highest standard of integrity in all my business relationships;
- reject any business practice which might reasonably be deemed improper;
- never use my authority or position for my own personal gain;
- enhance the proficiency and stature of the profession by acquiring and applying knowledge in the most appropriate way;
- foster the highest standards of professional competence amongst those for whom I am responsible;
- optimise the use of resources which I have influence over for the benefit of my organisation; and
- comply with both the letter and the intent of:
 - the law of countries in which I practise;
 - agreed contractual obligations; and
 - CIPS guidance on professional practice.

Annex D DECLARATION OF GIFTS, HOSPITALITY AND SPONSORSHIP

Name	Position
Division/Directorate	Date

Date of acceptance	Name, address & business source/ provider of hospitality, gift or sponsorship	Nature and estimated value of hospitality, gift or sponsorship	Notes/comments (If necessary use this box to explain why the gift was appropriate)
<p>Authorisation given by <i>NB authorisation limits are as per the SFIs</i></p> <p>Name: _____ Job title: _____</p> <p>I confirm that I have complied with the Hospitality, Gift and Sponsorship Policy</p> <p>Signed: _____</p>			

Please return this form when completed to the Company Secretary, Sky 3, Worcestershire Royal Hospital

ANNEX E Quick Reference Guide

DO

1. Make sure you understand the guidelines on standards of business conduct and consult your line managers if you are unsure. The categories of interests are set out below.
2. Make sure you are not in a position where your private interests and NHS duties may conflict
3. Declare to your employer any relevant interest. If in doubt ask yourself:
 - o Am I, or might I, be in a position where I (or my family/ friends) could gain from the connection between my private interests and my employment?
 - o Do I have access to information which could influence purchasing decisions?
 - o Could my outside interest be in a way detrimental to the NHS or to patients' interests?
 - o Do I have any other reason to think I may be risking a conflict of interests?
If still unsure - Declare it!
4. Adhere to the ethical code of the Institute of Purchasing and Supply if you are involved in any way with the acquisition of goods and services
5. Seek your employer's permission before taking on outside work, if there is any question of it adversely affecting your NHS duties
6. Obtain your employer's permission before accepting any commercial sponsorship

DO NOT

- Accept any gifts, inducements or inappropriate hospitality
- Abuse your past or present official position to obtain preferential rates for private deals
- Unfairly advantage one competitor over another show favouritism in awarding contracts
- Misuse or make available official "commercial in confidence" information

Interests fall into the following categories:-

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 directly 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 interest or a non-financial personal; interest who would stand to benefit from a decision they are making.

*A benefit may arise from the making of gain or avoiding a loss

**These associations may arise through relationships with close family members and relatives, close friends and associates, and business partners. A common sense approach should be applied to these terms. It would be unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about these) then these should be declared.

Annex F DECLARATION OF INTERESTS

Name	Position
Division/Directorate	Date

Please delete as appropriate

1. Except as mentioned in Paragraph 2, I DO NOT have any relevant and material interests to declare and to the best of my knowledge none of my close family* members and relatives, close friends and associates and business partners has any such interest.
2. I have an interest in:-
(please state name of organisation/company etc)

The interest is:-
(please state exact nature of interest)

.....

For information – interests which should be regarded as relevant and material are, but not exclusively:-

- a) Directorships, including non-executive directorships held in private companies or plcs (with the exception of dormant companies);
- b) Ownership or part-ownership of private companies, businesses or consultancies, likely or possibly seeking to do business with the NHS;
- c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;
- d) A position of authority in a charity or voluntary organisation in the field of health and social care;
- e) Any connection with a voluntary or other organisation contracting for NHS services;
- f) Research funding/grants that may be received by an individual or their department, and
- g) Interests in pooled funds that are under separate management.

Signed:

* A family member may include: a partner (someone who is married to, a civil partner or someone with whom the staff member lives in a similar capacity), a parent or parent in law, a son or daughter or stepson or step daughter, the child of a partner, a brother or sister, a brother or sister of the staff member's partner, a grandparent and/ or a grandchild, an uncle or aunt, a nephew or niece; and the partners of the above

Please return this form when completed to the Company Secretary, Sky 3, Worcestershire Royal Hospital

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the Policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the Policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the Policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	N/A

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Date of meeting	14 September 2017
Paper number	Enclosure H3

Report provided:							
For approval:		For assurance:	√	To note:		For information:	

Audit and Assurance Committee Report

Accountable Director	Bryan McGinity Audit and Assurance Committee Chair
Presented by	Bryan McGinity Audit and Assurance Committee Chair
Author	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities (√)	Deliver safe, high quality, compassionate patient care	Design healthcare around the needs of our patients, with our partners	
	Invest and realise the full potential of our staff to provide compassionate and personalised care	Ensure the Trust is financially viable and makes the best use of resources for our patients	√
	Develop and sustain our business		

Alignment to the Single Oversight Framework (√)	Leadership and Improvement Capability	Operational Performance	
	Quality of Care	Finance and use of resources	√
	Strategic Change	Stakeholders	

Report previously reviewed by N/A		
Committee/Group	Date	Outcome

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	N	BAF number(s)	
Level of assurance and trend not assessed			
Significant	Limited	None	

Date of meeting	14 September 2017
Paper number	Enclosure H3

Purpose of report	To inform the Board of the Audit and Assurance Committee discussions held on 13 July 2017.
Summary of key issues	The Audit and Assurance Committee finalised the Annual Audit letter and received an update from Internal Audit and Anti-Fraud.
Recommendations	The Board is asked to note this report.

Date of meeting	14 September 2017
Paper number	Enclosure H3

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

AUDIT AND ASSURANCE COMMITTEE REPORT

- 1 Introduction**
 This report provides the Board with the key areas discussed at the Audit and Assurance meeting held 13 July 2017.
- 2 Background**
 The Audit and Assurance Committee has been established to critically review the governance and assurance processes upon which the Trust Board places reliance, ensuring that the organisation operates effectively and meets its strategic objectives.

 Membership is three non-executive directors.
- 3 Items discussed**
 - 3.1 Annual Audit letter**
 This was approved pending some minor changes and typographical errors. It is presented to the AGM.
 - 3.2 Internal audit**
 Internal audit plan for 2017/18 was presented. It had been agreed with the Executive team. The areas that are identified are either mandatory or a significant risk to the organisation.
 - 3.3 Anti-fraud**
 The update provided information on the seven on-going cases.
- 4 Implications**
 None.
- 5 Recommendations**
 The Board is asked to note this report.

Compiled by
 Kimara Sharpe
 Company Secretary

Director
 Bryan McGinity
 Chairman, Audit and Assurance Committee

Date of meeting	14 September 2017
Paper number	Enclosure H4

Report provided:							
For approval:		For assurance:		To note:	√	For information:	

Register of Seals

Accountable Director	Kimara Sharpe Company Secretary
Presented by	Kimara Sharpe Company Secretary
Author	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities (√)	<i>Deliver safe, high quality, compassionate patient care</i>		<i>Design healthcare around the needs of our patients, with our partners</i>	
	<i>Invest and realise the full potential of our staff to provide compassionate and personalised care</i>		<i>Ensure the Trust is financially viable and makes the best use of resources for our patients</i>	√
	<i>Develop and sustain our business</i>			

Alignment to the Single Oversight Framework (√)	Leadership and Improvement Capability		Operational Performance	
	Quality of Care		Finance and use of resources	√
	Strategic Change		Stakeholders	

Report previously reviewed by Not applicable		
Committee/Group	Date	Outcome

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	N	BAF number(s)	
Level of assurance and trend (up/down/level)			
Significant (up/down/level)	Limited (up/down/level)	None (up/down/level)	

Date of meeting	14 September 2017
Paper number	Enclosure H4

Purpose of report	<p>This paper details the use of the Common Seal from 1 September 2016 to 31 August 2017.</p> <p>The Trust's Standing Orders determine that a report is taken to the Trust Board on the activity of the Seal.</p>
Summary of key issues	Not applicable
Recommendations	The Board is requested to note the activity of the Common Seal for the 12 months ending 31 August 2017.

Date of meeting	14 September 2017
Paper number	Enclosure H4

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Use of the Trust Common Seal

Number	Date of Sealing	Description of document sealed	Names of persons sealing	Titles
178	7-11-16	WH Smith Hospitals Ltd	Lisa Thomson Kimara Sharpe	Director of Communication Company Secretary
179-181	24-1-17	Homes and Community Agency – Deed of release and variation relating to land on the south side of the Alexandra Hospital, Redditch	Gareth Robinson Kimara Sharpe	Interim COO Company Secretary
182	21-8-17	Worcestershire Acute Hospitals NHS Trust and Smiley's Crèche Ltd – lease of crèche premises at Alexandra Hospital, Redditch	Jill Robinson Kimara Sharpe	Director of Finance Company Secretary

Kimara Sharpe
 Company Secretary
 September 2017