

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 5th December 2024
Time: 09:00 – 11:30
Venue: Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	Welcome		
2.		Declarations of Interest To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest :- https://www.sfh-tr.nhs.uk/about-us/register-of-interests/ <i>Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.		Apologies for Absence Quoracy check: (s3.22.1 SOs: no business shall be transacted at a meeting of the Board unless at least 2/3rds of the whole number of Directors are present including at least one ED and one NED)	Agree	Verbal
4.	09:00	Martha's Rule, the first patient to activate Martha's Rule Kathy Smiley, Matron ACCU and CCOT	Assurance	Presentation
5.	09:20	Minutes of the meeting held on 7th November 2024 To be agreed as an accurate record	Agree	Enclosure 5
6.	09:25	Action Tracker	Update	Enclosure 6
7.	09:30	Acting Chair's Report <ul style="list-style-type: none">Council of Governors Highlight Report	Assurance Assurance	Enclosure 7 Enclosure 7.1
8.	09:35	Acting Chief Executive's Report	Assurance	Enclosure 8
Strategy				
9.	09:45	Strategic Objective 1 – Provide outstanding care in the best place at the right time. <ul style="list-style-type: none">Maternity Update Report of the Director of Midwifery<ul style="list-style-type: none">Safety Champions updateMaternity Perinatal Quality Surveillance Model	Assurance	Enclosure 9.1
10.	10:00	Strategic Objective 5 – Sustainable use of resources and estate <ul style="list-style-type: none">Financial Improvement Performance 2024 / 2025 Update Report of the Chief Financial Officer	Assurance	Enclosure 10.1
BREAK				

	Time	Item	Status	Paper
		Governance		
11.	10:40	Standing Financial Instructions (SFIs) and Scheme of Delegation Report of the Chief Financial Officer	Approve	Enclosure 11
12.	10:50	Assurance from Sub Committees <ul style="list-style-type: none"> Finance Committee Report of the Committee Chair (last meeting) Audit and Assurance Committee Report of the Committee Chair (last meeting) Quality Committee Report of the Committee Chair (last meeting) People Committee Report of the Committee Chair (last meeting) 	Assurance Assurance Assurance Assurance	Enclosure 12.1 Enclosure 12.2 Enclosure 12.3 Enclosure 12.4
13.	11:10	Outstanding Service – Surgical SDEC	Assurance	Presentation
14.	11:20	Communications to wider organisation (Agree Board decisions requiring communication to Trust)	Agree	Verbal
15.	11:25	Any Other Business		
16.		Date of next meeting The next scheduled meeting of the Board of Directors to be held in public will be 6th February 2025, Boardroom, King's Mill Hospital		
17.		Chair Declares the Meeting Closed		
18.		Questions from members of the public present (Pertaining to items specific to the agenda)		
		Resolution to move to the closed session of the meeting In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: <i>“That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</i>		

Board of Directors Information Library Documents

The following information items are included in the Reading Room and should have been read by Members of the meeting.

Enc 09.1 Enc 12.1a Enc 12.1b Enc 12.2 Enc 12.3 Enc 12.4	<ul style="list-style-type: none"> Nursing and Midwifery Safer Staffing Reports Finance Committee – previous minutes Financial recovery – Key learning from Investigation & Intervention process to date Audit and Assurance Committee – previous minutes Quality Committee – previous minutes People Committee – previous minutes
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UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 7th November 2024, in the Boardroom, King's Mill Hospital

Present:	Graham Ward	Acting Chair	GW
	Steve Banks	Non-Executive Director	SB
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Andrew Rose-Britton	Non-Executive Director	ARB
	Neil McDonald	Non-Executive Director	NM
	Manjeet Gill	Non-Executive Director	MG
	Andy Haynes	Specialist Advisor to the Board	AH
	David Selwyn	Acting Chief Executive	DS
	Claire Hinchley	Acting Director of Strategy and Partnerships	CH
	Richard Mills	Chief Financial Officer	RM
	Simon Roe	Acting Medical Director	SR
	Rob Simcox	Director of People	RS
	Rachel Eddie	Chief Operating Officer	RE
	Phil Bolton	Chief Nurse	PB

In Attendance:	Hannah West	Ward Sister- Day Case	HW
	Nicola Short	Deputy Ward Sister – Day Case	NS
	Paula Shore	Director of Midwifery	PS
	Mark Stone	Emergency Planning & Business Continuity Officer	MS
	Sue Bradshaw	Minutes	
	Jess Baxter	Producer for MS Teams Public Broadcast	
	Rich Brown	Head of Communications	

Observers:	Ian Holden	Public Governor	
	Mark Bolton	Associate Director of Operational Performance	
	Chris Wilson	Operational Performance Manager	
	Claire Page	360 Assurance	
	Paul Butterworth		
	Kalindi Tumurugoti		
	Gary Hardman		
	2 members of the public		

Apologies:	Sally Brook Shanahan	Director of Corporate Affairs	SBS
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Item No.	Item	Action	Date
24/336	WELCOME		
1 min	<p>The meeting being quorate, GW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function.</p>		
24/337	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
24/338	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Sally Brook Shanahan, Director of Corporate Affairs.		
24/339	PATIENT STORY - POSITIVE EXPERIENCE THROUGH SURGERY		
11 mins	<p>HW and NS joined the meeting.</p> <p>HW introduced the Patient Story, which highlighted the work of the Surgical Day Case Unit.</p> <p>SB noted Dr Milligan, the patient featured in the story, is a consultant at the Trust and sought assurance every patient going through the Day Case Unit would have the same experience. HW advised Dr Milligan was treated no differently to any other patient on the unit. PB advised when staff are patients there is the risk they are not given the same attention and healthcare professionals are sometimes more critical.</p> <p>GW felt it would be useful to share this video with patients who are due to have surgery to highlight the positive experience.</p> <p>AH queried if the Trust does enough to prepare patients for surgery, in terms of explaining what will happen when they are admitted, and in explaining the next steps post-surgery. HW advised she works closely with the Pre-op Team. If any concerns are raised by patients, in terms of them not receiving relevant information, this is fed back to the Pre-op Team. The information provided to patients has improved. In terms of post-surgery, not many patients go to the Discharge Lounge from the Day Case Unit. Therefore, TTOs (To Take Out medication) is dispensed on the Unit and any information required by the patient is provided by the nursing team.</p> <p>DS advised Dr Milligan is now back at work and acknowledged there are aspects of her journey which can be improved.</p> <p>HW and NS left the meeting.</p>		

24/340	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 3 rd October 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
24/341	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 24/252.2, 24/308, 24/313.2, 24/316.1 and 24/316.3 were complete and could be removed from the action tracker.		
24/342	ACTING CHAIR'S REPORT		
7 mins	<p>GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Acting Chair's perspective, highlighting progress to recruit two non-executive directors (NEDs) and an associate NED, visit to West Notts College, contribution of the Trust's volunteers and Board-to-Board meeting with Nottingham University Hospitals (NUH).</p> <p>BB noted the work underway with West Notts College and felt there is a need to consider how the learning from that partnership can be taken forward into work with Academy Transformation Trust Further Education (ATTFE) and Newark College.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/343	ACTING CHIEF EXECUTIVE'S REPORT		
16 mins	<p>DS presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective, highlighting operational demand pressures and activity, Respiratory Syncytial Virus (RSV) vaccination campaign, Community Diagnostic Centre (CDC) public information event, partnership work, one-stop clinic for cataract patents, Celebrating Excellence event and review of Board Assurance Framework (BAF) Principal Risk 7 (PR7), major disruptive incident.</p> <p>DS advised the Trust's Electronic Patient Records (EPR) has now received Cabinet approval and is out to Invitation to Tender. DS informed members of the Board of Directors about events across the Trust to mark Armistice Day. DS advised an Automatic Number Plate Recognition (ANPR) system will shortly be introduced for car parking across the Trust's sites.</p> <p>RS advised the National Staff Survey is currently open and is in its fifth week. The current response rate across the Trust is 43%. The indications are the organisation is on trajectory for a similar level of engagement which was achieved in the 2023 survey.</p> <p>BB advised when she previously visited the CDC, staff reported some GP practices had stopped undertaking blood tests and were advising patients to attend the CDC. BB queried if this remained an issue.</p>		

	<p>RE advised this is a general theme but was unsure if this is increasing. However, RE advised there has been an increase in walk-ins for blood tests at both Newark Hospital and the CDC. Recently there has been a move to an appointment system in an attempt to control the demand and avoid long waiting times.</p> <p>DS advised patients value the service, but there has been some feedback that patients have experienced long waits due to the number of people attending, hence the move to an appointment-based system. There is a need for further discussion within the system as to who should be providing this service to ensure it is appropriately funded.</p> <p>NM queried what uptake there has been for the RSV vaccination. PB advised the uptake has been positive.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/344	STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME		
17 mins	<p>PS joined the meeting.</p> <p>Maternity Update</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting the Service User Voice, Maternity Forum and the NHS England (NHSE) Perinatal Culture and Leadership Programme.</p> <p>PS advised there has been good uptake of the RSV vaccination. There is a vaccinator who covers the antenatal clinic 9am-5pm, Monday-Friday. The need to reach out to women who receive midwifery led care has been recognised and additional funding has been secured to run pop-up vaccination clinics around antenatal classes at evenings and weekends.</p> <p>BB requested uptake of the RSV vaccination be looked at from an inequalities perspective as the programme is rolled out. PS advised postcode analysis will be captured to identify uptake. Some variation is currently evident, but there is more community engagement work to do and more work is required at a system level.</p> <p>AH noted the work undertaken to hear the voice of service users and queried if there are any voices which are not being heard, for example, teenage mums, cases where medical termination is required, etc. PS acknowledged there is more which can be done and the Maternity and Neonatal Voice Champions (MNVP) have started to visit a community hub to undertake listening sessions. In addition, the Trust has appointed into the role of Senior Advocate, who will have a focus on governance and look at complaints.</p> <p>ARB sought further information in relation to timescales for the implementation of the three-year Maternity and Neonatal Delivery Plan. PS advised the end of the three years is March 2026. Data is being collated, which is starting to be looked at collectively at a system level. This work is progressing well.</p>		

	<p>MG sought clarification in relation to the work of the peer review teams. PS advised there is an internal and external peer review team. The internal team will undertake visits akin to a Care Quality Commission (CQC) inspection, which will include requesting documents prior to the visit. The external team is based within the system and SFHFT is on an annual inspection programme for these visits. PB noted the challenge is to triangulate information from the various sources of external scrutiny which the maternity unit is subjected to.</p> <p>NM noted morale within maternity has declined and advised it is important not to underestimate the impact of the recent Coronal cases. GW noted the sickness absence rate is fairly high (at 7%) and queried what the drivers of this are and if this is linked to staff morale.</p> <p>PS advised there has been some sickness due to the Coronal cases. In addition, there has been an increase in sickness which is linked to the high levels of maternity leave in the unit, i.e. sickness in early pregnancy before maternity leave starts.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting suspensions of service and a slight reduction in the number of massive obstetric haemorrhages and third and fourth degree tears. PB advised the Trust will be hosting a visit by the new Regional Chief Midwife early in December 2024.</p> <p>PS advised a deep dive looking at the reasons for the suspensions of service is underway. This will focus on what actions can be taken internally and what external actions are required.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p>		
24/345	STRATEGIC OBJECTIVE 3 - IMPROVE HEALTH AND WELLBEING WITHIN OUR COMMUNITIES		
12 mins	<p>Flu Annual Checklist</p> <p>RS presented the report, highlighting the Trust's approach to the flu vaccination campaign in 2024, how staff can access the Covid-19 vaccination and compliance with the flu vaccination best practice checklist. RS advised to date approximately 4/10 colleagues have received the flu vaccination. National figures will not be available until later in November 2024. However, local benchmarking indicates SFHFT has a higher uptake than local partners. RS advised an open letter has been circulated to all colleagues encouraging them to access the flu and Covid vaccinations.</p> <p>ARB noted uptake of the flu vaccination by front line staff is lower than non-front-line staff and queried if there was any targeted work to improve this. RS advised there is a continued focus in relation to peer vaccinators. However, some vaccine hesitancy appears to remain and, therefore, the message to staff about protecting themselves, colleagues and patients is very important.</p>		

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24/346	EMERGENCY PREPAREDNESS		
16 mins	<p>MS joined the meeting.</p> <p>Emergency Preparedness Overview</p> <p>MS presented the report, advising the overall Core Standards compliance rating has improved from Partial (82%) to Substantial (91%), with no areas deemed non-compliant. It was noted 6 of the 62 standards were deemed as partially compliant and MS provided further information in relation to those.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Business Continuity Audit Report</p> <p>MS presented the report, advising the internal audit opinion, in respect of the Trust's business continuity arrangements, was Significant Assurance. There were four recommendations made as a result of the audit, the details of which are included in the report.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Emergency Planning Policy</p> <p>MS presented the report, advising there are no major changes to the policy. It has been subject to the Core Standards Assessment and was deemed Fully Compliant.</p> <p>The Board of Directors APPROVED the Emergency Planning Policy.</p> <p>Business Continuity Policy</p> <p>MS presented the report, advising there are no major changes to the policy. It has been subject to the Core Standards Assessment and was deemed Fully Compliant.</p> <p>DS noted neither the Emergency Planning Policy or the Business Continuity Policy were shared with the Police and queried if it would be helpful to share these policies. MS advised it would be helpful from a collaborative perspective and advised he would follow this up.</p> <p>Action</p> <ul style="list-style-type: none"> Emergency Planning Policy and Business Continuity Policy to be shared with the Police. <p>The Board of Directors APPROVED the Business Continuity Policy.</p> <p>It was noted MS is due to retire in 2025 and, therefore, this is the last time he will present a report to the Board of Directors. Thanks were expressed to MS for his work and contribution over the years.</p> <p>MS left the meeting.</p>	RE	05/12/24

24/347	HALF YEAR PERFORMANCE REVIEW AND INTEGRATED PERFORMANCE REPORT (IPR)		
68 mins	<p>Financial Position</p> <p>RM outlined the Trust's financial position at the end of Half 1 (H1), highlighting risks, Financial Recovery Plan opportunities, NHSE Investigation and Intervention (I&I) programme, recurrent / non-recurrent split of efficiency savings and initial discussions in relation to approaches to planning for 2024/2025.</p> <p>Workforce</p> <p>RS highlighted the position against plan at the end of H1, work in relation to substantivizing the workforce and reduction in bank and agency usage.</p> <p>Activity / Operational Performance</p> <p>RM highlighted the Statistical Process Control (SPC) charts included in the report which show increasing levels of activity.</p> <p>RE highlighted cancer performance, advising the Trust is on plan year to date, but acknowledging the 62-day performance needs to be improved. In addition, RE highlighted diagnostics, Referral to Treatment (RTT), elimination of 78 week waits, Elective Recovery Fund (ERF) schemes, Urgent and Emergency Care and a reduction in the number of patients who are medically safe for transfer.</p> <p>Quality of Care</p> <p>PB highlighted a reduction in the number of complaints, a reduction in the conversion rate of concerns into complaints, Patient Safety Incident Response Framework (PSIRF), CQC inspections, national inpatient survey, never events and challenge in infection control metrics.</p> <p>SR highlighted Hospital Standardised Mortality Ratio (HSMR).</p> <p>Discussion</p> <p>AR queried if cancer patients, who are experiencing long waits, are being signposted to other providers and if the Trust is working across the region to ensure delays are minimised for patients on the cancer pathway.</p> <p>RE advised patients will be signposted to other providers if that is the appropriate pathway. There are a multitude of reasons for patients being in the backlog and, from undertaking a deep dive, a theme has been identified in relation to patient choice and fitness. Some of the delays are due to capacity issues, noting a single critical post can have a disproportionate impact on the waits in a service. Reasons for delays are multifactorial and across all tumour sites. The Trust is not an outlier in terms of cancer performance and nationally many pathways are challenged.</p> <p>SB queried what can be done differently to meet the demand on the emergency pathway.</p>		

	<p>RE advised there is a need to work with system partners to try to manage the demand, noting there is a lot of ongoing work to tackle this, for example, in relation to frailty pathways. There are actions the Trust can take to manage the demand, for example, the use of Same Day Emergency Care (SDEC). There is a need to look at capacity plans for the future. In terms of the forthcoming planning round, there is a need for the ICS to understand the level of unfunded growth at SFHFT, which is disproportionate to the rest of the system. Therefore, there is a need to look differently at how resources are allocated across the system.</p> <p>SR advised there is a need to think about things which can be done differently to manage the demand, while accepting demand will continue to rise, which will drive different decisions having to be made about the Trust's bedded capacity.</p> <p>ARB noted the Trust is going to be under pressure from NHSE in terms of productivity and workforce. NM felt the H1 report does not provide information in relation to efficiencies made and if the increased workforce is delivering more.</p> <p>MG felt it would be useful to consider producing an integrated strategy and performance report as this would help identify if resources are being prioritised on strategy actions. In addition, MG felt there is a need to look at how more granular assurance can be provided at sub-committee level. MG sought further information regarding the comment in the H1 report that the increased fill rate to vacant roles will contribute to the £9.1m increased costs in H2. MG noted the trial of dynamic rostering in ED during October 2024 and queried if there is any early feedback in terms of any benefits this may be delivering.</p> <p>RE advised there is a need to use available shifts as effectively as possible and to staff shifts which will have the most impact accordingly. The aim of the trial is to look at using fewer resources in a more effective way and it is unlikely to drive huge performance gains. In addition, the Trust is substantivising bank and agency shifts as this will provide more flexibility.</p> <p>SR advised, in terms of medical agency spend, he chairs a meeting which looks at every agency member of staff listed line by line to determine why they are required. Some of this is related to ERF schemes and some agency locums, who have been used for a length of time, relate to fragile services. The Trust is looking at pipelines for future workforce.</p> <p>RM advised the fill rate, referred to in the H1 report, relates to filling vacant posts, which have not necessarily been covered by bank or agency usage. All divisions and corporate areas are being asked to look at the realism of forecasts. A weekly vacancy control panel is in place. Mainly the only recruitment is to replace like for like when a colleague leaves the Trust. Therefore, increasing pay spend in H2 is unlikely. In terms of productivity, a new metric has been included in the IPR. A report on all productivity metrics, which are published by NHSE on a monthly basis, will be presented to the Financial Recovery Cabinet meeting on 8th November 2024.</p>		
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	<p>RM noted the performance metrics which are off track and advised there is a need to be able to stand back and make longer term decisions which will impact on performance. Steps have been taken to tighten up governance arrangements to re-establish and evidence grip and control.</p> <p>GW felt it would be useful to build on the unmitigated forecast in the H1 report and show what the Trust is aiming to achieve. In addition, it would be useful to see the monthly run rate and the forecast run rate.</p> <p>BB felt there was no information in the data relating to acuity and felt this is required to understand the profile of need of patients. PB advised a report has been presented to the People Committee, outlining the acuity tool used when undertaking establishment reviews. This could also be presented to the Quality Committee. SR advised acuity is multifaceted and acknowledged there is more work to do. However, data is available which feeds into acuity.</p> <p>Actions</p> <ul style="list-style-type: none"> • Finance reports to include mitigated forecast to year end with highlighted risks and risk ranges. • Information on the acuity tool used when undertaking establishment reviews to be presented to Quality Committee. <p>SB noted the Trust's ED performance is in the upper quartile compared to peers and queried if by prioritising ED performance, and cancelling elective work, is the Trust doing the best for the long-term health of patients.</p> <p>RE advised elective work is not being cancelled to deliver ED performance. However, the Winter Plan does include a short spell where elective orthopaedic work may be paused. A lot of the Trust's normal work is day case activity and the Trust does everything possible to protect cancer and long waits elective work. Therefore, there is no correlation between ED activity and elective work in 'normal' times. However, it may be necessary over Winter to pause some elective work, but this will be mitigated as far as possible by utilising theatres at Newark Hospital.</p> <p>GW noted the Trust benchmarks well with peers in terms of sickness absence rates. However, not all those organisations have a Private Finance Initiative (PFI). As traditionally there are higher rates of sickness absence in Soft and Hard FM services, in order to provide more granularity, it would be useful to see how the Trust compares to other PFI organisations.</p> <p>The Board of Directors AGREED a further performance review, similar to the H1 review, would be undertaken at the end of Quarter 3 (Q3) and presented to the Board of Directors in February 2025.</p> <p>Action</p> <ul style="list-style-type: none"> • Performance review to be presented to the Board of Directors at the end of Q3. 	<p>RM</p> <p>PB</p> <p>DS</p>	<p>05/12/24</p> <p>05/12/24</p> <p>06/02/25</p>
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	The Board of Directors CONSIDERED the report.		
24/348	TRUST STRATEGY PROGRESS		
6 mins	<p>CH presented the report, highlighting the supporting strategies, progress made against each of the strategic objectives, achievements and work to be undertaken over the next 6 months.</p> <p>NM noted the report does not include any metrics which would assist the Board of Directors to identify areas which are going well and areas where further work is required. CH advised methods of capturing metrics in relation to the Strategy, and potentially including them in the IPR, will form part of the discussion at the Board of Directors workshop on 13th November 2024.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/349	BOARD ASSURANCE FRAMEWORK (BAF)		
3 mins	<p>DS presented the report advising all the principal risks (PR) have been discussed by the relevant sub committees. In addition, the BAF in its entirety is subject to quarterly review by the Risk Committee. The changes, and amendments which have been made, are highlighted in the report.</p> <p>It was noted five risks, namely PR1 (Significant deterioration in standards of safety and care), PR2 (Demand that overwhelms capacity), PR3 (Critical shortage of workforce capacity and capability), PR4 (Failure to achieve the Trust's financial strategy) and PR7 (Major disruptive incident) are significant risks. All risks except PR5 (Inability to initiate and implement evidence-based Improvement and innovation) are above their tolerable risk ratings.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.</p>		
24/350	ASSURANCE FROM SUB-COMMITTEES		
9 mins	<p>Finance Committee</p> <p>GW presented the report, highlighting 2025/2026 planning, Financial Improvement Programme (FIP), Foundation Trust potential commercial opportunities, Microsoft agreements, Phase 2 I&I support and review of the BAF.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Partnerships and Communities Committee</p> <p>BB presented the report, highlighting ongoing concerns regarding capacity to engage and support partnership work, the need to constantly prioritise work in light of competing priorities and items for discussion by other committees.</p> <p>The Board of Directors were ASSURED by the report.</p>		

	Charitable Funds Committee ARB presented the report, highlighting the proposal to launch a Charity Lottery, the decision to not proceed with the Breast Services Appeal and the recommendation to the Corporate Trustee to approve the Charity's annual accounts for 2023/2024. The Board of Directors were ASSURED by the report.		
24/351	OUTSTANDING SERVICE – THE LIBRARY SERVICE – SUPPORTING DOWN'S SYNDROME CHILDREN AND THEIR FAMILIES		
7 mins	A short video was played highlighting the work of the Library Service in supporting children with Down's Syndrome and their families.		
24/352	COMMUNICATIONS TO WIDER ORGANISATION		
3 mins	The Board of Directors AGREED the following items would be disseminated to the wider organisation: <ul style="list-style-type: none"> • Patient story • Outstanding service video • Importance of receiving the flu and Covid vaccinations • H1 performance report • Progress made in performance metrics in IPR • Improvement Week • CDC open day • Changes to public car parking payment arrangements • Acts of Remembrance 		
24/353	ANY OTHER BUSINESS		
1 min	GW expressed thanks to AR for his contribution to the work of the Trust, noting this is his last Board of Directors meeting.		
24/354	DATE AND TIME OF NEXT MEETING		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 5 th December 2024 in the Boardroom at King's Mill Hospital. There being no further business the Chair declared the meeting closed at 12:15.		
24/355	CHAIR DECLARED THE MEETING CLOSED		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Graham Ward <div> Acting Chair Date </div>		

24/356	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	<p>GW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>No questions were raised from members of the public.</p>		
24/357	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.</p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."</p> <p>Directors AGREED the Board of Director's Resolution.</p>		

PUBLIC BOARD ACTION TRACKER

Key	
Red	Action Overdue
Amber	Update Required
Green	Action Complete
Grey	Action Not Yet Due

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
24/183.2	06/06/2024	Sub-committee annual reports to follow same format	Public Board of Directors	None	Apr-25	S Brook Shanahan			Grey
24/223	04/07/2024	Information in relation to the cost of maintaining the current IT landscape, and what the costs are likely to be in five years' time, to be reported to the Finance Committee.	Public Board of Directors	Finance Committee	06/02/2025	D Selwyn	N Turner	Update 16/10/2024 Update to be provided to Finance Committee on 29th October 2024, with a full report to Finance Committee in January 2025	Grey
24/251.1	01/08/2024	Report outlining progress in relation to Quality, Service Improvement and Redesign (QSIR) training, including lessons learned, etc. to be presented to the Quality Committee.	Public Board of Directors	Quality Committee	05/12/2024	C Hinchley		Update 21/08/2024 Improvement will be the 'Hot Topic' at the November Quality Committee meeting. Update 27/11/2024 Presented to Quality Committee on 25/11/2024 Complete	Green
24/312	03/10/2024	Update on waiting times and the impact of inequalities to be provided to the Quality Committee.	Public Board of Directors	None	05/12/2024 06/02/2025	R Eddie		Update 25/11/2024 To be presented to Quality Committee in January 2025	Grey
24/313.1	03/10/2024	Rolling death rate for alcoholic liver disease to be included in future learning from deaths reports	Public Board of Directors	None	03/04/2025	S Roe			Grey
24/314.1	03/10/2024	Consideration to be given as to how the People Committee and Board of Directors can be provided with visibility of broader staffing groups, not covered in the Nursing, Midwifery and AHP Staffing report.	Public Board of Directors	People Committee	07/11/2024 07/02/2025	R Simcox		Update 30/10/2024 On People Committee workplan for January 2025	Grey
24/314.2	03/10/2024	'Forward look' to be included in future Nursing, Midwifery and Allied Health Professions (AHP) Staffing bi-annual reports	Public Board of Directors	None	06/03/2025	P Bolton			Grey
24/314.3	03/10/2024	Results and learning from the annual leave audit, particularly in relation to overtaken leave, to be presented to the Quality Committee	Public Board of Directors	Quality Committee People Committee	05/12/2024 06/02/2025	S Roe		Update 24/10/2024 SR confirmed this item should be presented to People Committee not Quality Committee Update 27/11/2024 To be presented to People Committee in January 2025	Grey
24/314.4	03/10/2024	Tangible metrics for Freedom to Speak up in terms of impact to be requested from the National Guardians' Office	Public Board of Directors	None	06/02/2025	S Brook Shanahan	K Bosworth		Grey
24/316.2	03/10/2024	Ability to use foundation trust status to generate income in a different way to be explored and reported to the Finance Committee	Public Board of Directors	Finance Committee	05/12/2024	R Mills		Update 28/11/2024 This item has been discussed in Finance Committee and Board Workshop forums. Further consideration and options will be taken forward through the emerging Finance Strategy. Complete	Green

24/316.4	03/10/2024	Financial improvement to be included on the agenda for People Committee and Quality Committee	Public Board of Directors	Quality Committee and People Committee	05/12/2024	R Simcox / S Roe / P Bolton		Update 22/11/2024 Quality Impact Assessments related to financial recovery schemes are now presented to Patient Safety Committee and if high scoring/high risk will be escalated to Quality Committee. Update 25/11/2024 A regular item included as part of the People Committee agenda from November 2024 onwards. Complete	Green
24/345.1	07/11/2024	Cost of unused flu vaccinations to be investigated and included in the losses and special payments report to the Audit and Assurance Committee	Public Board of Directors	Audit & Assurance Committee	06/02/2025	R Mills / R Simcox		Update 25/11/2024 Details to be provided to the Audit and Assurance Committee on 16/01/2025	Grey
24/345.2	07/11/2024	Confirmation required in relation to the approach to offering Covid vaccinations to staff, to enable tracking of uptake in future years	Public Board of Directors	None	06/02/2025	R Simcox		Update 25/11/2024 Ask raised directly with regional team to be considered as part of next year's vaccination programme Complete	Green
24/345.3	07/11/2024	Trajectories for uptake of the flu vaccination to be shared with members of the Board of Directors	Public Board of Directors	None	05/12/2024	R Simcox		Update 25/11/2024 Weekly flu vaccination performance provided to Board of Directors, including performance against proposed trajectories. Complete	Green
24/346	07/11/2024	Emergency Planning Policy and Business Continuity Policy to be shared with the Police	Public Board of Directors	None	05/12/2024	R Eddie	M Stone	Update 25/11/2024 Complete	Green
24/347.1	07/11/2024	Finance reports to include mitigated forecast to year end with highlighted risks and risk ranges	Public Board of Directors	None	05/12/2024	R Mills		Update 28/11/2024 Financial Recovery has been added as an agenda item for the Finance Committee for the remainder of 2024/25; reports will include forecast scenarios including mitigations and risks. Complete	Green
24/347.2	07/11/2024	Information on the acuity tool used when undertaking establishment reviews to be presented to Quality Committee	Public Board of Directors	Quality Committee	05/12/2024	P Bolton		Update 22/11/2024 Report which was presented to People Committee has been circulated Complete	Green
24/347.3	07/11/2024	Performance review to be presented to the Board of Directors at the end of Q3	Public Board of Directors	None	06/02/2025	D Selwyn			Grey

Board of Directors Meeting in Public - Cover Sheet

Subject:	Acting Chair's report				Date:	5 th December 2024
Prepared By:	Rich Brown, Head of Communication					
Approved By:	Graham Ward, Acting Chair					
Presented By:	Graham Ward, Acting Chair					
Purpose						
An update regarding some of the most noteworthy events and items over the past month from the Acting Chair's perspective.					Approval	
					Assurance	
					Update	Y
					Consider	Y
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
Y	Y	Y	Y	Y	Y	
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
PR5 Inability to initiate and implement evidence-based Improvement and innovation						
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						
PR7 Major disruptive incident						
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						
Committees/groups where this item has been presented before						
None						
Acronyms						
None						
Executive Summary						
An update regarding some of the most noteworthy events and items over the past month from the Acting Chair's perspective.						

Recruitment to the Trust's Board of Directors

Non-Executive Directors recruitment update

Further to my update provided to the Trust's Board of Directors last month, our efforts are ongoing to recruit to a number of vacancies on the Trust's Board, as the Trust looks to appoint two Non-Executive Directors and one Associate Non-Executive Director.

As a reminder, the three roles we are looking to recruit to are:

- One financially qualified Non-Executive Director with Board-level strategic financial leadership experience, drawn from a track record working in complex highly regulated sector(s). The successful candidate will be able to join the Audit and Assurance Committee or Finance Committee and be a part of the committee chair succession planning.
- One clinically qualified Non-Executive Director with extensive experience in primary care, secondary care, public health or social care to join the Quality Committee.
- One Associate Non-Executive Director, with a focus on research and innovation, recognising the important role that these fields play in making great care happen here at Sherwood.

Recruitment is ongoing for each role, with the Trust having received considerable interest for all the roles.

Shortlist interviews for each role are due to take place in mid-December and I will, of course, keep the Trust's Board apprised of the latest developments concerning these important appointments.

Sherwood Forest Hospitals Charity and volunteering update

Recognising the difference made by our Trust Charity and Trust volunteers.

November was another busy month for our Trust's Community Involvement team, both in how they encouraged financial donations to be made via our Trust Charity and through the thousands of hours that continue to be committed to support the Trust by our volunteers across our hospitals.

In November alone, 381 Trust volunteers generously gave over 4,500 hours of their time to help make great patient care happen across the 33 services they have supported during the month.

Other notable developments from our brilliant Community Involvement team and our team of volunteers during the month include:

- Congratulating our Community Involvement Co-ordinator, Joy Wilson, on celebrating 20 years of service. Joy is a cornerstone of our Community Involvement Team, where she continues to play a vital role in supporting our Trust volunteers and other colleagues. We are grateful to her for her continued service to the Trust and the communities we serve.



- The Sherwood Forest Hospitals Charity has purchased outdoor play equipment costing £5,900 for the newly-refurbished outdoor play area at the Trust's Little Millers Day Nursery at King's Mill Hospital.

Funding has been provided from donations specifically supporting staff wellbeing.

- Members of St Giles Church, Balderton donated a number of beautifully knitted blankets that will be used by patients on our wards at Newark Hospital who need that extra little bit of comfort during their stay in our hospitals.
- We celebrated volunteer, Nora, reaching an important milestone, as she celebrated 15 years as a volunteer with the Trust.

Nora is pictured receiving her long service long service award from Joy Wilson from our Community Involvement Team.



Volunteer Nora receives her 15 year's long service certificate

We remain so grateful to everyone who has given their time, money and support in other ways to support the Trust and our hard-working colleagues over the past month.

Welcoming players and officials from Mansfield Town Football Club for Prematurity Day



During the month, we supported the Neonatal Unit by raising awareness around Prematurity Day, which took place on Sunday 17th November 2024. As part of the team's celebrations, Mansfield Town Football Club visited the unit to help raise awareness of the day.

The Trust welcomed members of Mansfield Town Football Club, including Manager, Nigel Clough, and Captain, Aden Flint, who came to see our World Prematurity Day stand and donate gifts to our raffle.

During the day, they visited the Neonatal Unit at King's Mill Hospital and spoke with members of the team and to parents of children on the unit.

The Club also provided donations for the raffle, which raised over £2,000 for the Sherwood Forest Hospitals Charity. That vital funding will be ring-fenced for spending on future Neonatal services.

Other notable engagements:

Other notable engagements from over the past month to update the Trust's Board of Directors about include:

- We held our quarterly catch-up meetings with Ashfield District Council and Mansfield District Council, where we shared general updates and continued our conversations to encourage closer working.
- I met with the Trust's former Chief Executive, Jeff Worrall, to welcome him into his new role as Chair of East Midlands Ambulance Service.

- I held my quarterly Chairs' meeting with Nick Carver from Nottingham University Hospitals and Paul Devlin from Nottinghamshire Healthcare, which we agreed to extend to include Jeff Worrall from East Midlands Ambulance Service in the future.
- I took part in the monthly Midlands-wide Chairs' update meeting on Monday 25th November 2024.
- We took part in one of our regular Chairs' and Chief Executives' catch-up meetings with Dr Kathy McLean and Amanda Sullivan from the Nottingham and Nottinghamshire Integrated Care Board.
- We held a full Board of Directors workshop during the month, focusing on the progress made and future direction of the Trust's five-year *Improving Lives* Strategy.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Acting Chief Executive's report				Date:	5 th December 2024
Prepared By:	Rich Brown, Head of Communication					
Approved By:	Phil Bolton, Chief Nurse					
Presented By:	Phil Bolton, Chief Nurse					
Purpose						
An update regarding some of the most noteworthy events and items over the past month, shared on behalf of the Acting Chief Executive.					Approval	
					Assurance	
					Update	Y
					Consider	Y
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
Y	Y	Y	Y	Y	Y	
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
PR5 Inability to initiate and implement evidence-based Improvement and innovation						
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						
PR7 Major disruptive incident						
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						
Committees/groups where this item has been presented before						
None						
Acronyms						
ANPR = Automatic Numberplate Recognition BAF = Board Assurance Framework CDC = Community Diagnostic Centre GI = Gastrointestinal ICB = Integrated Care Board			NUH = Nottingham University Hospitals PIFU = Patient-Initiated Follow-Up SHSNN = Sexual Health Services Nottingham and Nottinghamshire UTC = Urgent Treatment Centre			
Executive Summary						
An update regarding some of the most noteworthy events and items over the past month, shared on behalf of the Acting Chief Executive.						

Director of Change and Improvement recruitment update

In addition to the recruitment to the Non-Executive Director and Associate Non-Executive Director roles outlined in the Acting Chair's report, the Trust is seeking to recruit a Director of Improvement and Change to lead our improvement and change agenda.

This pivotal role will require a leader with the expertise, insight, and innovative drive to advance our clinical processes, enhance organisational culture, and deliver a transformation that is both impactful and sustainable.

The successful candidate will be expected to apply their expertise to assess and understand the services provided by the Trust, not only from an organisational standpoint but also through the perspectives of our patients and service users.

With a focus on driving innovation and evidence-based improvement methodologies, they will be key to shaping a culture of continuous improvement and operational excellence within the Trust – including by establishing direct links between delivery of the improvement strategies, performance, quality and safety, efficiency and productivity.

The role, which will be a non-voting role on the Trust's Board of Directors, is being advertised until midnight on Sunday 8th December 2024, with interviews due to take place on Monday 23rd December 2024.

We will keep the Trust's Board updated on any recruitment decision concerning this important role. [Details of the role and information on how to apply is available on the Sherwood Forest Hospitals current vacancies webpage](http://www.sfh-tr.nhs.uk/work-for-us/our-vacancies) at www.sfh-tr.nhs.uk/work-for-us/our-vacancies

Operational updates

Overview of operational activity

Demand across our urgent and emergency care pathway has continued to be above planned levels in October and November; this has been the case all year except in August, when we saw a seasonal reduction in people attending our hospitals.

The high demand has meant that, despite us launching our winter plan actions, the capacity across our hospitals has been under sustained pressure. This pressure has resulted in us not being able to always offer the timely care we aspire to, evidenced by a deterioration in our emergency access performance (four-hour performance) to just below 70% in October 2024.

This was compounded during the month by some adverse weather – including heavy snow – and periods where the Trust's Full Capacity Protocol was enacted.

This peaked around Monday 25th November 2024 where the Emergency Department at King's Mill Hospital saw periods of severe overcrowding. During this time, it took us much longer to assess and treat our patients, as the department cared for twice the number of patients than it would usually treat at any one time. Despite those challenges, we continue to perform well in delivering timely ambulance handovers.

Across our planned care pathways, outpatient referrals and attendances have been high – particularly over the last six months.

A reduction in missed appointments due to the work of our Outpatients Improvement Programme is supporting the growth in attendances: we continue to deliver a strong Patient Initiated Follow-up (PIFU) offer and consistently perform above the national target for patient Advice and Guidance.

Elsewhere, inpatient and 'day case' admissions are showing a long-term growing trend. We continue to have zero 78-week waits and the 52-week and 65-week wait positions continue to improve due to the hard work of our teams, dating, treating and validating patient pathways.

The Trust's diagnostic position has also shown improvement during the month. This improvement is mainly due to recovery work delivering significant improvements in echocardiography – an area of significant focus in 2024/25.

In terms of our cancer metrics, we continue our strong delivery of the national 28-day faster diagnostic standard, where we continue to exceed the national standard and our operational plan.

Cancer 31-day treatment performance has been above the operational plan for the last three months.

Unfortunately, we were off-track against our planning trajectory for the cancer 62-day treatment standard in August 2024. However, in recent weeks we have seen our Cancer 62-day backlog reduce after being at elevated levels over the summer.

A more comprehensive update on our operational performance is next due to be presented at the February 2025 meeting of the Trust's Board of Directors, where we are due to reflect on our quarter three 2024/25 performance.

Longer opening hours to go live at Newark UTC

New extended opening hours at Newark Urgent Treatment Centre (UTC) went live during the month, going live on Monday 11th November 2024.

The new opening hours were introduced by Nottingham and Nottinghamshire Integrated Care Board (ICB) following feedback from residents, stakeholders, and clinical input from healthcare experts.

From that date, the UTC began opening between 8am and 10.30pm, with the last patient being admitted at 9.30pm – seven days a week. The new opening hours offer an extended window for patients to access essential healthcare services.

The change also means that the UTC now opens an hour earlier and remains open half-an-hour longer after the last patient is admitted than previously. The extended hours have been introduced in time to help meet the expected increase in demand over the winter months.

The opening hours have been introduced without issue, largely thanks to the contributions of Trust staff who have helped to make the new operating model a success through their engagement in the planning for this important change.

The Trust will continue to work with colleagues from the ICB to assess the impact of the extended operating hours, monitoring usage and reviewing patient feedback to ensure it continues to provide a responsive service to local people.

Partnership updates

Supporting Vision West Notts College and the Mansfield and Ashfield Place Boards in their vision for local skilled and well-paid employment

The Trust has continued with its partnership with Vision West Notts College during the past month. As one of the biggest employers locally, the Trust has a key 'anchor' role and a need to secure its future workforce.

Alongside Andrew Cropley, the College Principal, the Trust's Strategy and Partnerships Team co-hosted a systems-thinking event on creating high-skilled, well-paid careers for local people.

It was a full-day workshop that used systems-thinking tools to explore the problem, define the boundary, identify stakeholders and agree action plans.

Other Trust updates

Visitor car parking improvements made across Sherwood Forest Hospitals' sites.

Patients and visitors now have more ways to pay for parking at Sherwood Forest Hospitals, after a new Automatic Number Plate Recognition (ANPR) visitor parking system went live across the Trust's King's Mill, Mansfield Community and Newark Hospital sites during the month.

The system has been introduced to help improve flow in-and-out of car parks and ensure both visitors and employees park in designated car parks to help ease parking difficulties.

Its introduction follows feedback about the lack of visitor car parking capacity negatively impacting patient experience, which also led to some adverse publicity for the Trust.

With ANPR, vehicle registration plates are scanned by camera on arrival and payment is made before leaving the car park. A physical ticket is not provided.

We hope the introduction of ANPR will improve vehicle movement on-site by providing a quicker entrance and exit at our car parks.

The new system will also offer more ways to pay, which is particularly good news at Newark Hospital where coins have been the only method of payment.

Payment machines at all three hospitals now take cash, card and contactless payments, with the pricing structure having been changed to bring visitor parking charges into line with other Trusts in the region.

The changes also now include a free 30-minute drop-off period, which has increased from 15 minutes. There are also drop-off zones outside the main entrance at all hospitals and the Emergency Department at King's Mill where visitors can park for 10 minutes.

Free or reduced-price parking will remain in place for various patient groups, including free parking for Blue Badge holders.

Additional staff have also been on-hand to support patients and visitors when the new system goes live.

We are grateful to everyone involved – including our patients, visitors and Trust colleagues – for their patience and understanding while these improvements have been made.

New single point-of-contact sexual health service sees enquiries almost double.

Orders for home-testing kits have almost doubled in some places across Nottinghamshire after sexual health services in the city and county were brought together under one umbrella.

Calls to the new dedicated phoneline for Sexual Health Services Nottingham and Nottinghamshire (SHSNN) – 0300 131 7010 – have also almost doubled since its launch on 1st October 2024, from 7,000 to 11,000.

Nottingham University Hospitals NHS Trust (NUH) is delivering the service in partnership with Sherwood, with both Trusts being supported by an online sexual health provider, Preventx. The aim is to deliver a more streamlined, consistent, and easily accessible service.

The free and confidential service – funded and commissioned by Nottingham City and Nottinghamshire County Council's Public Health services – has a single, dedicated contact centre telephone number and website, with a link to order discreet home-testing kits.

Home-testing kits are sent to people's homes in discreet packaging. If a test is negative, the individual is informed by text message. If positive, they will be notified of the result and offered options for obtaining treatment.

We are delighted that the new sexual health service successfully launched as planned.

People are accessing sexual health care at a site of their choice and taking up options that suit them. We are particularly excited about the uptake of online testing, which brings sexual health care directly to local people.

The next phase of improvements to the shared service include developing the sexual health website with engaging, user-friendly information, health promotion, and online appointment bookings.

Trust Maternity Clinical Support Trainer receives Silver Chief Midwifery Officer Award



During the month, we welcomed Regional Chief Midwife Gaynor Armstrong (third from right) to King's Mill Hospital to present a Silver Chief Midwifery Officer award to Jodie Prest – one of the Trust's Maternity Clinical Support Trainers – in recognition of her outstanding contributions.

Jodie (pictured third from left) was recognised for making a huge difference after being in post for just over two years.

Jodie champions Maternity Support Workers, showing them kindness, compassion and support - and ensuring they have access to further training opportunities. She is also dedicated to providing high quality care to birthing people on the unit, spending weekly sessions listening to and supporting families. Gaynor met members of the maternity team during a tour of our maternity unit.

We are so proud of the amazing work that Jodie has led in maternity and it has been a joy to watch her develop within the MSW Clinical Support Trainer role. She has demonstrated that given the right tools and opportunity, MSWs are great forces for change and improvement, influencing senior leaders and being an advocate for her role.

Having that recognised by the national team and being selected as recipient of the Chief Midwifery Officer MSW award is so exciting and testament to the exceptional person that she is.

The visit also tied-in with the Trust's celebrations for Maternity Support Worker Week, which Jodie has been instrumental in overseeing.

DAISY Award for Critical Care colleague behind Trust 'Martha's Rule' roll-out

I was delighted to present the Trust's Matron for Critical Care, Kathy Smiley, with a DAISY Award during November 2024 to recognise the Trust's implementation of the national initiative Martha's Rule here at Sherwood.

Kathy's leadership and passion to ensure patients and their relatives are listened to and heard when they raise a concern has seen the project launch successfully and at pace putting Sherwood Forest Hospitals in a fantastic position in the region.

Kathy gave up her day off to ensure there were no delays in getting this service off-the-ground for our patients, prioritising patient safety and building trusted relationships between doctors, nurses, patients, and their families.

Kathy's naturally positive outlook on life and passion for Martha's Rule, staff and patients encompasses the Trust's CARE values and has breathed positivity into this project.

Even though the project is still being refined, Kathy continues to dedicate her time to perfecting the service. Kathy is an outstanding nurse whose work has stood-out for going 'over and above' and is a deserving winner of this award.



Kathy Smiley receives her DAISY Award from the Trust's Chief Nurse, Phil Bolton

Mansfield Community Diagnostic Centre (CDC) fourth information event



On Thursday 21st November 2024, the Trust hosted its latest successful public engagement event at Mansfield Community Hospital, as over 50 attendees – including residents, NHS staff, and Mansfield Mayor Andy Abrahams - attended to find out more about the Trust's work to bring Nottinghamshire's first Community Diagnostic Centre or 'CDC' to our area.

Attendees learned about the upcoming permanent facility, set to open in December 2025, which will serve as a one-stop shop for patients across Nottinghamshire and neighbouring areas to access the tests and investigations they need, helping to reducing waiting times.

The event also celebrated the CDC's one-year milestone of delivering tens of thousands of tests since its October 2023 launch, with the project having delivered over 50,000 blood tests, heart scans, MRI scans and ultrasound scans to local people – long before the first brick has been laid for the new purpose-built facility.

The event showcased visual plans for the new building and emphasised career opportunities, receiving enthusiastic feedback from attendees. More information on the CDC, its services, and developments, is available on the Trust website at www.sfh-tr.nhs.uk/cdc

Trust risk ratings reviewed

The Board Assurance Framework (BAF) Principal Risk 7 – 'A major disruptive incident' – for which the Risk Committee is the lead committee, has been scrutinised by the Trust's Risk Committee. Committee members discussed the risk scores and assurance ratings but decided that they should remain unchanged.

The full and updated Board Assurance Framework (BAF) is next due to be presented at the Public Meeting of the Trust's Board of Directors in February 2025.

Board of Directors Meeting in Public

Subject:	Standing Financial Instructions and Scheme of Delegation Updates	Date:	5 th December 2024		
Prepared By:	Michael Powell, Head of Financial Services				
Approved By:	Michael Powell, Head of Financial Services				
Presented By:	Richard Mills, Chief Financial Officer				
Purpose					
On a two-yearly basis the Standing Financial Instructions and Scheme of Delegation are subject to a full review in response to changes in responsibility and other changes of circumstances.		Approval	X		
		Assurance			
		Update			
		Consider			
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X					
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Insufficient financial resources available to support the delivery of services					X
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
Audit and Assurance Committee					
Acronyms					
<ul style="list-style-type: none"> Standing Financial instructions (SFIs) Scheme of Delegation (SoD) 			<ul style="list-style-type: none"> NHSE – NHS England ICB – Integrated Care Board 		
Executive Summary					
<p>A full review of the Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD) has been undertaken in line with the two-yearly review cycle. This follows an update with minor amendments that were made to both documents and reported to the Audit and Assurance committee in March 2024. The review was completed by a working group with representation from Finance, Human Resources, Procurement, Risk and Assurance, Divisional Management, and the Director of Corporate Affairs.</p> <p>In relation to the document's examples from other Trusts and non-NHS organisations were downloaded from the Intranet, to see if there were better examples of the documents and format available. As a consequence, the Scheme of Delegation has been reformatted, however, no 'significantly better' formatted Standing Financial Instructions was identified, so the format remains consistent with previous updates.</p> <p><u>Scheme of Delegation</u></p> <p>Once reformatted, a significant number of changes have been made, with the changes relating to:</p>					

- Changes of title and responsibility.
- Table A Section 34 relating to Quotations and tendering.
- Table B Section 4.1. Petty cash value increased from £100 to £150.
- Table B Section 6.1 and 6.2 relating to Quotations and tendering.
- Table B Section 7.1 where it has been **made explicit** that revenue expenditure relates to the term of the contract not a 'calendar year'.
- **Table B Section 7.1 and 8. Where delegated limits have been increased from £1.0m to £1.25m.**

Value increases are reflective of inflation, with no changes to these values applied over several years.

Standing Financial Instructions

Changes have been made relating to:

- Changes of title and responsibility.
- Updating of references to NHSE/ICB.
- Section 9.3.3 rewritten with input from Strategic Head of Procurement and Head of Procurement to reflect current practice and changes due to movements in technology.
- Section 9.3.5 rewritten with input from Strategic Head of Procurement and Head of Procurement to reflect current practice and changes due to movements in technology.
- Section 17 updated to reflect that the policy on 'Gifts and Hospitality' should reflect the recently issued guidance by the Department of Health on Managing Conflicts of Interest in the NHS.

The documents, including a version with tracked changes, were presented to the Audit and Assurance Committee meeting of 21st November 2024. The Committee recommended approval to the Board of Directors, supported by a request for the Head of Financial Services to undertake a benchmarking review against delegated approval limits with other NHS organisations.

Subject to approval by the Board of Directors the updated documents will be published on the Trust's website and communicated to relevant officers. The working group has been asked to develop a more 'operational' user friendly piece of guidance, which would be made available to colleagues to support them in fulfilling their duties in accordance with these key financial documents. An updated version of supporting documents, including the purchase order exceptions list, will be communicated alongside this.

The Board of Directors are requested to review the proposed changes, in particular the revenue and capital thresholds for the Finance Committee and Board, and to approve the Standing Financial Instructions and Scheme of Delegation Updates.

STANDING FINANCIAL INSTRUCTIONS

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1 INTRODUCTION

1.1 General

1.1.1 NHS England (NHSE) sets the Terms of Authorisation for the Foundation Trust that require compliance with the principles of best practice applicable to corporate governance within the NHS / Health Sector with any relevant code of practice and guidance issued by NHSE.

1.1.2 The Code of Conduct and Accountability in the NHS issued by the Department of Health requires that each NHS organisation shall give, and may vary or revoke, Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. These Standing Financial Instructions (SFIs) are issued in accordance with the Code. They shall have effect as if incorporated in the Standing Orders (SOs) of the Foundation Trust.

These SFIs detail the financial responsibilities, policies and procedures to be adopted by the Foundation Trust. They are designed to ensure that its financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Schedule of Decisions Reserved to the Board of Directors within the Scheme of Delegation adopted by the Foundation Trust.

1.1.3 These SFIs identify the financial responsibilities, which apply to everyone working for the Foundation Trust and its constituent organisations including Trading Units. They do not provide detailed procedural advice. These statements should therefore be read in conjunction with the detailed departmental and financial procedure notes. The Chief Financial Officer must approve all financial procedures.

1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Chief Financial Officer **MUST BE SOUGHT BEFORE ACTING**. The user of these SFIs should also be familiar with and comply with the provisions of the Foundation Trust's SOs.

Failure to comply with standing financial instructions and standing orders may be considered as gross misconduct in line with the Trusts disciplinary policy and supplementary guidance for managers and employees **Overriding Standing Financial Instructions** – If for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit & Assurance Committee for referring action or ratification. All members of the Board of Directors and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Financial Officer as soon as possible.

1.2 Terminology

1.2.1 Any expression to which a meaning is given in Health Service Acts, or in the Financial Directions made under the Acts shall have the same meaning in these instructions.

Accounting Officer:

The Officer responsible and accountable for funds entrusted to the Foundation Trust in accordance with the NHS Foundation Trust Accounting Officer Memorandum. He shall be responsible for ensuring the proper stewardship of public funds and assets. The Health and Social Care Act designates the Chief Executive of the NHS Foundation Trust as the Accounting Officer.

Appointed Governors:

Those Members of the Council of Governors appointed by the appointing organisations.

Appointing Organisations:

Those organisations named in the constitution that are entitled to appoint members of the Council of Governors.

Areas of the Foundation Trust:

The three areas, which are (1) Ashfield (2) Mansfield and (3) Newark & Sherwood.

Authorised Signatory:

An officer who has authority delegated by a Budget Holder to approve expenditure for a specific area of the organisation.

Budget Holder:

The director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.

Board of Directors:

The Board of Directors as constituted in accordance with the Constitution.

Budget:

A resource, expressed in financial or manpower terms, proposed by the Board of Directors for the purpose of carrying out, for a specific period, any or all of the functions of the Foundation Trust.

ICB Governor:

A Member of the Council of Governors appointed by an Integrated Care Board for which the Foundation Trust provides goods or services.

Charity:

The Charitable funds, gifts, donations and endowments made under the relevant charities legislation and held on trust for purposes relating to the Trust that are administered by the Board of Directors acting as trustees.

Chief Executive:

The Accounting Officer of the Foundation Trust.

Code of Conduct in the NHS:

Describes the three crucial public service values (Accountability, Probity and Openness), which must underpin the work of the health service.

Company Secretary:

The Director of Corporate Affairs of the Foundation Trust or any other person appointed to perform the duties of the Director of Corporate Affairs, including a joint, assistant or deputy secretary.

Constitution:

The constitution of the Foundation Trust that describes the type of organisation, its primary purpose, governance arrangements and membership.

Council of Governors:

The Council of Governors as constituted in the Constitution.

Director:

A member of the Board of Directors.

Elected Governor:

Those Members of the Council of Governors elected by the public constituencies and the classes of the staff constituency.

Executive Director:

A Director who is an officer and member of the Board of Directors.

Financial Auditor:

The person appointed to audit the accounts of the Foundation Trust.

Financial Year:

A period beginning with the date on which the Foundation Trust is authorised and ending with the next 31 March; and each successive period of twelve months beginning with 1 April.

Funds held on Trust:

Those funds which the Foundation Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under the National Health Service Act. Such funds may or may not be charitable.

Foundation Trust:

The Sherwood Forest Hospitals NHS Foundation Trust.

Legal Adviser:

The properly qualified person appointed by the Foundation Trust to provide legal advice.

Licence Conditions:

The licence document issued by NHS England confirming Foundation Trust status on the organisation.

Local Authority Governor:

A Member of the Council of Governors appointed by one or more local authorities whose area includes the whole or part of one of the areas of the Foundation Trust.

Member:

A member of the Foundation Trust.

NHS England (NHSE):

The independent regulator.

NHS Standard Contract:

The legally binding contract established between the Foundation Trust and every ICB for which the Foundation Trust provides patient and other services.

Non-Executive Director:

A Director who is not an officer of the Foundation Trust and is not to be treated as an officer by virtue of the Constitution.

Officer:

An employee of the Foundation Trust.

Partner:

In relation to another person, a member of the same household living together as a family unit.

Partnership Governor:

A member of the Council of Governors appointed by a partnership organisation.

Property:

Land and buildings owned or leased by the Foundation Trust.

Public Governor:

A Member of the Council of Governors elected by the members of one of the public constituencies.

Relevant Asset:

The property/asset needed for the purposes of providing any of the mandatory goods and services and mandatory training and education.

Staff Governor:

Member of the Council of Governors elected by the members of one of the classes of the staff constituency.

Standing Financial Instructions (SFIs):

These regulate the conduct of the Foundation Trust's financial matters.

Standing Orders (SOs):

Incorporate the constitution and regulate the business conduct of the Foundation Trust.

Terms of Authorisation:

An authorisation given by NHS England.

All references to the masculine gender will be deemed to apply equally to the feminine gender when used with these instructions.

- 1.2.2 Wherever the title Chief Executive, Chief Financial Officer, or other nominated officer is used in these instructions, it shall be deemed to include such other directors or employees who have been duly authorised to represent them.

Wherever the term "employee" is used and where the context permits it shall be deemed to include employees of third parties contracted to the Foundation Trust when acting on behalf of the Foundation Trust, including nursing and medical staff and consultants practising on the Foundation Trust premises.

1.3 **Responsibilities and Delegation**

- 1.3.1 The Foundation Trust shall at all times remain a going concern as defined by the relevant accounting standards in force. The Board of Directors exercises financial supervision and control by:

- a) formulating the financial strategy;
- b) requiring the submission and approval of budgets within overall income;
- c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money) and by ensuring appropriate audit provision;
- d) defining specific responsibilities placed on directors and employees as indicated in the Scheme of Delegation document.

- 1.3.2 The constitution dictates that the Council of Governors may not delegate any of its powers to a committee or sub-committee. The Board of Directors has resolved that certain powers and decisions may only be exercised by the Board of Directors in formal session. These are set out in the "Reservation of Powers to the Board of Directors" document, published within the Scheme of Delegation. The Board of Directors will delegate responsibility for the performance of its functions in accordance with the Scheme of Delegation document adopted by the Foundation Trust.

- 1.3.3 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board of Directors, and as the accounting officer for ensuring that the Board of Directors meets its obligation to perform its functions within the available financial

resources. The Chief Executive has overall executive responsibility for the Foundation Trust's activities, is responsible to the Board of Directors for ensuring that its financial obligations and targets are met and has overall responsibility for the Foundation Trust's system of internal control.

- 1.3.4 The Chief Executive and Chief Financial Officer will, as far as possible, delegate their detailed responsibilities but they remain accountable for financial control.
- 1.3.5 It is a duty of the Chief Executive to ensure that existing directors and employees and all new appointees are notified of and understand their responsibilities within these instructions. All staff shall be responsible for ensuring conformity with the Standing Orders, Standing Financial Instructions and financial instructions and financial procedures of the Foundation Trust.
- 1.3.6 The Chief Financial Officer is responsible for:
- a) implementing the Foundation Trust's financial policies and for co-ordinating any corrective action necessary to further these policies (The SFIs themselves do not provide detailed procedural advice. These statements should therefore be read in conjunction with the detailed departmental and financial procedure notes);
 - b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
 - c) ensuring that sufficient records are maintained to show and explain the Foundation Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Foundation Trust at any time and without prejudice to any other functions of directors and employees to the Foundation Trust. The duties of the Chief Financial Officer include:
 - i) the provision of financial advice to other members of the Board of Directors, Council of Governors and employees;
 - ii) the design, implementation and supervision of systems of internal financial control;
 - iii) the preparation and maintenance of such accounts, certificates, estimates, records and financial reports as the Foundation Trust may require for the purpose of carrying out its statutory duties.
- 1.3.7 All directors and employees, severally and collectively, are responsible for:
- a) the security of the property of the Foundation Trust;
 - b) avoiding loss;
 - c) exercising economy and efficiency in the use of resources;
 - d) conforming with the requirements of Standing Orders, Standing Financial Instructions, financial procedures and the Scheme of Delegation.
- 1.3.8 Any contractor or employee of a contractor who is empowered by the Foundation Trust to commit the Foundation Trust to expenditure, or who is authorised to obtain income, shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

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

2 AUDIT

2.1 Audit & Assurance Committee

- 2.1.1 In accordance with Standing Orders the Board of Directors shall formally establish a committee of three non-executive directors (Audit & Assurance Committee) to monitor the exercise of the financial auditor's function, with clearly defined terms of reference, which will provide an independent and objective view of internal control by:

- a) overseeing Internal and External Audit services;
- b) reviewing financial systems;
- c) monitoring compliance with Standing Orders and Standing Financial Instructions;
- d) reviewing schedules of losses and compensation and making recommendations to the Board of Directors;
- e) reviewing the effective implementation of corporate governance measures to enable the Foundation Trust to implement best practice as set out in appropriate guidance. This will include the Assurance Framework and control related disclosure statements, for example the Annual Governance Statement and supporting assurance processes; together with any accompanying audit statement, prior to endorsement by the Board of Directors.

- 2.1.2 The Board of Directors shall satisfy itself that at least one member of the Audit & Assurance Committee has recent and relevant financial experience.

- 2.1.3 Where the Audit & Assurance Committee feel there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the committee wish to raise, the chair of the Audit & Assurance Committee should raise the matter at a full meeting of the Board of Directors. (To the Chief Financial Officer in the first instance.)

- 2.1.4 It is the responsibility of the Chief Financial Officer to ensure adequate internal and external audit services are provided and the Audit & Assurance Committee shall be involved in the selection process when an audit service provider is changed.

2.2 Fraud and Corruption

- 2.2.1 The Foundation Trust shall take all necessary steps to counter fraud affecting NHS funded services in accordance with:

- a) The policy statement "Applying appropriate sanctions consistently" published by NHS Protect;
- b) Any other reasonable guidance or advice issued by the NHS Counter Fraud Authority that affects efficiency, systemic and/or procedural matters.

- 2.2.2 The Chief Executive and Chief Financial Officer shall monitor and ensure compliance with the above.

- 2.2.3 The Foundation Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the Standards for providers: Fraud, bribery and corruption.
- 2.2.4 The Local Counter Fraud Specialist shall report to the Foundation Trust Chief Financial Officer and shall work with the staff in the Counter Fraud and Security Management Service and the Counter Fraud Operational Service.
- 2.3. **Chief Financial Officer**
- 2.3.1 The Chief Financial Officer is responsible for:
- a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal control including the establishment of an effective internal audit function and the coordination of other assurance arrangements;
 - b) ensuring that the internal audit is adequate and meets the NHS mandatory audit standards;
 - c) deciding at what stage to involve the police in cases of fraud, misappropriation, and other irregularities not involving fraud or corruption;
 - d) ensuring that an annual internal audit report is prepared for the consideration of the Audit & Assurance Committee and the Board of Directors. The report must cover:
 - i) a clear statement on the effectiveness of internal controls in accordance with current guidance issued by the Department of Health;
 - ii) major internal financial control weaknesses discovered;
 - iii) progress on the implementation of internal audit recommendations;
 - iv) progress against plan over the previous year;
 - v) strategic audit plan;
 - vi) a detailed plan for the coming year.
- 2.3.2 The Chief Financial Officer or designated auditors are entitled without necessarily giving prior notice to require and receive:
- a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
 - b) access at all reasonable times to any land, premises, members of the Board of Directors and Council of Governors or employee of the Foundation Trust;
 - c) the production of any cash, stores or other property of the Foundation Trust under a member of the Board of Directors or employee's control; and
 - d) explanations concerning any matter under investigation.

2.4 **Role of Internal Audit**

2.4.1 Internal Audit will review, appraise and report upon:

- a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;
- b) the adequacy and application of financial and other related management controls;
- c) the suitability of financial and other related management data;
- d) the extent to which the Foundation Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - i) fraud and other offences;
 - ii) waste, extravagance, inefficient administration;
 - iii) poor value for money or other causes;
- e) reporting on the Quality Account Indicators mandated by NHSE.

2.4.2 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Chief Financial Officer must be notified immediately.

2.4.3 The Head of Internal Audit will normally attend Audit & Assurance Committee meetings and has a right of access to all Audit & Assurance Committee members, the Chair and Chief Executive of the Foundation Trust.

2.4.4 The Head of Internal Audit shall be accountable to the Chief Financial Officer. The reporting system for internal audit shall be agreed between the Chief Financial Officer, the Audit & Assurance Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Manual. The reporting system shall be reviewed at least every 3 years. Where, in exceptional circumstances, the use of normal reporting channels is thought to limit the objectivity of the audit, the Head of Internal Audit shall have access to report direct to the Chair or a non-executive member of the Foundation Trust's Audit & Assurance Committee.

2.4.5 Managers in receipt of audit reports referred to them have a duty to take appropriate remedial actions within the agreed timescales within the report. The Chief Financial Officer shall identify a formal review process to monitor the extent of compliance with audit recommendations. Where appropriate remedial action has failed to take place within a reasonable period, the matter shall be reported by the Chief Financial Officer to the Audit & Assurance Committee.

2.5 **External Audit**

2.5.1 The external auditor is appointed by the Council of Governors following recommendation from the Audit & Assurance Committee.

2.5.2 The Code of Audit Practice ("The Audit Code") contains the statutory responsibilities of NHS Foundation Trusts and auditors in relation to accounting and audit.

2.5.3 The Foundation Trust shall comply with the Audit Code.

2.5.4 The Auditor shall comply with the Audit Code.

- 2.5.5 References in 2.4.3 and 2.4.5 relate equally to internal and external audit.
- 2.5.6 In the event of the External Auditor issuing a Public Interest report the Foundation Trust shall forward a report to NHSE within 30 days (or such shorter period as NHSE may specify) of the report being issued. The report shall include details of the Foundation Trust's response to the issues raised within the Public Interest report.

2.6 Financial Audit

2.6.1 Duties

The Foundation Trust is to have a financial auditor and is to provide the financial auditor with every facility and all information, which he may reasonably require for the purposes of his functions.

The financial auditor is to carry out their duties in accordance with any directions given by NHSE on standards, procedures and techniques to be adopted.

2.6.2 Appointment of Financial Auditor

A person may only be appointed as the financial auditor if they (or in the case of a firm of each of its members) are a registered auditor.

The Council of Governors at a General Meeting shall appoint or remove the Foundation Trust's financial auditor.

The Board of Directors may resolve that external auditors be appointed to review and publish a report on any other aspect of the Foundation Trust's performance. Any such auditors are to be appointed by the Council of Governors.

3 BUSINESS AND FINANCIAL PLANNING, BUDGETS, BUDGETARY CONTROL AND MONITORING

3.1 Preparation and approval of business plans and budgets

- 3.1.1 The Chief Executive will compile and submit to the Board of Directors a strategic direction document that encompasses an annual business plan and takes into account financial targets and forecast limits of available resources. The annual business plan will contain:

- a) statement of the significant assumptions on which the plan is based;
- b) details of major changes in workload, delivery of services or resources required to achieve the plan.

- 3.1.2 Prior to the start of the financial year the Chief Financial Officer will, on behalf of the Chief Executive, prepare and submit budgets relating to income and expenditure for approval by the Board of Directors. Such budgets will:

- a) be in accordance with the aims and objectives set out in the Foundation Trust's annual business plan, and the commissioners' local delivery plans;
- b) accord with workload and manpower plans;
- c) be produced following discussion with appropriate budget holders;
- d) be prepared within the limits of available funds;
- e) identify potential risks; and

- f) be based on reasonable and realistic assumptions.
- 3.1.3 The Chief Financial Officer shall monitor financial performance against budgets, periodically review it and report to the Board of Directors. Any significant variances should be reported by the Chief Financial Officer to the Foundation Trust Board of Directors as soon as they come to light and the Board of Directors shall be advised of action to be taken in respect of such variances.
- 3.1.4 All budget holders must provide information as required by the Chief Financial Officer to enable budgets to be compiled.
- 3.1.5 The Chief Financial Officer has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders and authorised signatories to help them manage successfully.
- 3.2 **Budgetary delegation**
 - 3.2.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements. This delegation must be in writing and be accompanied by a clear definition of:
 - a) the amount of the budget;
 - b) the purpose(s) of each budget heading;
 - c) individual and group responsibilities;
 - d) authority to exercise virement;
 - e) achievement of planned levels of service; and
 - f) the provision of regular reports.
 - 3.2.2 The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board of Directors.
 - 3.2.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.
 - 3.2.4 Non-recurring budgets should not be used to finance recurring expenditure.
- 3.3 **Budgetary control and reporting**
 - 3.3.1 The Chief Financial Officer will devise and maintain systems of budgetary control. These will include:
 - a) regular financial reports to the Board of Directors in a form approved by the board of Directors containing:
 - i) key financial performance indicators and forecasts;
 - ii) explanations of any material variances from plan/budget;
 - iii) details of any corrective action where necessary and the Chief Executive's and/or Chief Financial Officer's view of whether such actions are sufficient to correct the situation;
 - b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
 - c) investigation and reporting of variances from financial and workload budgets;

- d) monitoring of management action to correct variances;
 - e) arrangements for the authorisation of budget transfers;
 - f) advising the Chief Executive and Foundation Trust Board of Directors of the consequences of changes in policy, pay awards and other events and trends affecting budgets and shall advise on the economic and financial impact of future plans and projects; and
 - g) review of the bases and assumptions used to prepare the budgets.
- 3.3.2 In the performance of these duties the Chief Financial Officer will have access to all budget holders on budgetary matters and shall be provided with such financial and statistical information as is necessary.
- 3.3.3 Each Budget Holder is responsible for ensuring that:
- a) any planned or known overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Board of Directors;
 - b) officers shall not exceed the budget limit set;
 - c) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement; and
 - d) no permanent employees are appointed without the approval of the Chief Executive or Chief Financial Officer other than those provided for in the budgeted establishment as approved by the Board of Directors.
- 3.3.4 The Chief Executive is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Annual Plan and a balanced budget.
- 3.4 **Capital expenditure**
- 3.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure. (The particular applications relating to capital are contained in Section 11.) A Project Sponsor will be identified who will assume responsibility for the budget relating to the scheme.
- 3.5 **Monitoring returns**
- 3.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to NHSE within the specified timescales.

4 ANNUAL ACCOUNTS AND REPORTS

4.1 Accounts

- 4.1.1 The Foundation Trust is to keep accounts in such form as NHSE may, with the approval of the Treasury, direct. The accounts are to be audited by the Foundation Trust's financial auditor. The following documents will be made available to the Comptroller and Auditor General for examination at his request:

- a) the accounts;
 - b) any records relating to them; and
 - c) any report of the financial auditor on them.
- 4.1.2 The Foundation Trust is to prepare in respect of each financial year annual accounts in such form as NHSE may, with the approval of the Treasury, direct. In preparing its annual accounts, the Foundation Trust is to comply with any directions given by NHSE with the approval of the Treasury as to:
- a) the methods and principles according to which the accounts are to be prepared;
 - b) the information to be given in the accounts.
- 4.1.3 The annual accounts, any report of the financial auditor on them, and the annual report are to be presented to the Council of Governors at a General Meeting.
- 4.1.4 The Foundation Trust shall:
- a) lay a copy of the annual accounts, and any report of the financial auditor on them, before Parliament; and
 - b) once it has done so, send copies of those documents to NHSE.

Responsibility for complying with the requirements relating to the form, preparation and presentation of the accounts shall be delegated to the accounting officer.

4.2 **Annual Reports**

- 4.2.1 The Foundation Trust is to prepare annual reports and submit them to NHSE. The reports are to give:
- a) information on any steps taken by the Foundation Trust to secure that (taken as a whole) the actual membership of its public constituencies and of the classes of the staff constituency is representative of those eligible for such membership; and
 - b) any other information NHSE requires.
- 4.2.2 The Foundation Trust is to comply with any decision NHSE makes as to:
- a) the form of the reports;
 - b) when the reports are to be submitted;
 - c) the periods to which the reports are to relate.

4.3 **Plans**

The Foundation Trust is to give information as to its forward planning in respect of each financial year to NHSE. The document containing this information is to be prepared by the Directors, and in preparing the document, the Board of Directors must have regard to the views of the Council of Governors.

5 BANK ACCOUNTS

5.1 General

5.1.1 The Chief Financial Officer is responsible for managing the Foundation Trust banking arrangements and for advising the Foundation Trust on the provision of banking services and operation of accounts.

5.1.2 The Board of Directors shall approve the banking arrangements.

5.2 Bank accounts

5.2.1 The Chief Financial Officer is responsible for:

- a) bank accounts and other forms of working capital financing that may be available from the Department of Health;
- b) establishing separate bank accounts for the Foundation Trust's non-exchequer funds;
- c) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
- d) reporting to the Board of Directors all arrangements made with the Foundation Trust's bankers for accounts to be overdrawn (together with the remedial action taken).

5.2.2 All accounts should be held in the name of the Foundation Trust. No officer other than the Chief Financial Officer shall open any account in the name of the Foundation Trust or for the purpose of furthering Foundation Trust activities.

5.3 Banking procedures

5.3.1 The Chief Financial Officer will prepare detailed instructions on the operation of bank accounts, which must include:

- a) the conditions under which each bank account is to be operated;
- b) the limit to be applied to any overdraft; and
- c) those authorised to sign cheques or other orders drawn on the Foundation Trust's accounts.

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

5.3.3 The Chief Financial Officer shall approve security procedures for any cheques issued without a hand-written signature e.g. lithographed. Manually produced cheques shall be signed by the authorised officer(s) in accordance with the bank mandate.

5.3.4 All cheques shall be treated as controlled stationery, in the charge of a duly designated officer controlling their issue.

5.4 Tendering and Review

5.4.1 The Chief Financial Officer will review the banking arrangements of the Foundation Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Foundation Trust's business banking.

- 5.4.2 Competitive tenders should be sought at least every 5 years. The results of the tendering exercise should be reported to the Board of Directors.

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

6.1 Income systems

- 6.1.1 The Chief Financial Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.
- 6.1.2 All such systems shall incorporate, where practicable, in full the principles of internal check and separation of duties.
- 6.1.3 The Chief Financial Officer is also responsible for the prompt banking of all monies received.

6.2 Fees and charges

- 6.2.1 The Chief Financial Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the guidance in the NHS Commissioning Board's Standards of Business Conduct shall be followed.
- 6.2.2 All employees must inform the Chief Financial Officer promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

6.3 Debt recovery

- 6.3.1 The Chief Financial Officer is responsible for the appropriate recovery action on all outstanding debts, including a formal follow up procedure for all debtor accounts.
- 6.3.2 Income not received (bad debts) should be dealt with in accordance with losses procedures.
- 6.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated.

6.4 Security of cash, cheques and other negotiable instruments

- 6.4.1 The Chief Financial Officer is responsible for:
- a) approving the form of all receipt books, agreement forms or other means of officially acknowledging or recording monies received or receivable (no form of receipt which has not been specifically authorised by the Chief Financial Officer should be issued);
 - b) ordering and securely controlling any such stationery;
 - c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys and for coin operated machines; and
 - d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Foundation Trust.

- 6.4.2 Official money shall not under any circumstances be used for the encashment of private cheques, nor IOUs.
- 6.4.3 Staff shall be informed in writing on appointment of their responsibilities and duties for the collection, handling or disbursement of cash, cheques, etc.
- 6.4.4 All cheques, postal orders, cash, etc. shall be banked promptly intact under arrangements approved by the Chief Financial Officer.
- 6.4.5 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Foundation Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Foundation Trust from responsibility for any loss.
- 6.4.6 Any loss or shortfall of cash, cheques or other negotiable instruments, however occasioned, shall be monitored and recorded within the Finance Department. Any significant trends should be reported to the Chief Financial Officer and Internal Audit via the incident reporting system. Where there is prima facie evidence of fraud or corruption this should follow the form of the Foundation Trust's Counter Fraud, Bribery and Corruption Policy and the guidance provided by the Counter Fraud and Security Management Service. Where there is no evidence of fraud or corruption the loss should be dealt with in line with the Foundation Trust's Losses and Compensations Procedures.

7 CONTRACTS

7.1 NHS Standard Contracts

- 7.1.1 The Board of Directors of the Foundation Trust shall regularly review and at all times maintain and ensure the capacity and capability of the Foundation Trust to provide the commissioner requested services referred to in the NHS Provider Licence.
- 7.1.2 The Chief Executive, as the accounting officer, is responsible for ensuring the Foundation Trust enters into suitable NHS Standard Contracts with ICBs and other commissioners for the provision of NHS services. The Foundation Trust will follow the priorities contained within the schedules of the contract, and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:
 - a) the standards of service quality expected;
 - b) the relevant national service framework (if any);
 - c) the provision of reliable information on cost and volume of services;
 - d) that the contract builds where appropriate on existing partnership arrangements.
- 7.1.3 The Chief Executive is responsible for ensuring that the Foundation Trust works with all partner agencies involved in both the delivery and the commissioning of the service required.
- 7.1.4 The Chief Executive, as the accounting officer, will need to ensure that regular reports are provided to the Board of Directors detailing actual and forecast income from the contract. This will include appropriate payment by results performance information.

7.2 Other contracts for services provided

- 7.2.1 The Chief Executive, as the accounting officer, is responsible for ensuring the Foundation Trust enters into suitable contracts with ICBs and other commissioners for the provision of services outside of NHS Standard Contracts.
- 7.2.2 The Chief Executive shall ensure (in accordance with the limits outlined in the Scheme of Delegation) that a business case is produced setting out:
- a) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and
 - b) appropriate project management and control arrangements; and
 - c) the involvement of appropriate Foundation Trust personnel and external agencies; and
 - d) that the Chief Financial Officer has certified professionally to the revenue and costs consequences detailed in the business case.

8 TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES

8.1 Remuneration Committee

- 8.1.1 In accordance with Standing Orders the Board of Directors shall establish a Remuneration Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.
- 8.1.2 The Committee will:
- a) advise the Board of Directors about appropriate remuneration and terms of service for the Chief Executive and other executive directors (and other senior employees), including;
 - i) all aspects of salary (including any performance-related elements/bonuses);
 - ii) provisions for other benefits, including pensions and cars;
 - iii) arrangements for termination of employment and other contractual terms;
 - b) make such recommendations to the Board of Directors on the remuneration and terms of service of executive directors (and other senior employees) to ensure they are fairly rewarded for their individual contribution to the Foundation Trust, having proper regard to the Foundation Trust's circumstances and performance and to the provisions of any national arrangements for such staff where appropriate;
 - c) monitor and evaluate the performance of individual executive directors (and other senior employees); and
 - d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

- 8.1.3 The Committee shall report in writing to the Board of Directors the basis for its recommendations. The Board of Directors shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of executive directors. Minutes of the Board of Directors meetings should record such decisions.
- 8.1.4 The Board of Directors will approve proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees not covered by the Committee.
- 8.1.5 The Council of Governors, at a General Meeting will decide the remuneration and allowances, and the other terms and conditions of office of the Non-Executive Directors.
- 8.2 **Funded establishment**
- 8.2.1 The manpower plans incorporated within the annual budget will form the funded establishment. The establishment of the Foundation Trust will be identified and monitored by the Director of People under delegation from the Chief Executive.
- 8.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive or individual nominated within the relevant section of the Scheme of Delegation.
- 8.3 **Staff appointments**
- 8.3.1 No Executive Director or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration unless within the limit of his approved budget and funded establishment as defined in the Scheme of Delegation.
- 8.3.2 The Board of Directors will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc., for employees.
- 8.4 **Processing of the payroll**
- 8.4.1 The Chief Financial Officer in conjunction with the Director of People is responsible for:
- a) specifying timetables for submission of properly authorised time records and other notifications;
 - b) the final determination of pay and allowances, including verification that the rate of pay and relevant conditions of service are in accordance with current agreements;
 - c) making payment on agreed dates; and
 - d) agreeing the method of payment.
- 8.4.2 The Chief Financial Officer will issue instructions regarding:
- a) verification and documentation of data;
 - b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
 - c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
 - d) security and confidentiality of payroll information;

- e) checks to be applied to completed payroll before and after payment;
- f) authority to release payroll data under the provisions of the Data Protection Act / General Data Protection Regulation;
- g) methods of payment available to various categories of employee;
- h) procedures for payment by cheque, bank credit, or cash to employees;
- i) procedures for the recall of cheques and bank credits;
- j) pay advances and their recovery;
- k) maintenance of regular and independent reconciliation of pay control accounts;
- l) separation of duties of preparing records and handling cash; and
- m) a system to ensure the recovery from leavers of sums of money and property due by them to the Foundation Trust.

8.4.3 Appropriately nominated managers have delegated responsibility for:

- a) processing a signed copy of the contract/appointment form and such other documentation as may be required immediately upon an employee commencing duty;
- b) submitting time records, and other notifications in accordance with agreed timetables;
- c) completing time records and other notifications in accordance with the Director of People instructions and in the form prescribed by the Director of People ;
- d) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement. Where an employee fails to report for duty in circumstances that suggest they have left without notice, the Director of People must be informed immediately. In circumstances where fraud might be expected this must be reported to the Chief Financial Officer.

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

8.5 Contracts of employment

8.5.1 The Board of Directors shall delegate responsibility to a manager for:

- a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board of Directors and which complies with employment, Health & Safety legislation; and
- b) dealing with variations to, or termination of, contracts of employment.

9 NON-PAY EXPENDITURE

9.1 Delegation of authority

9.1.1 The Board of Directors will approve the level of non-pay expenditure on an annual basis and determine the level of delegation to budget holders.

9.1.2 The Chief Executive will set out:

- a) the list of managers who are authorised to place requisitions for the supply of goods and services. This list should be updated and reviewed on an ongoing basis and annually by the Procurement Department or by officers in those departments that are responsible for their own ordering, for example MEMD, Pharmacy, Orthotics;
- b) the maximum level of each requisition and the system for authorisation above that level.

9.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

9.2 Choice, requisitioning, ordering, receipt and payment for goods and services

9.2.1 The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Foundation Trust. In doing so, the advice of the Procurement Category Manager shall be sought. Where this advice is not acceptable to the requisitioner, the Chief Financial Officer (and/or the Chief Executive) shall be consulted.

9.2.2 The Chief Financial Officer shall be responsible for the prompt payment of properly authorised accounts and claims in accordance with the Better Payments Practice Code (BPPC). Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

9.2.3 The Chief Financial Officer will:

- a) advise the Board of Directors regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be regularly reviewed;
- b) prepare procedural instructions where not already provided in the Scheme of Delegation or procedure notes for budget holders on the obtaining of goods, works and services incorporating the thresholds;
- c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - i) a list of directors/employees (including specimens of their signatures) authorised to approve or incur expenditure. Where the authorisation system is computerised the list will be maintained within the computerised system and the 'signature' will be in the form of electronic authorisation in accordance with the access and authority controls maintained within the computerised system;
 - ii) Certification that:
 - goods have been duly received, examined and are in accordance with specification and the prices are correct;

- work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
 - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
 - the account is arithmetically correct;
 - the account is in order for payment;
- iii) a system is in place for the early payment of accounts subject to cash discounts or otherwise requiring early payment;
- iv) instructions to employees regarding the handling and payment of accounts within the Finance Department;
- d) be responsible for ensuring that payment for goods and services is only made once the goods and services are received (except as below).

9.2.4 Prepayments outside of normal commercial arrangements, for example fully comprehensive maintenance contracts, rental, insurance are only permitted where exceptional circumstances apply. In such instances:

- a) prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flow must be discounted to NPV using the National Loans Fund (NLF) rate;
- b) the appropriate Officer in conjunction with the Procurement Department must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Foundation Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;
- c) the Chief Financial Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);
- d) the Budget Holder is responsible for ensuring that all items due under a prepayment contract are received and he/she must immediately inform the appropriate Director or Chief Executive if problems are encountered.

9.2.5 Official Purchase Orders must:

- a) be consecutively numbered;
- b) be in a form approved by the Chief Financial Officer;
- c) state the NHS standard terms and conditions of trade; and
- d) only be issued to, and used by, those duly authorised by the Chief Executive.

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

- a) where an officer certifying accounts relies upon other officers to do preliminary checking, he/she shall wherever possible ensure that those who check delivery or execution of work act independently of those who have placed orders and negotiated prices and terms;
- b) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than isolated gifts of a trivial character or inexpensive seasonal gifts, such as:
 - i) calendars;
 - ii) conventional hospitality, such as lunches in the course of working visits;
- c) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Financial Officer on behalf of the Chief Executive;
- d) all goods, services or works are ordered on an official purchase order except for those specified on the Exceptions List, within the Procurement Manual. Payments must be authorised in accordance with the delegated limits set for non-pay;
- e) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order, and clearly marked "Confirmation Order";
- f) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- g) goods are not taken on trial or loan in circumstances that could commit the Foundation Trust to a future un-competitive purchase;
- h) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Financial Officer;
- i) petty cash records are maintained in a form as determined by the Chief Financial Officer.

9.2.7 The Chief Executive and Chief Financial Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within the NHS Premises Assurance Model. The technical audit of these contracts shall be the responsibility of the relevant Director.

9.2.8 Under no circumstances should goods be ordered through the Foundation Trust for personal or private use.

9.3 **Contracts Procedure Rules**

9.3.1 **Introduction**

9.3.1.1 These Contract Procedure Rules provide a corporate framework for the procurement of all goods, services and works for the Trust. The Rules are designed to ensure that all procurement activity is conducted with openness, probity and accountability. Above all,

the Rules are designed to ensure that the Trust obtains value for money and the required level of quality and performance in all contracts that are let. Every contract for the supply of goods and services and for the execution of works made by or on behalf of the Trust shall comply with these Rules.

9.3.1.2 E-procurement procedures shall be used wherever possible. Where appropriate e-auctions may be used, so long as provision is made for this in the advert. Requests for quotations, pre-qualification questionnaires and Invitations to tender should wherever practical be issued to tenderers by electronic means. The e-tendering software that is to be used must be either the corporate e-tendering system or the Crown Commercial Services Rfx system.

9.3.1.3 The Trust is committed to dealing fairly with all relevant discrimination groups as defined in the Equalities Act 2010.

9.3.1.4 All financial values or thresholds in this Contracts Procedure Rules section include the cost of non-recoverable VAT.

9.3.2 **Compliance with contract procedure rules**

9.3.2.1 The provisions contained in these Rules are subject to the statutory requirements of both the European Union and the United Kingdom. The letting and content of Contracts shall conform to all statutory requirements and be subject to any over-riding directives of the European Union relating to contracts and procurement. This Rule cannot be waived, since a failure to comply with European legislation may result in a legal challenge to the Trust with consequent reputational and financial risk. If you are uncertain, advice can be sought from the Head of Procurement.

9.3.2.2 In estimating relevant contract values, officers shall have regard to the rules regarding aggregation, and also those regarding Value Added Tax, e.g. a three year contract at £40,000 (inclusive of VAT) per annum should be considered as a £120,000 value contract.

9.3.2.3 These Rules apply, in addition to other procurements, to any proposal for the Trust to become involved in a joint venture or partnership, including the monitoring of any such arrangement. All procurements must also comply with Freedom of Information and Data Protection requirements.

9.3.2.4 Where the Trust acts as lead body on a consortium or collaborative arrangement, the procedures for tendering contained within these Rules shall be followed.

9.3.3 **Normal procedure**

9.3.3.1 These Rules relate to procurement based on the estimated value of the contract:

- a) Upto £25,000; local market testing / competition to ensure value for money
- b) Greater than £25,000 ; subject to Framework, direct award or competition

9.3.3.2 In all instances, goods, services or works should be obtained via the methods outlined below:

- a) in-house services;
- b) established corporate contracts or framework agreements;

- c) call for competition framework contracts established by Purchasing Consortia, Procurement Hubs or other Trusts (to be agreed by the Strategic Head of Procurement). Access to frameworks can be by direct call off or further competition ("mini-competition"), dependent on specific framework terms.

All of the above options are subject to EU and/or UK Statutory requirements which must be complied with.

9.3.3.3 Orders and payments for goods, services and works shall be undertaken in accordance with the Standing Financial Instructions and Standard NHS terms and conditions.

9.3.3.4 Before entering into any procurement procedure, the Authorised Officer must liaise with the Procurement Department and / or Commercial Services for assistance and advice. The Authorised Officer must be satisfied that the following are in place:

- a) a specification that will form the basis of the contract has been prepared. The specification should be retained on the appropriate contract file held within the service;
- b) an estimate of the cost of the contract has been produced and documented. Where appropriate, any maintenance and on-going costs should be included in the estimate as a total cost of ownership;
- c) for all contracts greater than £25,000 a draft contract should be produced to accompany the tender documents. This should utilise NHS Standard Terms and Conditions;
- d) ensure that all evaluation criteria have been determined in advance, put into order of relative importance with weightings for each element and published in the tender pack.

9.3.3.5 Before entering into a contract the Authorised Officer must:

- a) ensure that these Rules have been complied with, and that the proposed contract represents value for money; and
- b) be satisfied about the technical capability of such proposed contractor and be satisfied that s/he has the power and authority to enter into the contract; and
- c) for all contracts that exceed £25,000 which are not covered by a framework agreement, the Authorised Officer shall undertake appropriate checks to ensure that the proposed contractor has the financial and resource capacity (taking account of contract value and risk) to perform the contract. Financial vetting shall initially be via the corporate credit check agency. This may be escalated to an officer designated by the Chief Financial Officer in the event of any queries. The Finance Officer shall advise on what, if any, security should be provided by the contractor in terms of a performance bond or parent company guarantee.

9.3.3.6 Advertising

Procurement procedures not undertaken via an existing framework valued over £25,000 shall be advertised and, in line with Government guidance, be available for download on the website www.gov.uk/contracts-finder. Contract award notices shall also be published on the website.

9.3.3.7 To invigorate local business spend, calls for competition may also be advertised locally. The Procurement Department should be consulted for further details.

9.3.3.8 All EU notices must be placed by the Procurement Department.

9.3.4 Exemptions

9.3.4.1 Subject to OJEU Regulations and statutory requirements, tenders need not be invited in accordance with these Rules in the following cases:

- a) the goods or services are proprietary articles and, in the opinion of the appropriate Senior Officer (which should be put in writing and retained on the project file), no reasonably satisfactory alternative is available. Exemptions under this rule shall be notified to the Procurement Department who will report exemptions to the Audit and Assurance Committee;
- b) the work to be executed or the goods or services to be supplied are controlled by a statutory body;
- c) the work to be executed or the goods or services to be supplied constitute an extension to an existing contract and subject to the Senior Officer deciding that it would not be in the interests of the service or the Trust to tender the contract. The Senior Officer or his or her nominee should consult with the Strategic Head of Procurement who will advise whether this course of action is appropriate;
- d) the contract is for the execution of work, or the supply of goods or services certified by the appropriate Senior Officer to be required so urgently as to preclude the invitation of tenders. Exemptions under this rule shall be notified to the Procurement Department who will report exemptions to the Audit and Assurance Committee. Urgency may not be used as a routine exemption;
- e) where any of the above exemptions apply, the Single Tender Waiver protocol must be followed.

9.3.4.2 Tenders need not be invited where the goods, services or works can be sourced via an appropriate, compliant framework agreement. Officers should contact the Procurement Department to ensure that any such frameworks under consideration have been let in accordance with UK and EU procurement directives and regulations. The Procurement Department should also advise on access arrangements, whether it be by direct call off or further competition.

9.3.5 Contracting and financial guidelines

9.3.5.1 Officers should order goods and services that are required through an arrangement illustrated in Rule 9.3.3.2. If however the Trust or the consortium providing them do not have the goods or services or resources available to meet the reasonable needs of the service then an alternative supply may be sourced. In all circumstances a written purchase order is required. If no purchase order has been issued, no payment will be made to a supplier.

9.3.5.2 It is good practice (for all but small value and routine purchases) to open the requirement up to competition.

9.3.5.3 Contracts upto£25,000

Procurement of goods and services estimated to be for amounts up to £25,000 shall be awarded based on a single source direct award, or by competition where appropriate. There is a mandatory requirement for the involvement of procurement.

9.3.5.4 Contracts over £25,000

- i) Procurement of goods and services estimated to be for amounts over £25,000 shall be by formal competition, unless an arrangement under 9.3.3.2 has already been established. The Procurement Team should be involved in such projects, ideally from an early stage. They will offer advice on the appropriate procurement route and the necessary documentation required. The choice of procurement route and documentation will be based on the value, complexity, risk and urgency of the project;

9.3.6 Probity

9.3.6.1 In every instance, the Procurement Department will maintain a record of the process. This shall be in accordance with the Procurement Toolkit and shall include the following, plus any information that may be required for submitting annual reports to the Government or other agencies:

- a) the officer(s) undertaking the procurement process and taking the decisions;
- b) the rationale for the procurement route taken (including open or restricted procedure if above EU thresholds);
- c) a copy of the specification, risk register and anything required by Financial Regulations;
- d) copies of all tender submissions' supplier questionnaire;
- e) copy of the evaluation process and reasons for the decisions as to acceptance or rejection for every tender;
- f) copy of the award letters.

9.3.6.2 Officers of the Foundation Trust shall only be eligible for inclusion on a tender evaluation panel if they have fully complied with the requirements of Conflict of Interest policies and procedures.

9.3.6.3 All contracts for 'purchased healthcare' must be registered on the Commercial Services Contracts Register and the original contract documents held centrally by Commercial Services. This will include a copy of the contract review and management process including the officer responsible for on-going contract management.

9.3.6.4 Bribery Act

The Act makes it an offence to pay or receive a bribe, either directly or indirectly. The Act provides for transactions that take place both in the public and private sectors. Where a commercial organisation is convicted of such an offence there is provision within the Regulations for the commercial organisation to be barred from participating in tenders for public contracts. The Government intends to change this in amended Regulations to give a discretion to the public body seeking the tender as to whether such a commercial organisation should be so barred. Where there is evidence to suggest a breach of the Act or a conviction under the Act, officers should inform the Strategic Head of Procurement, Director of People and the Solicitor to the Trust who will advise on a course of action.

9.3.7 **Receipt and Evaluation**

For all projects over £25,000, documentation shall be received via the corporate e-tendering system. Tender documentation will only be released for evaluation once the electronic vault opens at the pre-appointed time.

9.3.8 **Late Tenders**

Where a tender is submitted in competition and is received after the specified time then it shall be disqualified. This shall be subject to a test of reasonableness on the part of the Strategic Head of Procurement. The decision whether to accept or reject a late tender should be recorded in writing via the e-tender system.

9.3.9 **Acceptance**

9.3.9.1 Contracts shall be evaluated and awarded in accordance with the evaluation criteria issued with the tender documentation. Only those tenders that comply with the evaluation criteria shall be considered for acceptance. Tenders must be accepted on the basis of “most advantageous” tender.

9.3.9.2 Unless variants have been expressly permitted, a tenderer who submits a qualified or conditional tender shall be given the opportunity to withdraw the qualification or condition without amendment to the tender. If the tenderer fails to do so the tender must be rejected.

9.3.9.3 Prior to final contract award, and as stipulated in the tender documentation instructions, the contractor must provide evidence of adequate insurance to cover:

- a) public liability;
- b) employers' liability; and,
- c) where appropriate, professional indemnity;
- d) where appropriate, product liability.

9.3.9.4 The decision on whether insurance is adequate shall be taken by the Chief Financial Officer. The contractor should be able to produce such evidence in their tender submissions where requested and during the life of the contract.

9.3.9.5 The notification of the award decision to unsuccessful bidders, based on the most economically advantageous tender, should contain:

- a) the award criteria;
- b) the score the tenderer obtained against those award criteria;
- c) the score the winning tenderer obtained;
- d) the name of the winning tenderer(s);
- e) the relative advantage of the winning bid.

9.3.10 Nominated or Named sub-Contractors and Suppliers

Contracts must be awarded to a single entity or lead contractor, who in turn will take contractual responsibility for the performance (and risks) for all sub-contractors and supply-chains. This reduces the risk of the Trust becoming party to disputes between contractors.

9.3.11 Performance Bonds and Guarantees

In the case of all contracts valued above £25,000 where a risk is present, the Authorised Officer shall determine, based on advice from the Chief Financial Officer, the degree of security (if any) required to protect the Trust from a contractor default. This may be a performance bond or some other form of financial or performance guarantee, e.g. parent company guarantee. Where a performance bond and/or parent company guarantee is required, then the tender documents must provide for this.

9.3.12 Liquidated Damages

Any contract which is estimated to exceed £25,000 in value or amount, and is for the execution of works, or for the supply of goods or materials by a particular date or series of dates, shall provide for liquidated damages. The amount to be specified in each such contract shall be determined by the Strategic Head of Procurement.

9.3.13 Contract Management

Contract Management must take place on all final awarded contracts. This is outlined through the measurement of individual contractors' KPI's (Key Performance Indicators). It is recommended for contractors to be measured on a quarterly basis. However, depending on the specific contract area, the Trust has the discretion to decide for this to be more frequent.

9.4 Joint finance arrangements with local authorities and voluntary bodies

Payments to local authorities and voluntary organisations shall comply with procedures laid down by the Chief Financial Officer.

10 FUNDING AND INVESTMENTS

10.1 Public Dividend Capital

10.1.1 Additional Public Dividend Capital may be made available on such terms the Secretary of State (with the consent of the Treasury) decides.

10.1.2 Draw down of Public Dividend Capital should be authorised in accordance with the mandate held by the Department of Health Cash Funding Team.

10.1.3 The Foundation Trust shall be required to pay annually to the Department of Health a dividend on its Public Dividend Capital at a rate to be determined from time to time, by the Secretary of State.

10.2 Working Capital Facility / Department of Health Loans

10.2.1 The Foundation Trust may borrow money from Department of Health for the purposes of or in connection with its functions, subject to agreement by NHSE.

10.3 Commercial Borrowing and Investment

- 10.3.1 The Foundation Trust may borrow money from any commercial source for the purposes of or in connection with its functions, subject to agreement by NHSE.
- 10.3.2 The Foundation Trust may invest money (other than money held by it as charitable trustee) for the purposes of or in connection with its functions. Such investment may include forming, or participating in forming, or otherwise acquiring membership of bodies corporate.
- 10.3.3 The Foundation Trust may also give financial assistance (whether by way of loan, guarantee or otherwise) to any person for the purposes of or in connection with its functions but is currently not registered to do so.

10.4 Investment of Temporary Cash Surpluses

- 10.4.1 Temporary cash surpluses must be held only in such public and private sector investments as authorised by the Board of Directors.
- 10.4.2 The Finance Committee is responsible for establishing and monitoring an appropriate investment strategy.
- 10.4.3 The Chief Financial Officer is responsible for advising the Board of Directors on investments and shall report periodically to the Board of Directors concerning the performance of investments held.
- 10.4.4 The Chief Financial Officer will prepare detailed procedural instructions on investment operations and on the records to be maintained. The Foundation Trust's Treasury Management policy will incorporate guidance from NHSE as appropriate.

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

11.1 Capital investment

- 11.1.1 The Chief Executive:
 - a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
 - b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; and
 - c) shall ensure that the capital investment is not undertaken without the availability of resources to finance all revenue consequences, including capital charges.
- 11.1.2 For capital expenditure proposals the Chief Executive shall ensure (in accordance with the limits outlined in the Scheme of Delegation) that a business case is produced setting out:
 - e) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and
 - f) appropriate project management and control arrangements; and
 - g) the involvement of appropriate Foundation Trust personnel and external agencies; and

- h) that the Chief Financial Officer has certified professionally to the costs and revenue consequences detailed in the business case.
- 11.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of the NHS Premises Assurance Model.
- 11.1.4 The Chief Financial Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.
- 11.1.5 The approval of a capital programme shall not constitute approval for expenditure on any scheme without the approval of an associated business case as set out in 11.1.2. Once approved, the manager responsible for any scheme is issued with:
 - a) specific authority to commit expenditure;
 - b) authority to proceed to tender;
 - c) approval to accept a successful tender.
- 11.1.6 The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the NHS Premises Assurance Model and the Foundation Trust's Standing Orders.
- 11.1.7 The Chief Financial Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

11.2 **Private finance**

The Foundation Trust should normally test for PFI when considering capital procurement. When the Board proposes, or is required, to use finance provided by the private sector the following should apply:

- a) The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector;
- b) A business case must be referred to NHSE/DHSC for approval or treated as per current guidelines;
- c) The proposal must be specifically agreed by the Foundation Trust in the light of such professional advice as should reasonably be sought in particular with regard to vires;
- d) The selection of a contractor / finance company must be on the basis of competitive tendering or quotations.

11.3 **Asset registers**

- 11.3.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Chief Financial Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the Asset Register to be conducted once a year.
- 11.3.2 Additions to the Fixed Asset Register must be clearly identified to an appropriate budget holder and be validated by reference to:
 - a) properly authorised and approved agreements, architect's certificates, suppliers' invoices and other documentary evidence in respect of purchases from third parties;

- b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and
 - c) lease agreements in respect of assets held under a finance lease and capitalised.
- 11.3.3 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 11.3.4 The Chief Financial Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on Fixed Asset Registers.
- 11.3.5 The value of assets shall be periodically recalculated in line with the Department of Health Group Accounting Manual (GAM).
- 11.3.6 The value of each asset shall be depreciated using methods and rates as specified in the GAM.
- 11.3.7 The Chief Financial Officer shall calculate and pay capital charges as specified by NHSI.

11.4 **Relevant Assets**

- 11.4.1 A register of Relevant Assets is required to be maintained in accordance with requirements issued by NHSE.
- 11.4.2 No Relevant Assets may be disposed of without the approval of NHSE.
- 11.4.3 This will be achieved through the annual planning process. The annual plan will include proposed acquisitions, disposals and changes in the treatment of Relevant Assets.
- 11.4.4 Foundation Trusts are required to notify relevant bodies of the publication date of their plans to allow them to lodge any objections. Twenty-one days is allowed before the plans are then approved.
- 11.4.5 During the year when the proposed changes are made the Asset Register must be updated accordingly. The relevant bodies should then be notified that an updated Asset Register is available.
- 11.4.6 All other changes to the treatment of Relevant Assets must be in line with 'Section 5 – Continuity of Services, Condition CoS2 – Restriction on the disposal of assets' of NHSE's Licence Conditions.

11.5 **Security of assets**

- 11.5.1 The overall control of fixed assets is the responsibility of the Chief Executive advised by the Chief Financial Officer.
- 11.5.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Chief Financial Officer. This procedure shall make provision for:
 - a) recording managerial responsibility for each asset;
 - b) identification of additions and disposals;
 - c) identification of all repairs and maintenance expenses;
 - d) physical security of assets;

- i) periodic verification of the existence of, condition of, and title to, assets recorded;
 - ii) identification and reporting of all costs associated with the retention of an asset;
 - iii) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.
- 11.5.3 All significant discrepancies revealed by verification of physical assets to Fixed Asset Register shall be notified to the Chief Financial Officer.
- 11.5.4 Whilst each employee has a responsibility for the security of property of the Foundation Trust, it is the responsibility of directors and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board of Directors. Any breach of agreed security practices must be reported in accordance with instructions.
- 11.5.5 Any damage to the Foundation Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors and employees in accordance with the procedure for reporting losses.
- 11.5.6 Where practical, assets should be marked as Foundation Trust property.

12 STOCK STORES AND RECEIPT OF GOODS

- 12.1 Stocks are defined as those goods normally utilised in day to day activity, but which at a given point in time have not been used or consumed. There are three broad types of store:-
 - a) Controlled stores - specific areas designated for the holding and control of goods;
 - b) Wards and departments - goods required for immediate usage to support operational services;
 - c) Manufactured Items - where goods and consumables are being made or processes are being applied which add to the raw material cost of the goods.
- 12.2 Such stocks should be kept to a minimum and for;
 - a) controlled stores and other significant stores (as determined by the Chief Financial Officer) should be subjected to an annual stocktake or perpetual inventory procedures; and
 - b) valued at the lower of cost and net realisable value.
- 12.3 Subject to the responsibility of the Chief Financial Officer for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated by him to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Chief Financial Officer . The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer.
- 12.4 The responsibility for security arrangements and the custody of keys for all stores and locations shall be clearly defined in writing by the designated manager.
- 12.5 Wherever practicable, stocks should be marked as Foundation Trust property.

- 12.6 The Chief Financial Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.
- 12.7 Stocktaking arrangements shall be agreed with the Chief Financial Officer and there shall be a physical check covering all items in store at least once a year.
- 12.8 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Chief Financial Officer.
- 12.9 The designated manager shall be responsible for a system approved by the Chief Financial Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Chief Financial Officer any evidence of significant overstocking and of any negligence or malpractice (see also 13, Disposals and Condemnations, Insurance, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

Receipt of Goods

- 12.10 A delivery note shall be obtained from the supplier at the time of delivery and shall be signed by the person receiving the goods. All goods received shall be checked, by the appropriate department, as regards quantity and/or weight and inspected as to quality and specification. Instructions shall be issued to staff covering the procedures to be adopted in those cases where a delivery note is not available.
- 12.11 All goods received shall be entered onto an appropriate goods received/stock record (whether a computer or manual system) on the day of receipt. If goods received are unsatisfactory, the records shall be marked accordingly. Further, where the goods received are found to be unsatisfactory, or short on delivery, they shall only be accepted on the authority of the designated officer and the supplier shall be notified immediately.
- 12.12 For goods supplied via the NHS Supply Chain central warehouses, the Strategic Head of Procurement shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note to satisfy themselves that the goods have been received. The Finance Department will make payment on receipt of an invoice.

Stock

- 12.13 Stocks issued shall be accompanied by an authorised requisition and a receipt for the stock issued shall be returned to the designated officer. Where a stock replenishment system is used, a record shall be maintained as approved by the Chief Financial Officer. Regular reviews shall be made of the quantities issued to wards/departments etc. and explanations recorded of significant variations.
- 12.14 All transfers and returns shall be recorded on forms/systems provided for the purpose and approved by the Chief Financial Officer .

13 DISPOSALS AND CONDEMNATIONS, INSURANCE, LOSSES AND SPECIAL PAYMENTS

13.1 Disposals and condemnations

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

- 13.1.2 When it is decided to dispose of a Foundation Trust asset, the head of department or authorised deputy will determine and advise the Chief Financial Officer of the estimated market value of the item, taking account of professional advice where appropriate. For protected (relevant) assets see Section 11.4 of these SFIs.
- 13.1.3 All unserviceable articles shall be:
- a) condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Financial Officer;
 - b) recorded by the condemning officer in a form approved by the Chief Financial Officer, which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Chief Financial Officer.
- 13.1.4 The condemning officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Chief Financial Officer who will take the appropriate action.
- 13.2 **Losses and special payments**
- 13.2.1 The Chief Financial Officer must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments. The Chief Financial Officer must also prepare a fraud response plan that sets out the action to be taken both by persons detecting a suspected fraud and those persons responsible for investigating it.
- 13.2.2 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their directorate manager or head of department, who must immediately inform the Chief Financial Officer who will liaise with the Chief Executive, or inform an officer charged with responsibility for responding to concerns involving loss confidentially. This officer will then appropriately inform the Chief Financial Officer who will liaise with the Chief Executive.
- 13.2.3 Where a criminal offence is suspected, the Chief Financial Officer must immediately inform the police if theft or arson is involved. In cases of fraud or corruption or of anomalies which may indicate fraud or corruption, the Chief Financial Officer must inform their Local Counter Fraud Specialist who will inform the relevant Counter Fraud regional team **before** any action is taken and reach agreement how the case is to be handled.
- 13.2.4 The Chief Financial Officer must notify Counter Fraud and Security Management Service of all frauds and ensure that details are disclosed in the Annual Accounts.
- 13.2.5 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial the Chief Financial Officer must immediately notify the Board of Directors.
- 13.2.6 The Board of Directors shall approve the writing-off of all losses and special payments in accordance with the Scheme of Delegation.
- 13.2.7 The Chief Financial Officer shall be authorised to take any necessary steps to safeguard the Foundation Trust's interests in bankruptcies and company liquidations.
- 13.2.8 For any loss, the Chief Financial Officer should consider whether any insurance claim could be made.
- 13.2.9 The Chief Financial Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.

13.3 Insurance

The Chief Financial Officer shall ensure that insurance arrangements exist in accordance with the risk management programme.

13.4 Compensation claims

13.4.1 The Foundation Trust is committed to effective and timely investigation and response to any claim that includes allegations of clinical negligence, employee and other compensation claims. The Foundation Trust will follow the requirements and note the recommendations of NHSE / the Department of Health, and the NHS Litigation Authority (NHS LA) in the management of claims. Every member of staff is expected to co-operate fully, as required, in assessment and management of each claim.

13.4.2 The Foundation Trust will seek to reduce the incidence and adverse impact of clinical negligence, employee and other litigation by: -

- a) Adopting prudent risk management strategies including continuous review;
- b) Implementing in full the NHS Complaints Procedure, thus providing an alternative remedy for some potential litigants;
- c) Adopting a systematic approach to claims handling in line with the best current and cost effective practice;
- d) Following guidance issued by the NHS LA relating to clinical negligence;
- e) Achieving the Care Quality Commission's 'Essential standards of quality and safety';
- f) Implementing an effective system of Clinical Governance.

13.4.3 The Medical Director and the Director of Nursing and Quality are responsible for clinical governance. The Director of Corporate Affairs is responsible for managing the claims process in collaboration with the Medical Director and the Director of Nursing and Quality, and for informing the Foundation Trust Board of Directors of any major developments on claims related issues.

14 INFORMATION TECHNOLOGY

14.1. The Chief Financial Officer, who is responsible for the accuracy and security of the computerised financial data of the Foundation Trust, shall:

- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Foundation Trust's data, programs and computer hardware for which he/she is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection and Computer Misuse Acts;
- b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

- d) ensure that adequate controls exist to maintain the security, privacy, accuracy and completeness of financial data sent via transmission networks;
 - e) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews, as he/she may consider necessary are being carried out.
- 14.2 The Chief Financial Officer shall satisfy him/herself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them prior to implementation.
- 14.3 In the case of computer systems which are proposed general applications (i.e. normally those applications which the majority of NHS Organisations in the region wish to sponsor jointly e.g. PACS - Picture Archiving Communication System) all responsible directors and employees will send to the Senior Information Risk Owner:
 - a) details of the outline design of the system:
 - b) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.
- 14.4 The Senior Information Risk Owner shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
- 14.5 Where another health organisation or any other agency provides a computer service for financial applications, the Senior Information Risk Owner shall periodically seek assurances that adequate controls are in operation.
- 14.6 Where computer systems have an impact on corporate financial systems the Senior Information Risk Owner shall satisfy him/herself that:
 - a) systems acquisition, development and maintenance are in line with corporate policies such as an IM&T Strategic Plan;
 - b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
 - c) Senior Information Risk Owner staff have access to such data; and
 - d) such computer audit reviews as are considered necessary are being carried out.
- 14.7 The Foundation Trust shall disclose to NHSE and directly to any third parties, as may be specified by the Secretary of State, the information, if any, specified in the NHSE Licence. Other information, as requested, shall be provided to NHSE.

15 PATIENTS' PROPERTY

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

- 15.2 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission that by the Foundation Trust will not accept responsibility or liability for patients' property brought into its premises, unless it is handed in for safe custody and a copy of an official patient's property record is obtained as a receipt. This information shall take the form of:
- a) notices and information booklets;
 - b) hospital admission documentation and property records;
 - c) the oral advice of administrative and nursing staff responsible for admissions.
- 15.3 The Chief Financial Officer must provide detailed written instructions on the collection, custody, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. The said instructions shall cover the necessary arrangements for withdrawal of cash or disbursement of money held in accounts of patients who are incapable of handling their own financial affairs.
- 15.4 A patient's property record, in a form determined by the Chief Nurse shall be completed in respect of the following:
- a) property handed in for safe custody by any patient (or guardian as appropriate); and
 - b) property taken into safe custody having been found in the possessions of:
 - i) mentally disordered patients
 - ii) confused and/or disorientated patients
 - iii) unconscious patients
 - iv) patients dying in hospital
 - c) A record shall be completed in respect of all persons in category b, including a nil return if no property is taken into safe custody.
- 15.5 The record shall be completed by a member of the hospital staff in the presence of a second member of staff and the patient (or representative) where practicable. It shall then be signed by both members of staff and by the patient, except where the latter is restricted by physical or mental incapacity. Any alterations shall be validated by signature as required in the original entry on the record.
- 15.6 Refunds of cash handed in for safe custody will be dealt with in accordance with the Trust's Policy and Procedure for the Safeguarding and Custody of Patients' Property. Property other than cash, which has been handed in for safe custody, shall be returned to the patient as required, by the officer who has been responsible for its security. The return shall be receipted by the patient or guardian as appropriate and witnessed.
- 15.7 The disposal of property of deceased patients shall be effected by the officer who has been responsible for its security. Such disposal shall be in accordance with written instructions issued by the Chief Financial Officer, in particular, where cash or valuables have been deposited for safe custody, they shall only be released after written authority has been given by the Chief Financial Officer. Such authority shall include details of the lawful kin or other person entitled to the cash and valuables in question.

- 15.8 In all cases where property of a deceased patient is of a total value in excess of the amount prescribed in the Administration of Estates Act, the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is less than the amount prescribed in the Act, forms of indemnity shall be obtained.
- 15.9 Property handed over for safe custody shall be placed into the care of the appropriate administrative staff. Where there are no administrative staff present, the property shall be placed in the secure care of the most senior member of nursing staff on duty.
- 15.10 In respect of deceased patients, if there is no will and no lawful next of kin the property vests in the Crown and particulars shall, therefore, be notified to the Treasury Solicitor.
- 15.11 Any funeral expenses necessarily borne by the Foundation Trust are a first charge on a deceased person's estate. Where arrangements for burial or cremation are not made privately, any element of the estate held by the Foundation Trust may be appropriated towards funeral expenses, upon the authorisation of the Chief Financial Officer.
- 15.12 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.
- 15.13 Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

16 FUNDS HELD ON TRUST

16.1 General

- 16.1.1 The Foundation Trust has a responsibility as a corporate trustee for the management of funds it holds on trust. The management processes may overlap with those of the organisation of the Foundation Trust; however, the trustee responsibilities must be discharged separately, and full recognition given to its dual accountabilities to the Charity Commission.
- 16.1.2 The reserved powers of the Board of Directors and the Scheme of Delegation make clear where decisions are to be taken and by whom.
- 16.1.3 As management processes overlap most of the sections of these Standing Financial Instructions will apply to the management of funds held on trust.
- 16.1.4 The over-riding principle is that the integrity of each trust must be maintained, and statutory and trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.
- 16.1.5 Charitable Funds are those gifts, donations and endowments made under the relevant charities legislation and held on trust for purposes relating to the Trust and the objectives of which are for the benefit of the NHS in England. They are administered by the Foundation Trust Board of Directors acting as trustees.
- 16.1.6 The Chief Financial Officer shall maintain such accounts and records as may be necessary to record and protect all transactions and funds of the Foundation Trust as trustees of Charitable Funds, including an Investment Register.

16.2 Existing Charitable Funds

- 16.2.1 The Chief Financial Officer shall arrange for the administration of all existing funds. Terms of Registration must exist for every fund and detailed codes of procedure shall

be produced covering every aspect of the financial management of charitable funds, for the guidance of fund managers. The Terms of Registration shall identify the restricted nature of certain funds, and it is the responsibility of fund managers, within their delegated authority, and the Charitable Funds Committee, to ensure that funds are utilised in accordance with the terms of the Deed.

16.2.2 The Chief Financial Officer shall periodically review the funds in existence and shall make recommendations to the Charitable Funds Committee regarding the potential for rationalisation of such funds within statutory guidelines.

16.2.3 The Chief Financial Officer shall ensure that all funds are currently registered with the Charity Commission in accordance with the Charities Act.

16.3 New Charitable Funds

16.3.1 The Chief Financial Officer shall recommend the creation of a new fund where funds and/or other assets, received for charitable purposes, cannot adequately be managed as part of an existing fund.

16.3.2 The Deed of Establishment for any new fund shall clearly identify, inter alia, the objects of the new fund, the nominated fund manager, the estimated annual income and, where applicable, the Charitable Funds Committee's power to assign the residue of the fund to another fund contingent upon certain conditions, e.g. discharge of original objects.

16.4 Sources of New Funds

16.4.1 All gifts accepted shall be received and held in the name of the Charity and administered in accordance with the Charity's policy, subject to the terms of specific funds. As the Charity can accept gifts only for all or any purposes relating to the Terms of Registration, officers shall, in cases of doubt, consult the Chief Financial Officer before accepting any gift. Advice to the Board of Directors on the financial implications of fund raising activities by outside bodies or organisations shall be given by the Chief Financial Officer.

16.4.2 All gifts, donations and proceeds of fund-raising activities, which are intended for the Charity's use, must be handed immediately to the Chief Financial Officer via the Cash Office to be banked directly to the Charitable Funds Bank Account.

16.4.3 In respect of donations, the Chief Financial Officer shall:-

- a) provide guidelines to Officers of the Foundation Trust as to how to proceed when offered funds. These will include:
 - i) the identification of the donor's intentions;
 - ii) where possible, the avoidance of creating excessive numbers of funds;
 - iii) the avoidance of impossible, undesirable or administratively difficult objects;
 - iv) sources of immediate further advice; and
 - v) treatment of offers for personal gifts;
- b) provide secure and appropriate receipting arrangements, which will indicate that donations have been accepted directly into the appropriate fund and that the donor's intentions have been noted and accepted.

16.4.4 In respect of Legacies and Bequests, the Chief Financial Officer shall be kept informed of and record all enquiries regarding legacies and bequests. Where required, the Chief Financial Officer shall:

- a) provide advice covering any approach regarding the receipt of funds/other assets from executors;
 - b) after the death of a testator the Chief Financial Officer shall be responsible for ensuring that all correspondence and executor discharge concerning a legacy shall be dealt with on behalf of the Charity;
 - c) where necessary, obtain grant of probate or make application for grant of letters of administration;
 - d) be empowered to negotiate arrangements regarding the administration of a will with executors and to discharge them from their duty; and
 - e) be directly responsible, in conjunction with the Charitable Funds Committee, for the appropriate treatment of all legacies and bequests.
- 16.4.5 In respect of fund-raising, the final approval for major appeals will be given by the Board of Directors (as Trustee). Final approval for smaller appeals will be given by the Charitable Funds Committee. The Chief Financial Officer shall:
- a) advise on the financial implications of any proposal for fund-raising activities;
 - b) deal with all arrangements for fund-raising by and/or on behalf of the Charity and ensure compliance with all statutes and regulations;
 - c) be empowered to liaise with other organisations/persons raising funds for the Charity and provide them with an adequate discharge;
 - d) be responsible for alerting the Charitable Funds Committee and the Board of Directors (as Trustee) to any irregularities regarding the use of the Charity's name or its registration numbers; and
 - e) be responsible for the appropriate treatment of all funds received from this source.
- 16.4.6 In respect of Trading Income (in line with Charity Commission Guidance), the Chief Financial Officer shall:
- a) be primarily responsible, along with designated fund managers, for any trading undertaken by the Charity; and
 - b) be primarily responsible for the appropriate treatment of all funds received from this source.
- 16.4.7 In respect of Investment Income, the Chief Financial Officer shall be responsible for the appropriate treatment of all dividends, interest and other receipts from this source (see below).

16.5 Investment Management

- 16.5.1 The Charitable Funds Committee shall be responsible for all aspects of the management of the investment of charitable funds as delegated under the terms of the approved investment policy. The issues on which the Chief Financial Officer shall be required to provide advice to the Charitable Funds Committee shall include:-
- a) the formulation of investment policy which meets statutory requirements (Trustee Investment Act) with regard to income generation and the enhancement of capital value;

- b) the appointment of advisers, brokers and, where appropriate, investment fund managers and:
 - i) The Chief Financial Officer shall recommend the terms of such appointments; and for which;
 - ii) written agreements shall be signed by the Chief Executive;
- c) pooling of investment resources and the preparation of a submission to the Charity Commission for them to make a scheme;
- d) the participation by the Charity in common investment funds and the agreement of terms of entry and withdrawal from such funds;
- e) that the use of assets shall be appropriately authorised in writing and charges raised within policy guidelines;
- f) the review of the performance of brokers and fund managers;
- g) the reporting of investment performance.

16.5.2 The Chief Financial Officer shall prepare detailed procedural instructions concerning the receiving, recording, investment and accounting for Charitable Funds.

16.6 Expenditure from Charitable Funds

16.6.1 Expenditure from Charitable Funds shall be managed by the Charitable Funds Committee on behalf of the Board of Directors (as Trustee). In so doing the committee shall be aware of the following:

- a) the objects of various funds and the designated objectives;
- b) the availability of liquid funds within each trust;
- c) the powers of delegation available to commit resources;
- d) the avoidance of the use of exchequer funds to discharge endowment fund liabilities (except where administratively unavoidable), and to ensure that any indebtedness to the Exchequer shall be discharged by trust funds at the earliest possible time;
- e) that funds are to be spent rather than preserved, subject to the wishes of the donor and the needs of the Foundation Trust; and the definitions of “charitable purposes”.

16.6.2 Delegated authority to incur expenditure which meets the purpose of the funds is set out in the Scheme of Delegation; exceptions are as follows:

- a) Any staff salaries/wages costs require Charitable Funds Committee approval;
- b) No funds are to be “overdrawn” except in the exceptional circumstance that Charitable Funds Committee approval is granted.

16.7 Banking Services

16.7.1 The Chief Financial Officer shall advise the Charitable Funds Committee and, with its approval, shall ensure that appropriate banking services are available in respect of administering the Charitable Funds. These bank accounts should permit the separate identification of liquid funds to each trust where this is deemed necessary by the Charity Commission.

16.8 Asset Management

16.8.1 Assets in the ownership of or used by the Foundation Trust shall be maintained along with the general estate and inventory of assets of the Foundation Trust. The Chief Financial Officer shall ensure:-

- a) that appropriate records of all donated assets owned by the Foundation Trust are maintained, and that all assets, at agreed valuations are brought to account;
- b) that appropriate measures are taken to protect and/or to replace assets. These to include decisions regarding insurance, inventory control, and the reporting of losses;
- c) that donated assets received on trust shall be accounted for appropriately;
- d) that all assets acquired from Charitable Funds which are intended to be retained within the funds are appropriately accounted for.

16.9 Reporting

16.9.1 The Chief Financial Officer shall ensure that regular reports are made to the Charitable Funds Committee and Board of Directors with regard to, inter alia, the receipt of funds, investments and expenditure.

16.9.2 The Chief Financial Officer shall prepare annual accounts in the required manner, which shall be submitted to the Board of Directors within agreed timescales.

16.9.3 The Chief Financial Officer shall prepare an annual trustees' report and the required returns to the Charity Commission for adoption by the Charitable Funds Committee.

16.10 Accounting and Audit

16.10.1 The Chief Financial Officer shall maintain all financial records to enable the production of reports as above and to the satisfaction of internal and external audit.

16.10.2 Distribution of investment income to the charitable funds and the recovery of administration costs shall be performed on a basis determined by the Chief Financial Officer.

16.10.3 The Chief Financial Officer shall ensure that the records, accounts and returns receive adequate scrutiny by internal audit during the year. He/she will liaise with external audit and provide them with all necessary information.

16.10.4 The Charitable Funds Committee shall be advised by the Chief Financial Officer on the outcome of the annual audit.

16.11 Taxation and Excise Duty

16.11.1 The Chief Financial Officer shall ensure that the Charity's liability to taxation and excise duty is managed appropriately, in line with HMRC regulations, through the maintenance of appropriate records, the preparation and submission of the required returns and the recovery of deductions at source.

17 ACCEPTANCE OF GIFTS AND HOSPITALITY BY STAFF

17.1 The Company Secretary shall ensure that all staff are made aware of the Foundation Trust policy on acceptance of gifts and other benefits in kind by staff. This policy follows the Department of Health guidance on Managing Conflicts of Interest in the NHS

18 RETENTION OF DOCUMENTS

- 18.1 The Chief Executive shall be responsible for maintaining archives for all documents required to be retained under the direction contained in the Retention and Destruction of Records Policy and the Freedom of Information Act.
- 18.2 The documents held in archives shall be capable of retrieval by authorised persons.
- 18.3 Records shall be maintained of documents destroyed, as defined in the Retention and Destruction of Records Policy.

19 RISK MANAGEMENT

- 19.1 The Chief Executive shall ensure that the Foundation Trust has a programme of risk management, in accordance with current NHSE / Department of Health and Social Care requirements, which must be approved and monitored by the Board of Directors.
- 19.2 The programme of risk management shall include:
- a) a process for identifying and quantifying risks and potential liabilities;
 - b) engendering among all levels of staff a positive attitude towards the control of risk;
 - c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
 - d) contingency plans to offset the impact of adverse events;
 - e) audit arrangements including; internal audit, clinical audit, health and safety review;
 - f) decisions on which risks shall be insured;
 - g) arrangements to review the risk management programme;
- 19.3 The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of Internal Control (Annual Governance Statement) within the Annual Report and Accounts as required by current guidance.

**Outstanding Care,
Compassionate People,
Healthier Communities**


Sherwood Forest Hospitals
NHS Foundation Trust

SCHEME OF DELEGATION

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2. Introduction

2.1 Reservation of Powers

Section 4 of the Trust's Standing Orders for the Board of Directors states that "The Board of Directors may make arrangements for the exercise, on behalf of the Trust of any of its functions by a committee, or sub-committee, appointed by virtue of Standing Order 5.1 or 5.2, or by a Director or an Officer of the Trust in each case subject to such restrictions and conditions as the Board of Directors thinks fit". The Code of Conduct of Accountability in the NHS also requires that there should be a formal schedule of matters specifically reserved to the Board of Directors of the Foundation Trust.

The purpose of this document is to detail how the powers are reserved to the Board of Directors, while at the same time delegating to the appropriate level the detailed application of Foundation Trust policies and procedures. However, the Board of Directors remains accountable for all of its functions, even those delegated to committees, sub committees, individual directors or officers and would therefore expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

2.2 Role of the Chief Executive

All powers of the Foundation Trust, which have not been retained as reserved by the Board of Directors or delegated to an executive committee or sub-committee, shall be exercised on behalf of the Board of Directors by the Chief Executive. The Chief Executive shall prepare a Scheme of Delegation identifying which functions he/she shall perform personally and which functions have been delegated to other directors and officers for operational responsibility.

All powers delegated by the Chief Executive can be re-assumed by him/her should the need arise.

2.3 Appropriate Use of Delegated Powers

Powers are delegated to directors and officers on the understanding that they would exercise their delegated powers in an appropriate manner which in their judgement would not be a cause for public concern.

2.4 Absence of Directors or Officers to Whom Powers have been Delegated

In the absence of a director or officer to whom powers have been delegated, those powers shall be exercised by that director or officer's superior unless alternative arrangements have been approved by the Board of Directors. If the Chief Executive is absent, powers delegated to him/her may be exercised by the nominated officer acting in his/her absence after taking appropriate advice from the Chief Financial Officer. In the absence of the Chief Financial Officer, appropriate advice should be sought from the Deputy Chief Financial Officer.

3. RESERVATION OF POWERS TO THE BOARD OF DIRECTORS

3.1 Accountability

The Code of Conduct of Accountability in the NHS, which has been adopted by the Foundation Trust, requires the Board of Directors to determine those matters on which decisions are reserved unto itself. These reserved matters are set out in paragraphs 3.2 to 3.9 below:

3.2 General Enabling Provision

The Board of Directors may determine any matter, for which it has authority, it wishes in full session within its statutory powers.

3.3 Regulations and Control

The Board of Directors remains accountable for all of its functions, even those delegated to individual committees, sub-committees, directors or officers and would therefore expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role. The following are decisions reserved to the board:

- Approval of Standing Orders (SOs), a schedule of matters reserved to the Board of Directors and Standing Financial Instructions for the regulation of its proceedings and business.
- Suspend Standing Orders.
- Vary or amend the Standing Orders.
- Ratification of any urgent decisions taken by the Chair and Chief Executive in accordance with SO 6.5.
- Approval of a scheme of delegation of powers from the Board of Directors to committees.
- Requiring and receiving the declaration of Directors' interests which may conflict with those of the Foundation Trust and determining the extent to which that director may remain involved with the matter under consideration.
- Requiring and receiving the declaration of officers' interests which may conflict with those of the Foundation Trust.
- Adoption of the organisational structures, processes and procedures to facilitate the discharge of business by the Foundation Trust and to agree modifications thereto.
- To receive reports from committees including those which the Foundation Trust is required by the Constitution and the Health and Social Care Act 2012 or other regulation to establish and to take appropriate action thereon.
- To confirm the recommendations of the Foundation Trust's committees where the committees do not have executive powers.
- Approval of arrangements relating to the discharge of the Foundation Trust's responsibilities as a corporate trustee for funds held on trust.
- To establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board of Directors.
- Approval of arrangements relating to the discharge of the Foundation Trust's responsibilities as a bailer for patients' property.
- Authorise use of the seal.
- Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention.
- Disciplining Board members or employees that report to the Chief Executive, who are breach of

Statutory Requirements or Standing Orders.

3.4 Appointments / Dismissal

- Appointment of the Vice Chair / Senior Independent Director of the Board of Directors.
- The appointment and dismissal of committees (and individual members) that are directly accountable to the Board of Directors.
- Confirm the appointment of members of any committee of the Foundation Trust as representatives on outside bodies.

3.5 Policy Determination

The approval of Foundation Trust management policies including People / Human Resources policies incorporating the arrangements for the appointment, dismissal and remuneration of staff.

3.6 Strategy and Business Plans and Budgets

- Definition of the strategic aims and objectives of the Foundation Trust.
- Approval and monitoring of the Foundation Trust's policies and procedures for the management of risk.
- Approve Business Cases for Capital Investment with significant capital expenditure commitments according to the limits set out in Table B.
- Approve budgets.
- Approve annually the Foundation Trust's proposed business plan including operational budgets and capital expenditure programme.
- Ratify proposals for acquisition, disposal or change of use of land and/or buildings.
- Approve proposals on individual contracts, including purchase orders (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to the limits specified in Table B (Financial Limits) of the Scheme of Delegation.
- Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation (Table B) to the Chief Executive and Chief Financial Officer.
- Approve proposals for action on litigation against or on behalf of the Foundation Trust where the likely financial impact is expected to exceed the limits specified in Table B, or contentious or novel or likely to lead to extreme adverse publicity, excluding claims covered by the NHS risk pooling schemes.
- Review use of NHS risk pooling schemes.

3.7 Audit Arrangements

To receive recommendations regarding the appointment (and where necessary dismissal) of the internal and external auditors. The appointment or removal of the external auditors must be ratified by the Council of Governors.

3.8 Annual Reports and Accounts

- Receipt and approval of the Foundation Trust's Annual Report, Annual Accounts and Quality Accounts prior to submission to NHS England and subsequent presentation to the Council of Governors at a

Members Meeting.

- Receipt and approval of the Annual Report and Accounts for funds held on trust.

3.9 Monitoring

- Receipt of such reports as the Board of Directors sees fit from committees in respect of their exercise of powers delegated.
- Continuous appraisal of the affairs of the Foundation Trust by means of the provision to the Board of Directors as the Board of Directors may require from directors, committees, and officers of the Foundation Trust as set out in management policy statements.
- Receive reports from the Chief Financial Officer on financial performance against budget and business plan and receive the minutes of the Finance Committee.

4 DELEGATION OF POWERS TO COMMITTEES

4.1 Delegation to Committees

The Board of Directors may determine that certain of its powers shall be exercised by Standing Committees. The composition and terms of reference of such committees shall be that approved by the Board of Directors. The Board of Directors shall determine the reporting requirements in respect of these committees. In accordance with SO 6, committees may not delegate executive powers to sub-committees unless expressly authorised by the Board of Directors. Terms of Reference for these Standing Committees shall be approved by the Board of Directors.

5 SCHEME OF DELEGATION TO OFFICERS

5.1 Delegation

Standing Orders and Standing Financial Instructions set out in some detail the financial responsibilities of the Chief Executive, the Chief Financial Officer and other directors.

Delegated matters in respect of decisions that may have a far-reaching effect must be reported to the Chief Executive. **The delegation tables shown below highlight current delegated authority and limits.**

Table A - Delegated Authority

Table B - Delegated Financial Limits

Delegation to lower levels is only permitted with written approval of the Chief Executive who will, before authorising such delegation, consult with other Senior Managers as appropriate.

DELEGATED AUTHORITY

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
1. Standing Orders / Standing Financial Instructions		
a) Final authority in interpretation of Standing Orders	Chair	Chair
b) Notifying Directors and employees of their responsibilities within the Standing Orders and Standing Financial Instructions, and ensuring that they understand the responsibilities	Chief Executive	All Line Managers
c) Responsibility for security of the Foundation Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Standing Financial Instructions (SFIs) and financial procedures	Chief Executive	All Directors and Employees
d) Suspension of Standing Orders	Board of Directors	Board of Directors
e) Review suspension of Standing Orders	Audit and Assurance Committee	Audit and Assurance Committee
f) Variation or amendment to Standing Orders	Board of Directors	Board of Directors
g) Emergency powers relating to the authorities retained by the Board of Directors	Chair and Chief Executive with two non-executives	Chair and Chief Executive with two non-executives
h) Disclosure of non-compliance with Standing Orders to the Chief Executive (report to the Board of Directors)	All	All
i) Disclosure of non-compliance with SFIs to the Chief Financial Officer (report to the Audit and Assurance Committee)	All	All
j) Advice on interpretation or application of SFIs and this Scheme of Delegation	Chief Financial Officer	Chief Financial Officer / Internal Audit

Table A

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
1. Audit Arrangements		
a) Ensure adequate internal and external audit services, for which they are accountable, are provided (and prepare recommendations to the board for the replacement of either internal or external audit. NB. Whilst the board can unilaterally replace the internal auditor, the Council of Governors has to ratify the replacement or removal of the external auditor. See Section 3)	Audit and Assurance Committee	Chief Financial Officer
b) Review, appraise and report in accordance with Public Sector Internal Audit Standards and best practice	Audit and Assurance Committee	Head of Internal Audit
c) Provide an independent and objective view on internal control and probity	Audit and Assurance Committee	Internal Audit / External Audit
d) Ensure cost-effective audit service	Audit and Assurance Committee	Chief Financial Officer
e) Implement recommendations	Chief Executive	Assigned Officers
f) Track progress of recommendation implementation	Chief Financial Officer	Risk and Assurance Manager
2. Authorisation of Clinical Trials and Research Projects	Chief Executive or Chief Financial Officer and Medical Director	Research Governance Committee / Research and Innovation Director / Research and Innovation Manager
3. Authorisation of New Drugs	Chief Executive	Medicines Management Committee
4. Bank Accounts / Cash (Excluding Charitable Fund (Funds Held on Trust) Accounts)		
a) Operation:		
- Managing banking arrangements and operation of bank accounts (Board of Directors approves arrangements)	Chief Financial Officer	Head of Financial Services
- Opening bank accounts	Chief Financial Officer	Head of Financial Services
- Authorisation of transfers between Foundation Trust bank accounts	Chief Financial Officer	To be completed in accordance with bank mandate / internal procedures
- Approve and apply arrangements for the electronic transfer of funds	Chief Financial Officer	Head of Financial Services
- Authorisation of:	Chief Financial Officer	To be completed in accordance with bank mandate / internal procedures
o CHAPS schedules		
o BACS schedules		
o Automated cheque schedules		
o Manual cheques		

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
b) Investment of surplus funds in accordance with the Foundation Trust's investment policy	Chief Financial Officer	Head of Financial Services
c) Petty Cash	Chief Financial Officer	Refer To Table B Delegated Limits
5. Business Cases – including Tenders for Services Provided		
a) Preparation of business cases / tenders	Chief Executive	Executive Directors / Divisional General Managers / Corporate Directors
b) Approval of business cases / tenders which generate a positive financial contribution	Chief Executive	Refer To Table B Delegated Limits
c) Approval of business cases / tenders which generate a negative financial contribution	Board of Directors	Refer To Table B Delegated Limits
6. Capital Investment		
a) Programme:		
- Ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on business plans	Chief Executive	Chief Financial Officer
- Preparation of Capital Investment Programme	Chief Executive	Chief Financial Officer
- Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Chief Financial Officer	Deputy Chief Financial Officer
- Responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost	Chief Executive	Deputy Chief Financial Officer
- Ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences	Chief Financial Officer	Deputy Chief Financial Officer / Head of Financial Services
- Issue procedures to support: <ul style="list-style-type: none"> o Capital investment o Staged payments 	Chief Executive	Refer to Table B Delegated Limits
- Issuing the capital scheme project manager with specific authority to commit capital, proceed / accept tenders in accordance with the SOs and SFIs	Chief Financial Officer	
7. Clinical Audit		
Design, implement and monitor the Foundation Trust's Clinical Audit Programme	Chief Executive	Lead Clinician for Clinical Audit / Service Directors / Clinical Managers / Department Heads / Clinical Audit Department

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
8. Commercial Sponsorship		
Agreement to proposal	Chief Executive	Refer to Table B Delegated Limits
9. Complaints (Patients and Relatives)		
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Medical Director	Divisional Clinical Chairs Divisional Directors of Nursing / Associate Directorate of Nursing, Patient Experience and Complaints
b) Responsibility for ensuring complaints relating to a division / department are investigated thoroughly	Medical Director	Divisional Clinical Chairs / Divisional Directors of Nursing
c) Medico - Legal Complaints Coordination of their management	Medical Director	Trust Solicitor
10. Confidential Information		
a) Review of the Foundation Trust's compliance with the Caldicott report on protecting patients' confidentiality in the NHS	Chief Executive	Chief Nurse / Caldicott Guardian
b) Freedom of Information Act compliance code	Chief Executive	Senior Information Risk Owner
11. Data Protection Act		
Review of Foundation Trust's compliance	Chief Executive	Senior Information Risk Owner
12. Declaration of Interest		
a) Maintaining a register	Chief Executive	Director of Corporate Affairs
b) Declaring relevant and material interest	All Directors	All staff
13. Disposal and Condemnations		
a) Items obsolete, redundant, irreparable or cannot be repaired cost effectively	Chief Financial Officer	Refer to Table B Delegated Limits
b) Develop arrangements for the sale of assets		
14. Environmental Regulations		
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Associate Director of Estates and Facilities
15. External Financing		
a) Advise Board of Directors of the requirements to repay / draw down Public Dividend Capital	Chief Financial Officer	Head of Financial Services

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
b) Application for draw down of Public Dividend Capital and other forms of foundation trust funding	Chief Financial Officer	Head of Financial Services
c) Application for draw down of overdrafts and other forms of external borrowing	Chief Financial Officer	In accordance with the Treasury Management Policy
d) Preparation of procedural instructions	Chief Financial Officer	Head of Financial Services
e) Private Finance: <ul style="list-style-type: none"> Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector. Proposal to use PFI must be specifically agreed by the Board of Directors 	Chief Executive	Chief Financial Officer – subject to agreement by NHSE
f) Leases (including property, equipment and operating leases) <ul style="list-style-type: none"> Granting and termination of leases with Annual rent < £100k Granting and termination of leases of > £100k should be reported to the Board of Directors 	Chief Executive Board of Directors	Chief Financial Officer Chief Executive / Chief Financial Officer
g) Finance leases (any value)	Board of Directors	Chief Financial Officer – subject to agreement by NHSE
16. Financial Planning / Budgetary Responsibility		
a) Setting: <ul style="list-style-type: none"> Submit agreed business plan to the Board of Directors Submit capital and revenue budgets to the Board of Directors Submit financial estimates and forecasts to the Board of Directors 	Chief Executive Chief Executive Chief Executive	Chief Financial Officer Chief Financial Officer Chief Financial Officer
b) Monitoring: <ul style="list-style-type: none"> Delegate budgets to budget holders Monitor performance against budget Ensuring adequate training is delivered to budget holders to facilitate their management of the allocated budget Submit in accordance with NHSE's requirements financial monitoring returns 	Chief Executive Chief Financial Officer Chief Financial Officer Chief Executive	Chief Financial Officer / Prime Budget Holders Executive Directors / Prime Budget Holders Deputy Chief Financial Officer / Head of Financial Management Chief Financial Officer

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
<ul style="list-style-type: none"> - Meet reporting requirements of banking terms and conditions - Identify and implement cost improvements and income generation activities in line with the Business Plan - Monitor performance against the cost improvement programme <p>Preparation of:</p> <ul style="list-style-type: none"> - Annual Accounts - Annual Report 	<p>Chief Executive</p> <p>Chief Executive</p> <p>Chief Executive</p> <p>Chief Financial Officer</p> <p>Chief Executive</p>	<p>Chief Financial Officer</p> <p>All budget holders</p> <p>Chief Financial Officer</p> <p>Deputy Chief Financial Officer</p> <p>Director of Corporate Affairs</p>
<p>c) Authorisation of Virement:</p> <p>It is not possible for any officer to vire from non-recurring headings to recurring budgets, from capital to revenue / revenue to capital, or between NHSE Plan expenditure categories</p> <p>Virement between different budget holders requires the agreement of both parties</p>	Chief Financial Officer	Refer To Table B Delegated Limits
17. Financial Procedures and Systems		
a) Maintenance and update of Foundation Trust Financial Procedures	Chief Financial Officer	Deputy Chief Financial Officer
<p>b) Responsibilities:</p> <ul style="list-style-type: none"> - Implement Foundation Trust's financial policies and co-ordinate corrective action - Ensure that adequate records are maintained to explain Foundation Trust's transactions and financial position - Provide financial advice to members of the Board of Directors and staff - Ensure that appropriate statutory records are maintained - Design and maintain compliance with all financial systems 	Chief Financial Officer	<p>Deputy Chief Financial Officer</p> <p>Deputy Chief Financial Officer</p> <p>Deputy Chief Financial Officer</p> <p>Head of Financial Services</p> <p>Deputy Chief Financial Officer</p>
18. Fire Precautions		
Ensure that the Fire Precautions and prevention policies and procedures are adequate and that fire safety and integrity of the estate is intact	Chief Executive	Head of Fire Safety
19. Fixed Assets		
a) Maintenance of Trust asset register including asset identification and monitoring	Chief Financial Officer	Head of Financial Services

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
b) Maintenance of IT asset register for items associated with other NHIS clients, including asset identification and monitoring	Chief Financial Officer	Chief Digital Information Officer
c) Ensuring arrangements for financial control and financial audit of building and engineering contracts and property transactions are in line with the NHS Premises Assurance Model and latest guidance	Chief Executive	Associate Director of Estates and Facilities
d) Calculate and pay capital charges in accordance with the requirements of the DHSC	Chief Financial Officer	Head of Financial Services
e) Responsibility for security of Foundation Trust's assets including notifying discrepancies to the Chief Financial Officer and reporting losses in accordance with Foundation Trust's procedures	Chief Executive	All staff
20. Funds Held on Trust (Charitable and Non Charitable Funds)		
a) Management: <ul style="list-style-type: none"> Funds held on trust are managed appropriately 	Chief Financial Officer (supported by the Charitable Trustees)	Deputy Chief Financial Officer / Head of Financial Services
b) Maintenance of authorised signatory list of nominated fund holders	Chief Financial Officer	Head of Financial Services
c) Expenditure limits	Chief Financial Officer	Refer To Table B Delegated Limits
d) Developing systems for receiving donations	Chief Financial Officer	Head of Financial Services
e) Dealing with legacies	Chief Financial Officer	Head of Financial Services
f) Fundraising Appeals <ul style="list-style-type: none"> Preparation and monitoring of budget Reporting progress and performance against budget 	Charitable Funds Committee Chief Financial Officer Chief Financial Officer	Community Involvement Manager Community Involvement Manager with advice from Head of Financial Services Community Involvement Manager with advice from Head of Financial Services
g) Operation of Bank Accounts: <ul style="list-style-type: none"> Managing banking arrangements and operation of bank accounts Opening bank accounts 	Chief Financial Officer Chief Financial Officer	Head of Financial Services Head of Financial Services
h) Investments: <ul style="list-style-type: none"> Nominating deposit taker 	Charitable Funds Committee	Chief Financial Officer

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
<ul style="list-style-type: none"> Placing transactions in accordance with the Charitable Funds Investment Policy 	Chief Financial Officer	Head of Financial Services
21. Health and Safety		
Review of all statutory compliance with legislation and Health and Safety requirements including Control of Substances Hazardous to Health Regulations	Chief Executive	Director of People / Head of Health and Safety
22. Hospitality/Gifts		
a) Keeping of hospitality register b) Applies to both individual and collective hospitality receipt items.	Chief Executive	Director of Corporate Affairs All staff declaration required in Foundation Trust's Hospitality Register Refer To Table B Delegated Limits
23. Infectious Diseases and Notifiable Outbreaks	Chief Executive	Chief Nurse
24. Information Management and Technology		
a) Developing systems in accordance with the Foundation Trust's IM&T Strategy b) Implementing new systems ensuring that they are developed in a controlled manner and thoroughly tested c) Seeking third party assurances regarding systems operated externally d) Ensuring that contracts for computer services for financial applications define responsibility regarding security, privacy, accuracy, completeness and timeliness of data during processing and storage	Executive Directors / Director of Health Informatics Service	Chief Digital Information Officer / Heads of Service in conjunction with IT advisors
25. Legal Proceedings		
a) Engagement of Foundation Trust's Solicitors b) Approve and sign all documents which will be necessary in legal proceedings c) Sign on behalf of the Foundation Trust any agreement or document not requested to be executed as a deed (i.e. any legal contract)	Chief Executive Chief Executive Chief Executive	Director of People / Medical Director Any Executive Director Any Executive Director
26. Losses and Special Payments		
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a Fraud Response Plan and informing Counter Fraud Management Services of frauds b) <u>Losses</u>	Chief Executive	Chief Financial Officer Refer To Table B Delegated Limits

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
<ul style="list-style-type: none"> • Losses of cash and cash equivalents due to theft, fraud, overpayment & others • Fruitless payments (including abandoned Capital Schemes) • Bad debts and claims abandoned (e.g. private patients, overseas visitors, road traffic act claims) • Damage to buildings, fittings, furniture and equipment in use due to culpable causes (e.g. fraud, theft, arson, neglect) • General losses (e.g. linen and bedding, equipment, stores items) • Un-vouched payments • Overpayment of salaries, fees and allowances <p><u>Special Payments</u></p> <ul style="list-style-type: none"> i. Clinical negligence after legal advice <ul style="list-style-type: none"> • Medical negligence ii. Non-clinical negligence <ul style="list-style-type: none"> • Personal injury iii. Other (Ex-gratia payments) <ul style="list-style-type: none"> • Compensation payments by Court Order • To patients/staff for loss of personal effects • Extra contractual payments to contractors <p>c) A register of all of the payments should be maintained by the Finance Department and made available for inspection</p> <p>d) A report of all of the above payments should be presented to the Audit and Assurance Committee at least annually</p>	<p>Chief Financial Officer</p> <p>Chief Financial Officer</p>	<p>Refer To Table B Delegated Limits</p> <p>Head of Financial Services</p> <p>Head of Financial Services</p>
27. Meetings		
a) Calling meetings of the Foundation Trust Board	Chair	Director of Corporate Affairs
b) Chair all Foundation Board of Directors meetings and associated responsibilities	Chair	Chair
28. Medical		
<ul style="list-style-type: none"> • Clinical Governance arrangements 	Chief Nurse	Director of Nursing Quality and Governance / Lead Clinician for Clinical Audit / Divisional Clinical Chairs / Service Directors / Divisional Directors of Nursing
<ul style="list-style-type: none"> • Medical Leadership 	Medical Director	Divisional Clinical Chairs / Heads of Service

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
<ul style="list-style-type: none"> Programmes of medical education Clinical staffing plans Matters involving individual professional competence of medical staff Medical Research 	<p>Medical Director</p> <p>Chief Executive</p> <p>Medical Director</p> <p>Medical Director</p>	<p>Head of Medical Education</p> <p>Heads of Department / Service</p> <p>Divisional Clinical Chairs</p> <p>Research Governance Committee Chair / Research and Innovation Director / Research and Innovation Manager</p>
29. Non-Pay Expenditure		
a) Maintenance of a list of managers authorised to place requisitions/orders and accept goods in accordance with Table B	Chief Executive	Deputy Chief Financial Officer / Head of Financial Services
b) Obtain the best value for money when requisitioning goods / services	Chief Executive	Strategic Head of Procurement / Divisional General Managers / Heads of Department / Service
c) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement. (Subject to the limits specified above in (a))	Chief Executive	Chief Financial Officer
d) Develop systems for the payment of accounts	Chief Financial Officer	Head of Financial Services
e) Prompt payment of accounts	Chief Financial Officer	Head of Financial Services
f) Financial limits for ordering / requisitioning goods and services	Chief Financial Officer	Refer To Table B Delegated Limits
30. Nursing		
a) Compliance with statutory and regulatory arrangements relating to professional nursing and midwifery practice	Chief Nurse	Deputy Director of Nursing / Divisional Directors of Nursing
b) Matters involving individual professional competence of nursing staff	Chief Nurse	Deputy Director of Nursing / Divisional Directors of Nursing
c) Compliance with professional training and development of nursing staff	Chief Nurse	Deputy Director of Nursing / Divisional Directors of Nursing
d) Quality assurance of nursing processes	Chief Nurse	Deputy Director of Nursing / Divisional Directors of Nursing
31. Patient Services Agreements		
a) Negotiation of Foundation Trust Contract and Non Commercial Contracts	Chief Executive	Chief Financial Officer / Strategic Head of Procurement / Head of Financial Business Intelligence
b) Quantifying and monitoring out of area treatments	Chief Financial Officer	Head of Financial Business Intelligence

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
c) Reporting actual and forecast income	Chief Financial Officer	Head of Financial Business Intelligence
d) Costing Foundation Trust Contract and Non Commercial Contracts	Chief Financial Officer	Head of Financial Business Intelligence
e) Reference Costing / Payment by Results	Chief Financial Officer	Deputy Chief Financial Officer
f) Ad hoc costing relating to changes in activity, developments, business cases and bids for funding	Chief Financial Officer	Head of Financial Business Intelligence / Head of Financial Management
32. Patients' Property (in conjunction with financial advice from the Head of Financial Services)		
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Chief Executive	Chief Nurse / Divisional General Managers / Heads of Department / Service / Divisional Directors of Nursing
b) Prepare detailed written instructions for the administration of patients' property	Chief Nurse / Chief Financial Officer	Deputy Director of Nursing / Head of Financial Services
c) Informing staff of their duties in respect of patients' property	Chief Nurse	Divisional General Managers / Heads of Department / Service / Divisional Directors of Nursing
d) Issuing property of deceased patients (See SFI 15.9, 15.10)		Refer To Table B Delegated Limits
e) Repayment of cash held for safe keeping	Chief Financial Officer	Divisional General Managers / Head of Financial Services
33. Personnel & Pay (excluding Non-executive Directors whose remuneration, terms and conditions are dealt with by the Board of Governors Nominations Committee)		
a) Develop Human Resource policies and strategies for approval by the board including employee relations	Director of People	Deputy Director of People
b) Authority to fill funded post on the establishment with permanent staff	Director of People	Budget Holders
c) The granting of additional increments to staff within budget	Director of People	Director of People
d) Develop training policies	Director of People	Deputy Director of People
e) All requests for re-grading shall be dealt with in accordance with Foundation Trust Procedure	Director of People	Budget Holders
f) Establishments	Chief Executive	Chief Financial Officer

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
<ul style="list-style-type: none"> Recurrent changes to establishment outside existing recurrent funding without identified recurrent sources of funding Recurrent changes to establishment outside existing recurrent funding but with identified recurrent sources of funding Recurrent changes to establishment within existing recurrent funding Terminations 	<p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Director of People</p>	<p>Prime Budget Holders</p> <p>Budget Holders</p> <p>Line Managers</p>
<p>g) Pay</p> <ul style="list-style-type: none"> Presentation of proposals to the Board of Directors for the setting of remuneration and conditions of service for those staff not covered by the Remuneration and Nominations Committee or national terms and conditions Authority to commit pay expenditure Approval of completed variable pay claims forms Approval of travel and subsistence expenses 	<p>Chief Executive</p> <p>Director of People / Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer</p>	<p>Director of People</p> <p>Budget Holders</p> <p>Budget Holders</p> <p>Authorised Signatories</p>
<p>h) Leave</p> <p>Annual Leave</p> <ul style="list-style-type: none"> Approval of annual leave Approval of carry forward up to a maximum 5 days (to occur in exceptional circumstances only) Approval to pay outstanding annual leave (except for leavers) <p>Special Leave</p> <ul style="list-style-type: none"> Compassionate leave Special leave arrangements for domestic/personal/family reasons <ul style="list-style-type: none"> Paternity leave Carers leave Adoption leave <p>(to be applied in accordance with Foundation Trust Policy)</p> <ul style="list-style-type: none"> Special Leave – this includes Jury Service, Armed Services, School Governor (to be applied in accordance with Foundation Trust Policy) 	<p>Chief Executive</p> <p>Chief Executive</p> <p>Director of People</p>	<p>Line/Departmental Manager</p> <p>Chief Executive / Executive Directors / Chief Operating Officer</p> <p>Chief Executive / Executive Directors / Chief Operating Officer</p> <p>Divisional General Managers / Heads of Department / Service</p> <p>Divisional General Managers / Heads of Department / Service</p> <p>Divisional General Managers / Heads of Department / Service</p>

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
<ul style="list-style-type: none"> • Leave without pay • Medical Staff Leave of Absence – paid and unpaid • Time off in lieu • Maternity Leave - paid and unpaid <p>Sick Leave</p> <ul style="list-style-type: none"> • Extension of sick leave on pay • Return to work part-time on full pay to assist recovery <p>Study Leave</p> <ul style="list-style-type: none"> • Non-medical leave • Medical staff study leave <ul style="list-style-type: none"> - Consultant / Career Grade - Doctors in training 	<p>Director of People</p> <p>Director of People</p> <p>Medical Director</p>	<p>Divisional General Managers / Heads of Department / Service</p> <p>Medical Director</p> <p>Line/Departmental Manager</p> <p>Automatic approval with guidance</p> <p>Executive Director / Chief Operating Officer</p> <p>Divisional General Managers / Relevant Director / Deputy Chief Financial Officer</p> <p>Relevant Executive Director / Delegated Budget Managers</p> <p>Service Directors</p> <p>Post Graduate Tutor</p>
<p>i) Removal Expenses, Excess Rent and House Purchases in accordance with Trust policy</p> <p>Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)</p>	Director of People	Director of People / Divisional General Managers
<p>j) Grievance Procedure</p> <p>All grievances cases must be dealt with strictly in accordance with the Grievance Procedure and the advice of the Director of Human Resources and Organisational Development must be sought when the grievance reaches the level of Chief Operating Officer / Heads of Department</p>	Director of People	Executive Directors / Chief Operating Officer / Heads of Department / Service
<p>k) Authorised - Car Users</p> <ul style="list-style-type: none"> ▪ Leased car ▪ Regular/standard car user arrangements 	<p>Chief Financial Officer</p> <p>Chief Financial Officer</p>	<p>Payroll & Pensions Manager</p> <p>Line / Department Manager</p>

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
l) Mobile Phone Users	Chief Financial Officer	Line / Department Manager
m) Renewal of Fixed Term Contract	See 33 (f)	See 33 (f)
n) Operation of Staff Retirement Policy	Chief Executive	Director of People / Divisional General Managers
o) Redundancy	Board of Directors	Remuneration and Nominations Committee
p) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from the Occupational Health Department	Director of People	Divisional General Managers
q) Disciplinary Procedure <ul style="list-style-type: none"> Chief Executive Others 	Chair Chief Executive	To be applied in accordance with the Foundation Trust's Disciplinary Procedure
r) Waiting List Payments <ul style="list-style-type: none"> Approval of Rates of Pay 	Chief Executive	Chief Financial Officer / Director of People
s) Ensure that all employees are issued with a Contract of employment in a form approved by the Board of Directors and which complies with employment legislation.	Director of People	Deputy Director of People
t) Engagement of staff not on the establishment <ul style="list-style-type: none"> Management Consultants Management of use and booking of bank staff <ul style="list-style-type: none"> Nursing Other Management of use and booking of agency staff <ul style="list-style-type: none"> Nursing Other 	Chief Executive / Chief Financial Officer Chief Operating Officer Divisional General Managers Chief Operating Officer Divisional General Managers	Budget Holders Budget Holders Budget Holders Budget Holders Budget Holders
34. Quotation, Tendering & Contract Procedures – Purchases		
a) Purchases:		

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
<ul style="list-style-type: none"> Best value for money is demonstrated for all <i>purchases</i> Nominate officers to oversee and manage contracts on behalf of the Foundation Trust 	<p>Chief Financial Officer</p> <p>Chief Financial Officer</p>	<p>Strategic Head of Procurement / Assistant Director of Estates and Facilities</p> <p>Divisional General Managers / Heads of Department / Service</p>
<p>b) Framework further Competitions / Competitive Tenders:</p> <ul style="list-style-type: none"> Authorisation Limits Receipt and custody of offers / tenders received Decide if late offers / tenders should be considered 	<p>Chief Executive</p> <p>Chief Executive</p> <p>Chief Executive</p>	<p>Refer To Table B Delegated Limits</p> <p>Strategic Head of Procurement</p>
c) <i>Quotations</i>	Chief Executive	Refer To Table B Delegated Limits
<p>d) Waiving the requirement to request competition (single tender waiver)</p> <ul style="list-style-type: none"> Framework competition or Tenders - subject to SOs Framework competition or Quotes - subject to SOs <p>Reported to Audit and Assurance Committee</p>	<p>Chief Executive</p> <p>Chief Financial Officer</p>	<p>Executive Board Member</p> <p>Prime Budget Holders</p>
e) Maintain contract register	Chief Financial Officer	Strategic Head of Procurement
35. Records		
<p>a) Review Foundation Trust's compliance with the Records Management Code of Practice for Health and Social Care</p> <p>b) Ensuring the form and adequacy of the financial records of all departments</p>	<p>Chief Executive Senior Information Risk Owner</p> <p>Chief Financial Officer</p>	<p>Executive Directors / Divisional General Managers / Heads of Department / Service / Head of Data Security and Privacy / Senior Information Risk Owner</p> <p>Deputy Chief Financial Officer</p>
36. Reporting of Incidents to the Police		
<p>a) Where a criminal offence is suspected</p> <ul style="list-style-type: none"> Criminal offence of a violent nature Arson or theft Other 	Chief Executive	Executive/Senior Manager On-call / Divisional General Managers / Heads of Service / Caldicott Guardian
b) Where a fraud is involved (reporting to the NHS Directorate of Counter Fraud Services)	Chief Financial Officer	Head of Internal Audit / Local Counter Fraud Specialist

Delegated Matter	Authority Delegated To	Operational Responsibility / Authority
37. Risk Management		
<ul style="list-style-type: none"> Ensuring the Foundation Trust has a Risk Management Strategy and a programme of risk management Developing systems for the management of risk Developing incident and accident reporting systems Compliance with the reporting of incidents and accidents Compliance with statutory safeguarding children and young people requirements 	<p>Chief Executive</p> <p>Director of Corporate Affairs</p> <p>Chief Nurse / Executive Medical Director / Director of Corporate Affairs</p> <p>Chief Nurse / Medical Director / Director of Corporate Affairs</p> <p>Chief Nurse</p>	<p>Director of Corporate Affairs</p> <p>Risk and Assurance Manager</p> <p>Divisional Clinical Chairs / Director of Nursing Quality and Governance / Head of Health & Safety / Patient Safety Manager</p> <p>All staff</p> <p>Named Nurse / Named Doctor for Safeguarding Children</p>
38. Seal		
<p>a) The keeping of a register of seal and safekeeping of the seal</p> <p>b) Approval of documents for sealing</p> <p>c) Use of seal in accordance with Standing Orders</p> <p>d) Report to the Board of Directors at least quarterly</p> <p>e) Property transactions and any other legal requirement for the use of the seal</p>	<p>Chief Executive</p> <p>Chief Executive / Chief Financial Officer</p> <p>Chair / Chief Executive</p> <p>Chief Executive</p> <p>Chair / Chief Executive</p>	<p>Director of Corporate Affairs</p> <p>Director of Corporate Affairs Strategic Head of Procurement/</p> <p>Chair Director of Corporate Affairs</p> <p>Director of Corporate Affairs</p> <p>Director of Corporate Affairs</p>
39. Setting of Fees and Charges (Income)		
<p>a) Private Patient, Overseas Visitors, Income Generation and other patient related services</p> <p>b) Non patient care income</p> <p>c) Informing the Chief Financial Officer of monies due to the Foundation Trust</p> <p>d) Recovery of debt</p>	<p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer</p>	<p>Head of Financial Business Intelligence</p> <p>Head of Financial Business Intelligence</p> <p>All Staff</p> <p>Head of Financial Services</p>
40. Stores and Receipt of Goods		
<p>a) Responsibility for systems of control over stores and receipt of goods, issues and returns</p> <p>b) Stocktaking arrangements</p> <p>c) Recovery of debt</p>	<p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer</p>	<p>Associate Director of Estates & Facilities / Strategic Head of Procurement / Chief Pharmacist / Head of IT</p> <p>Head of Financial Services</p> <p>Head of Financial Services</p>

Table B – Delegated Financial Limits

All thresholds include the cost of non-recoverable VAT.

	Financial Limits (Subject to funding available in budget)		Includes
1	CHARITABLE FUNDS		
1.1	Expenditure Board of Directors (as Trustee) Charitable Funds Committee Chief Executive / Chief Financial Officer Fund Monitor and Manager Heads of Service	Over £100,000 Up to £100,000 Up to £25,000 Up to £15,000 Up to £4,000	Specific purpose funds only
2	LOSSES AND SPECIAL PAYMENTS		
2.1	Losses Board of Directors Audit and Assurance Committee Chief Executive / Chief Financial Officer - reported to the Audit and Assurance Committee	Over £100,000 Up to £100,000 Up to £25,000	
2.2	Special Payments – Non-Clinical Negligence (Clinical Negligence litigation payments managed by the NHSLA)		
	Chief Executive / Chief Financial Officer Director of Corporate Affairs - reported to the Audit and Assurance Committee	Over £10,000 Up to £10,000	Non-clinical Negligence payments by the NHSLA, through the RPST, subject to scheme excesses
2.3	Special Payments – Others (Ex-gratia payments)		
	Board of Directors Audit and Assurance Committee Chief Executive / Chief Financial Officer - reported to the Audit and Assurance Committee	Over £100,000 Up to £100,000 Up to £25,000	All subject to HM Treasury approval
2.4	Special Payments - made under legal obligation – not related to negligence claims		
	Chief Executive Director of Corporate Affairs / Director of People	Over £30,000 Up to £30,000	
3	HOSPITALITY/GIFTS		
	Director of Corporate Affairs	Over £50	Personal gifts or hospitality
4	PETTY CASH DISBURSEMENTS (authority to pay)		
4.1	Sundry Exchequer Items		Conditions:
	Chief Financial Officer or Nominated Deputy Petty Cash Imprest Holder	Over £150 Up to £150	On receipt of signed claim form from an authorised Budget Holder
4.2	Petty Cash Float Reimbursement		
	Petty Cash Imprest Holder Petty Cash Imprest Holder Petty Cash Imprest Holder Petty Cash Imprest Holder	Up to £3,100 Up to £2,000 Up to £800 Up to £700	King's Mill total imprest balance Newark total imprest balance Mansfield total imprest balance Ashfield total imprest balance
5	PATIENTS' PROPERTY (INCLUDING CASH)		Conditions:
5.1	Inpatients and Discharged Patients		
	Head of Financial Services	Over £250	On receipt of the appropriate Reclaim Form
	Petty Cash Imprest Holder	Up to £250	On receipt of a signed claim form from an authorised Budget Holder and the patient
5.2	Deceased Patients		
	<u>Testate</u> Chief Operating Officer / Head of Financial Services Chief Operating Officer / Head of Financial Services	Over £5,000 Up to £5,000	Copy of Probate required To the executor to the will on receipt of indemnity

	Financial Limits (Subject to funding available in budget)		Includes
	<u>Intestate</u> Chief Operating Officer / Head of Financial Services	Any amount	Letter of Administration required
6	QUOTATIONS AND TENDERS (SOs Section 9)		
6.1	Quotations		
	Strategic Head of Procurement	Over £25,000	Framework direct award or competition
	Strategic Head of Procurement	£5,000 to £25,000	
6.2	Tenders		
	Official Journal of the European Union (OJEU) Strategic Head of Procurement	Gov.uk Threshold Levels	Works / Supplies & Services levels stated within the Gov.uk Procurement Policy Note : New Threshold Levels
	Strategic Head of Procurement	Over £25,000 (in compliance with EC Directives as appropriate)	Competitive Tenders: Obtaining a minimum of 3 written competitive tenders for goods, services, materials, manufactured articles, rendering of services (including Management Consultancy) construction and disposals
7	REQUISITIONING GOODS AND SERVICES, AND APPROVING PAYMENTS WITHOUT AN APPROVED REQUISITION		
7.1	Revenue Expenditure (Relates to the term of the contract and includes VAT and contract extensions – not calendar year)		
	Board of Directors	Over £1,250,000	Consultancy and Professional services expenses over £50,000 subject to NHSE approval where necessary
	Finance Committee	Up to £1,250,000	Executive Board Members
	Executive Team	Up to £250,000	Divisional General Managers / Deputy Divisional General Managers / Clinical Chairs / Chief Pharmacist / Divisional Directors of Nursing / Deputy Directors reporting directly to Executive Board Members
	Trust Management Team	Up to £100,000	Two per cost centre
	Executive Board Members	Up to £100,000	Ward Matrons / Heads of Department / Service / Specialty General Managers / Deputy Directors not reporting directly to Executive Board Members
	Prime Budget Holders	Up to £50,000	Two per cost centre
	Delegated Budget Holders	Up to £25,000	Ward Leaders / Heads of Service / Department Non Pay expenditure only
	Ward/Department Budget Holders	Up to £5,000	
	Other Authorised Signatories	Up to £1,000	
7.2	Capital Expenditure		
	Delegated Budget Holders	Up to the value of the individual capital scheme	One per cost centre All schemes to be approved by the Board of Directors
7.3	Private Financing Initiative Charges		
	Director of Strategic Planning and Commercial Development	Up to value of monthly charge in agreed contract	
7.4	Mandatory Payments – regulatory charges		
	Chief Executive or Chief Financial Officer	Up to value of assessed charge	Rates CNST
7.5	Partnership Arrangements		
	Lead Executive Director	Within the Board of Directors approved agreement	Sustainability & Transformation Partnerships Mid Nottinghamshire Alliance NUH Partnership
8	CAPITAL EXPENDITURE AND BUSINESS CASES – including external tenders for services provided, investments and disinvestments		
8.1	Total Project Value / Cost Implications		
	Board of Directors	Over £1,250,000	Advised by Finance Committee - over £25m subject to NHSE approval where necessary
	Finance Committee	Up to £1,250,000	Subject to Executive Team approval and part of approved Capital plan

	Financial Limits (Subject to funding available in budget)		Includes
	Executive Team Capital Oversight Group	Up to £250,000 Up to £100,000	Over £25m subject to NHSE approval where necessary
9	ASSET DISPOSALS		
9.1	Asset Register items (Net Book Value) – including accelerated depreciation		
	Board of Directors Chief Financial Officer - reported to the Audit and Assurance Committee Head of Financial Services	Any value Over £25,000 Up to £25,000	Land and Buildings All other assets All other assets
9.2	Non-Asset Register items (Replacement Cost)		
	Chief Financial Officer - reported to the Audit and Assurance Committee Head of Financial Services Divisional General Managers	Over £25,000 Up to £25,000 Up to £1,000	
10	COMMERCIAL SPONSORSHIP		
	Chief Financial Officer	Over £5,000	
	Executive Directors	Up to £5,000	
11	VIREMENTS		
	Executive Directors / Chief Operating Officer / Chief Financial Officer Budget Holders	Over £5,000 Up to £5,000	Total Division/Department budget remains in balance Total Division/Department budget remains in balance

Council of Governors - Chair's Highlight Report to the Board

Subject:	Council of Governors (CoG) Highlight Report	Date:	5 th December 2024
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs		
Approved By:	Graham Ward, Acting Chair		
Presented By:	Graham Ward, Acting Chair		
Purpose:	To provide assurance to the Board of Directors from the CoG meeting held on 12 th November 2024.		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
The need for adequate notice to Governors where changes are necessary to arrangements for 15 Steps visits was raised as a concern and will be addressed by a reminder to teams not to issue late cancellations.	The re-launched Meet Your Governor arrangements are well underway with discharge arrangements as the first "Hot Topic". Governors' plans are for it to cover all three hospital sites. TTOs flagged as a potential future Hot Topic
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
15 Steps visit feedback. Endorsement for Patient Stories now including more content about where things haven't all gone well. Opportunity for Governors to attend the "drop in" at the Community Diagnostic Centre in Mansfield on 21 st November 2024 to observe the progress of the development on site. Improvement Faculty Update, including assurance that potential savings continue to be subject to a Quality Impact Assessment prior to being enacted. Strategy Update, including confirmation that each underpinning strategy is overseen by a Board Committee. Winter planning update including the approval of the Winter Plan at the October 2024 Trust Board meeting. Quadrant reports received from the Audit and Assurance Committee, Quality Committee, Finance Committee, People Committee.	On the recommendation from the Remuneration and Nomination Committee to <ul style="list-style-type: none"> approve the re-appointment of Steve Banks as a Non-Executive Director for a second term of three years to 30th November 2027. to ratify the recruitment of a Non-Executive Director with a medical skill set to fill the vacancy that has arisen following Dr Aly Rashid's decision not to seek re-appointment following the expiry of his current appointment on 10th January 2025.

Partnerships and Communities Committee and Charitable Funds Committee. Improved Pharmacy support for the Discharge Lounge reported by a governor as a result of observations made in the context of MYG Hot Topic activities.	
Comments on effectiveness of the meeting	
A very well attended meeting with active participation and feedback from governors.	
Items recommended for consideration by other Committees	
None.	

Board of Directors Meeting in Public - Cover Sheet

Subject:	Maternity and Neonatal Safety Champions Report	Date:	5 December 2024		
Prepared By:	Sarah Ayre Head of Midwifery, Rachael Giles Deputy Divisional Director of Nursing, Women's, and Children's Division				
Approved By:	Philip Bolton, Executive Chief Nurse				
Presented By:	Paula Shore, Director of Midwifery/Divisional Director of Nursing, Women and Childrens, Philip Bolton, Executive Chief Nurse				
Purpose					
To update the Board on our progress as maternity and neonatal safety champions		Approval			
		Assurance	X		
		Update	X		
		Consider			
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X	X	X	X	X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Insufficient financial resources available to support the delivery of services.				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where items have been presented before					
<ul style="list-style-type: none"> Nursing and Midwifery AHP Committee Perinatal Assurance Committee Divisional Governance Meeting Maternity and Gynaecology Clinical Governance Paediatric Clinical Governance Service Line DPR Perinatal Forum (formally Maternity Forum) Divisional People Committee Senior Management Team weekly meeting 					

Acronyms

- BAPM British Association of Perinatal Medicine
- CQC Care Quality Committee
- EMNODN East Midlands Neonatal Operational Delivery
- HoM Head of Midwifery
- LMNS Local Maternity and Neonatal System (LMNS)
- MNSC Maternity and Neonatal Safety Champion
- MNVP Maternity and Neonatal Voice Champion
- NICU Neonatal Intensive Care Unit
- PAC Perinatal Assurance Committee
- MSW Maternity Support Workers

Executive Summary

The role of the maternity and neonatal safety champions is to support the regional and national Safety Champions as local champions for delivering safer outcomes for pregnant women, birthing individuals, and their babies. At provider level, local safety champions should:

- Build the maternity and neonatal safety movement in your service locally, working with your clinical network safety champions, continuing to build the momentum generated by the maternity transformation programme and the national ambition.
- provide visible organisational leadership and act as a change agent among health professionals and the wider perinatal team working to deliver safe, personalised care.
- act as a conduit to share learning and best practice from national and international research and local investigations and initiatives within your organisation.

This report provides highlights of our work over the last month.

Summary of Maternity and Neonatal Safety Champion (MNSC) work for October 2024

1. Service User Voice

MNVP

On 27th September 2024 we welcomed the MNVP team to our Kings Mill Hospital maternity site for the 15 Steps service user initiative. We have now received the formal feedback and will be welcoming the team back in the New Year to demonstrate the improvements made in support of the areas highlighted. This action plan is available for your perusal on request.

Journey Home

Improvements in discharge home pathways have been initiated, through ensuring a dedicated midwife is available across each day shift to facilitate and prioritise pathways home on our Maternity Ward. This role commenced in March 2024 and the data below will now support the business case to embed this role permanently within our Maternity Ward establishments.

Significantly, please note discharges home before 10am have risen to 61 discharges in August 2024 in comparison to only 12 in March 2024 as demonstrated in the graph below:



Friends and Family Test (FFT)

In October 2024, 50 of a possible 309 service users took time to complete the FFT about the care they received in the Sherwood Birthing Unit. This is recorded as a 16% response rate: 40 recorded care as very good and 6 as good. 1 stated poor and another stated very poor.

Hospital Site Details			Total responses received via each mode of collection								
Divisions	Hospital Site name	Ward Name	1-Very good	2-Good	3-Neither good nor poor	4-Poor	5-Very poor	6-Don't know	Total number of people eligible to respond	Total number of responses for each Ward	Response Rate for each Ward
Womens and Childrens	Kings Mill Hospital	Antenatal Clinic (Touch Point 1)	9	0	0	2	1	0	305	12	4%
Womens and Childrens	Kings Mill Hospital	Community Midwives (Postnatal) (Touch Point 4)	8	0	0	0	1	0	315	9	3%
Womens and Childrens	Kings Mill Hospital	Maternity Ward (Touch Point 3)	43	13	1	1	3	0	315	61	19%
Womens and Childrens	Kings Mill Hospital	Obstetrics	18	7	1	3	1	0	1285	30	2%
Womens and Childrens	Kings Mill Hospital	Sherwood Birthing Unit (Touch Point 2)	40	6	2	1	1	0	309	50	16%
Womens and Childrens	Newark Hospital	Antenatal Clinic (Touch Point 1)	1	0	0	0	0	0	34	1	3%
Womens and Childrens	Newark Hospital	Midwifery Services	0	1	0	0	0	0	79	1	1%
Womens and Childrens	Newark Hospital	Obstetrics	2	1	0	0	0	0	147	3	2%

Ward Sisters alongside support from the housekeepers will be working towards an improved response rate and we will work closely with our MNVP colleagues to best understand how this can be achieved and maintained.

Complaints

One complaint was received by email via PALS in October 2024. The theme was lack of communication from our Obstetric Consultant regarding a treatment plan and concerns regarding the discharge process. This complaint has been allocated for investigation with response due by the end of December 2024.

Compliments

We have received several compliments during October 2024, via several sources including through our Professional Midwifery Advocate Julia Andrews and via emails direct to HoM Sarah Ayre, as per below, shared with consent:

Feedback RE Maternity Ward

TB

Taylor Blower<taylorblower@gmail.com>

To: AYRE, Sarah (SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST)

Sat 16/11/2024 19:25

You don't often get email from taylorblower@gmail.com. [Learn why this is important](#)

This message originated from outside of NHSmail. Please do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Sarah,

I'm writing to provide a review of the maternity services I received in the last two weeks welcoming our son Charlie Nightingale into the world on 6th November 2024.

I particularly wanted to outline the outstanding care I received leading up to the birth in Triage with the midwives and Dr's looking after me as in the last two weeks of my pregnancy my blood pressure spiked significantly and is still something I'm suffering with now post partum.

I've recently been discharged from the maternity ward after a second admission following the birth and both times have been looked after by a midwife named Ellie Roache. Ellie thoroughly looked after us on both admissions and understood our desire to be discharged and particularly managed in community for my BP, with being new parents and also with me expressing that extended stays in hospital has a negative impact on my BP overall which reflected why it was getting worse. It did feel like on most other occasions the level of care provided by the midwives on the ward differed significantly, with Ellie being a prime example of what outstanding maternity care should be like.

I wanted to write this feedback to highlight both the triage staff and Ellie on the maternity ward for their outstanding commitment to the care I received whilst in King's Mill and I hope if I ever did have another baby in the future I would receive such outstanding care again.

Thank you
Taylor Nightingale

Compliments are shared with staff individually, if named, via email and with the MDT through HoM update emails monthly. We also post with the consent of the families on our Facebook SFH Maternity Staff page. As part of feedback from staff requesting a more open way to share positivity, they are leading on creating a positivity board in the corridor between SBU and the Maternity Ward and will share this information here also from January 2025.

2. Staff Engagement

The planned monthly MNSC walk round took place on Thursday 14th November 2024. In support of our new Non-Executive Director (NED) for Women and Childrens Neil McDonald's request, to observe and understand the pregnancy journey as experienced by our service users, this month's focus was on Ward 25 and NICU. The teams have received positive feedback in terms of the information boards providing assurance and information for both staff and families.

As part of the Neonatal peer review and also to support the staffing model within the NICU, we have the support of our Chief Nurse and Non-Exec Director to complete a feasibility study to see how we explore making this happen. This involves removing a wall between room 1 and 2 on NICU to open the area. Options currently being considered and reviewed.

The next MNSC walk round is planned for Tuesday 3rd December 2024.

Due to activity and adverse weather conditions, the Maternity Forum was cancelled on Tuesday 19th November 2024. The next Maternity Forum is planned for 09.00 on 17th December 2024.

You Said We Did

Maternity launched its Staff Council on 23rd October 2024. Representatives from the Staff Council will attend the Maternity Forum monthly commencing in December 2024, to strengthen the staff voice direct to our Trust Executives and will ensure an open and transparent approach to Ward to Board to Ward communication; a frequent request of our staff.

Celebrating Success

On Monday 18th November Maternity Services were pleased to welcome Regional Chief Midwifery Officer Gaynor Armstrong into our Unit.

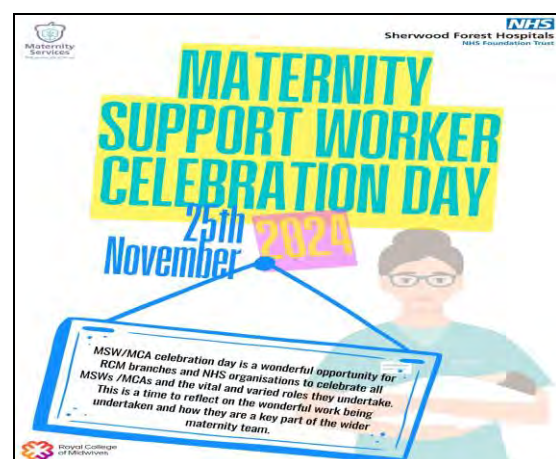
Gaynor attended to present the Chief Midwifery Officer award to Jodie Prest, Maternity Clinical Support Trainer. Jodie was nominated for the award by Consultant Midwife Gemma Boyd for her dedication and commitment to ensuring the very best care of our women and birthing individuals and their families, through training and developing our band 2 and 3 workforce. Jodie has repeatedly gone the extra mile to ensure she supports and nurtures our teams, demonstrating core Trust values in all she does. Jodie has led in maternity, and it has been a joy to watch her develop within the MSW Clinical Support Trainer role. She has demonstrated that given the right tools and opportunity that MSWs are great forces for change and improvement, influencing senior leaders and being an advocate for her role



Maternity Support Worker Celebration Day – Monday 25th November

The lead up to the Maternity Support Worker celebration day was marked with a week of tea trolley visits from Monday 18th November 2024. These daily visits were hosted by our senior team, leading to an internal awards ceremony.

The focus of the celebration day was on recognising the vital and varied roles the MSW's undertake across our Maternity Services.



On Monday 25th November 2024, we hosted brunch for the team and were fortunate enough to welcome Chief Nurse Phil Bolton and Director of People Rob Simcox, alongside our Director of Midwifery Paula Shore, to present varying awards to our MSWs.

Many staff took time to vote across the categories. Certificates and small prizes were awarded to the winners, with each MSW receiving a token of appreciation from the Senior Leadership Team.



3. Quality and Safety

Risk

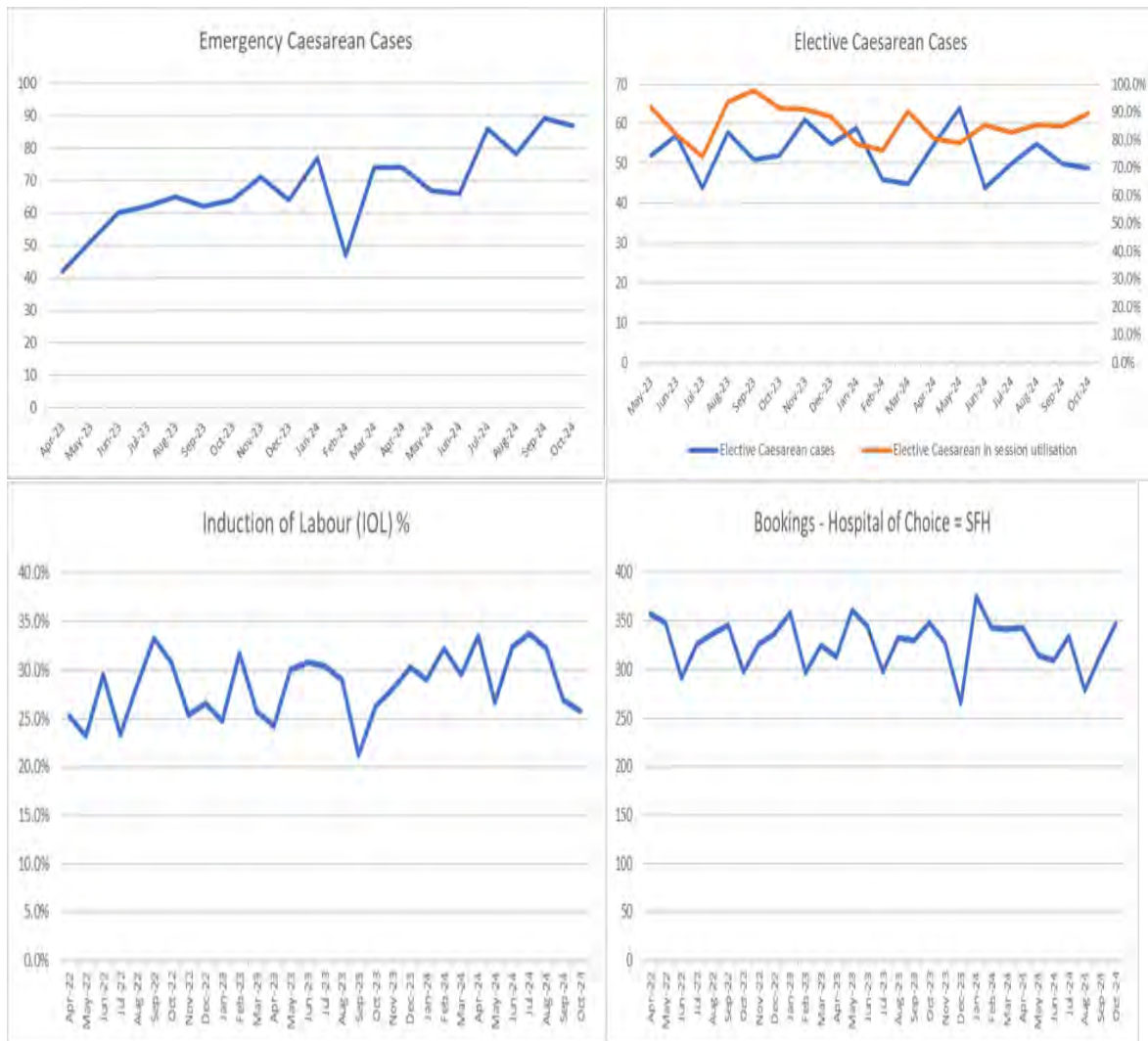
An improved process around managing and reviewing the Divisional Risk register commenced in November 2024. This focused Risk meeting will review the register with key stakeholder's, chaired by Quality Governance Facilitator – Women's and Children's Division Jenny Aldred. Owners will be required to attend to provide updates on actions, and any escalations will be made to Divisional Governance.

Quality Improvement

Maternity

Planned Care Lead Midwife interviews are booked for early December 2024 with a good external response rate to the advert. An Elective Caesarean Pathway Review Group is scheduled to commence on 2nd December 2024 with support from Deputy General Manager Lisa Walker and including Theatre and Anaesthetic colleagues. The aim is to assess movement of elective obstetric theatre cases to the main theatres with consideration to bring elective obstetric cases through the Trust's Planned Care Steering Group.

The data we collect monthly through our dashboard will support the approach taken to embed quality improvements in planned care; such as noted below.



In September 2024, we reported a 17.9% vaginal birth rate after a previous caesarean section. This has improved to 33.3% in October.

Maternity Strategy

The Maternity Strategy for the Senior Leadership Team (SLT) in 2025 will focus on **clinical excellence and professional standards**. This will include a work stream that will focus on mobility in labour, pain relief options and birthing environment and will involve collaboration with our MNVP, our staff, and will welcome support and learning from our neighbouring units.

We will also have a focus in 2025 on caring for our leaders and will be working through various mechanisms to support work/life balance. Recent studies of organisational culture and patient safety, emphasise the role of senior leadership. Effective leaders show active engagement with service users and staff, and this has a bearing on safer care. By fostering an environment of psychological safety that encourages others to feel safe communicating issues and speaking up with concerns, we aim to promote and embed a positive organisational climate which will contribute to higher job satisfaction among our SLT, decrease burnout and overall embed a culture of safety

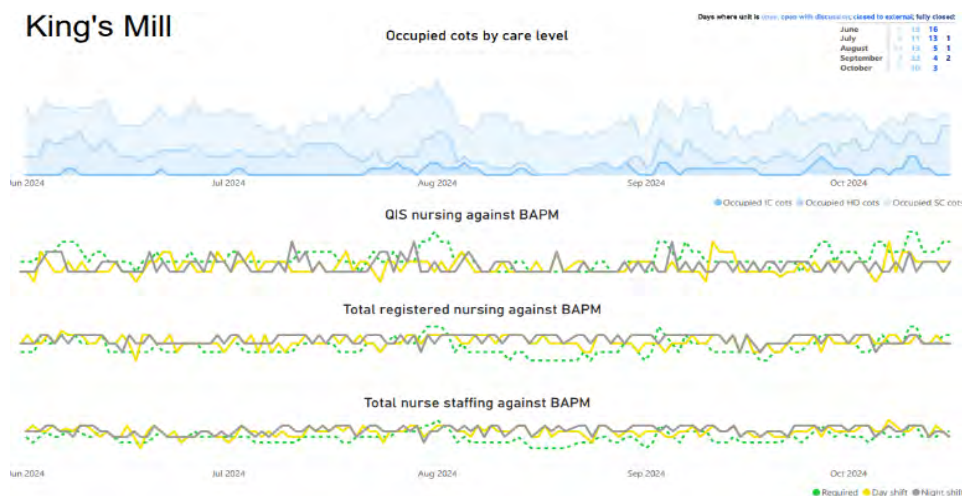
Neonatal update

NICU Home care service:

An SLA is in place with NUH to provide a 7-day service and home phototherapy. The home care team will increase to 4 wte at SFH and network working. The new posts have been successfully recruited to and the staff will be starting in January 2025. The SFH current team will TUPE over on 25th January 2025.

QIS in NNU – BAPM compliance 70%

- We currently have 60.67% of NICU workforce QIS trained.
- By Spring 2025 x2 more staff will be QIS trained, resulting in 65.8%
- By Oct 2025 another x4 staff should be trained, resulting in 75.6%



Currently the unit has approximately 7 wte QIS nurse gaps in post, measured against the budgeted establishment. This is partly offset by the over establishment of non-QIS nurses who are expected to complete the QIS training to reduce the gap. The overall gap is 3 wte. These posts are on Trac for recruitment.

Neonatal transition Care service:

The unit has successfully recruited to the band 3 senior support worker role and staff are currently undergoing training and induction. Recruitment of nurses has been successful. The lead nurse has returned to work and is reviewing the SOP and service compliance. This will be reported to the division to identify and support any gaps and ensure we are meeting the MIS Year 6 Safety Action 3.

Network Peer review:

East Midlands Neonatal Operational Delivery Network (EMNODN) undertook a biannual peer review on 24th May 2024. The report was received by the Trust on 4th November 2024. The delay in receipt of the report was acknowledged but we were provided with verbal feedback post review:

- Undertake a risk assessment and develop a business case to increase AHP, psychology and pharmacy funding to meet national recommendations.
- Consider reconfiguration of the unit layout by utilising the cubicles for ITU patients to ensure safe staffing in the cubicle area.

- Develop a business case to expand the ANNP team with a clear job outline.
- 3D tour NICU ready for review December 24 and should hopefully be launched in the new year.

As part of the perinatal work on staff culture and support from the QUAD work, NICU are now being involved in the engagement starting with cultural conversations with staff throughout December.

Celebration World Prematurity Day:

On Sunday 17th November 2024 SFH celebrated World Prematurity Day with our staff, families, and Mansfield Town Football club members. The team held an information stall in the main reception and a raffle, along with the little miracles lantern walk around the reservoir.



4. Safety Culture

NHSE Perinatal Culture and Leadership Programme

With the aim of nurturing and growing our safety culture, enabling psychologically safe working environments, whilst continuing to build compassionate leadership, 4 of our senior leaders attended a series of workshops and action learning sets, over the last 12 months, as part of a national programme focused on Cultural Safety led by NHSE.

We are now engaging with an external agency, Kornferry, to process our SCORE survey results and benchmark our actions, to date, against desired outcomes.

As part of our approach to addressing the SCORE survey themes, the original Quad have formed PeSET with support from the Head of Midwifery, Sarah Ayre. In November 2024 we met with Kornferry and have agreed next steps are to widen the group to include Neonatal colleagues Rachael Giles and Sarah Jenkins.



Kornferry are commissioned by NHSE throughout December 2024 to undertake 4 cultural conversation sessions with staff across the MDT and then a thematic analysis of responses will share next steps for PeSET. We will continue to update and provide assurance on the impact of our initiatives through PAC.

CQC Action Plan

The Should Do Action plan based on the CQC visit in 2023 has been completed and embedded. However, we will continue to monitor success and additional actions through the peer review process, and further action plans will be presented through PAC. Quality and Safety Lead Midwife Hannah Lewis has oversight for this action plan.

Three Year Maternity and Neonatal Delivery Plan:

We continue to collaborate with the LMNS on the 4 main themes and 12 objectives of the 3-year delivery plan. The collaborative LMNS mapping process against this plan is currently being overseen by Sarah Ayre, Head of Midwifery for SFH. Once the LMNS formally request evidence and assurance, we will fix an agenda item at PAC to share our status against the plan.

NHSR

The Task and Finish group for the Maternity Incentive Scheme (MIS) Year 6 meets fortnightly to work through the evidence upload needed to meet each of the 10 Safety Actions, chaired by Speciality General Manager Sam Cole in collaboration with Operations Manager Jess Devlin. Currently 2 of the safety actions have been presented for sign off at PAC – SA2 and SA4 and the remaining 8 are assessed as AMBER which is defined as 'on target with evidence to be submitted and reviewed.

Ockenden

The report received following our annual Ockenden visit in October 2023 forms the basis of the robust action plan embedded within Maternity. The visit's findings supported the self-assessment completed by the Trust. Areas have been identified from the visit to strengthen the embedding of the immediate and essential actions however, it is important to note the continuing progress as a system around bereavement care provision, specifically with the counselling support.

The plan is to revisit the maternity self-assessment tool created by NHSE in July 2021, in 2025 to benchmark progress. This will be undertaken by Head of Midwifery Sarah Ayre and Consultant Midwife Gemma Boyd and presented at PAC in February 2025. The National Maternity Self- Assessment Tool provides support to all Trusts seeking to improve their maternity service rating from 'requires improvement' to 'good,' as well as a supporting tool to support Trusts looking to benchmark their services against national standards and best practice guidance

CQC National Survey

Conducted in February 2023 - Our action plan is overseen by Consultant Midwife Gemma Boyd, and we remain in an active phase of embedding quality improvements, as reported.

Conducted in 2024 - It is noted that women and birthing individuals were asked for the first time within the national CQC survey about the care received by their GPs and the 6–8-week routine postnatal appointment. Consultant Midwife Gemma Boyd is working with Jen Mosslangfield from the LMNS to discuss how we can collaborate, share, and assure these actions that sit in primary care. The results and free text are currently embargoed and so further updates, and our action plan will be shared through PAC once we can share all information.

MBRRACE-UK:

Saving Lives, Improving Mothers' Care 2024 - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22 full report is available on request.

Quality and Safety Lead Midwife Hannah Lewis is currently benchmarking against the report and her updates will be shared via PAC once completed.

Maternity Perinatal Quality Surveillance model for October 2024



Sherwood Forest Hospitals
NHS Foundation Trust

CQC Maternity Ratings- assessed 2023	Overall	Safe	Effective	Caring	Responsive	Well led
	Good	Requires Improvement	Good	Outstanding	Good	Good
Unit on the Maternity Improvement Programme				No		

2022/23	
Proportion of Midwives responding with Agree” or “Strongly Agree” on whether they would recommend their Trust as a place to work of receive treatment (reported annually)	74.9%
Proportion of speciality trainees in O&G responding with “excellent or good” on how they would rate the quality of clinical supervision out of hours (reported annually)	89.2%

Exception report including highlighted fields in monthly scorecard using October data (Slide 2)

Massive Obstetric Haemorrhage (Oct 2.4%)		Elective Care	Midwifery & Obstetric Workforce		Staffing red flags (Oct 2024)																												
<ul style="list-style-type: none">Improved picture in month however MOH surveillance continues, reviewed through MDT meeting- no themes, trends or immediate action needed.		Elective Caesarean (EL LSCS) <ul style="list-style-type: none">Electronic diary complete – embedded and positive impactOptions Appraisal paper drafted for movement of elective work to main theatres. MDT Task and Finish Group to commence in December. Induction of labour (IOL) <ul style="list-style-type: none">Delays in commencing and proceeding with IOL increasing – review on going to identify themes and solutionsTo led on QI, Planned Care Lead Midwife role – out to advert	Midwifery recruitment – currently advertised: B5 vacancy B6 vacancy Planned Care Lead Midwife B7 To be advertised: B7 Coordinator B3 vacancy B3 Admin Recently recruited: B7 PMA B7 Clinical Facilitator B6 Diabetes Midwife Planned interviews: B6 Community Midwife <ul style="list-style-type: none">No obstetric vacancy		<ul style="list-style-type: none">9 staffing incidents reportedNo harm reported related to staffing red flagsFull review of acute rosters and staffing metrics underway Suspension of Maternity Services <ul style="list-style-type: none">5 divers reported in October; all attributed to midwifery staffingPlan to improve review and learning following divert and to ensure system wide working Home Birth Service <ul style="list-style-type: none">5 Homebirths in October. Risk to HB service due to expected maternity leave – recruitment underway with an impressive external response rate to the advert																												
Stillbirth Rate (Sept 4.4%)																																	
<ul style="list-style-type: none">1 stillbirth – 25+4/40. Reported through PMRT																																	
Complaints, Compliments and FTT	MDT Training Compliance (Target 90%)	Saving Babies Lives	Maternity Assurance		Incident reported October 2024 (159 no/low harm, 0 moderate or above*)																												
<ul style="list-style-type: none">1 complaint receivedFFT response rate below target – focus with Ward and Team Leads with support from MNVP	<ul style="list-style-type: none">Additional spaces for November created for PROMPT to accommodate medical staff compliance and MIS compliance overall	<div><div>Saving Babies Lives Care Bundle Version 3</div><table><tr><th></th><th>LAMS validated % of interventions fully implemented</th><th></th></tr><tr><td>All elements</td><td>87</td><td>✓</td></tr><tr><td>Element 1 - Smoking</td><td>80</td><td>✓</td></tr><tr><td>Element 2 - Fetal Growth Restriction</td><td>95</td><td>✓</td></tr><tr><td>Element 3 - Reduced fetal movements</td><td>50</td><td>✓</td></tr><tr><td>Element 4 - Fetal monitoring</td><td>100</td><td>✓</td></tr><tr><td>Element 5 - Preterm birth</td><td>85</td><td>✓</td></tr><tr><td>Element 6 - Diabetes</td><td>83</td><td>✓</td></tr><tr><td>Overall implementation level</td><td colspan="2">Partially implemented - CMT (yr 5) met</td></tr></table></div>		LAMS validated % of interventions fully implemented		All elements	87	✓	Element 1 - Smoking	80	✓	Element 2 - Fetal Growth Restriction	95	✓	Element 3 - Reduced fetal movements	50	✓	Element 4 - Fetal monitoring	100	✓	Element 5 - Preterm birth	85	✓	Element 6 - Diabetes	83	✓	Overall implementation level	Partially implemented - CMT (yr 5) met		NHSR Yr6	Ockenden	MDT reviews	Comments
				LAMS validated % of interventions fully implemented																													
All elements	87	✓																															
Element 1 - Smoking	80	✓																															
Element 2 - Fetal Growth Restriction	95	✓																															
Element 3 - Reduced fetal movements	50	✓																															
Element 4 - Fetal monitoring	100	✓																															
Element 5 - Preterm birth	85	✓																															
Element 6 - Diabetes	83	✓																															
Overall implementation level	Partially implemented - CMT (yr 5) met																																
			<ul style="list-style-type: none">Year 6 MIS now live. 2 Safety Actions signed off, SA2 and SA4Fortnightly task and finish group progressingNo immediate challenges anticipated	<ul style="list-style-type: none">Initial 7 IEA- 100% compliantSystem reporting for Three-Year Delivery plan in development. Metrics and evidence agreed	Triggers	15 cases reviewed																											
			Rapid Review – x1 incident escalated, High Spinal and transfer to ITU - obstetrically well managed. Scoping paper to be produced by anaesthetics for review through Surgical Division.																														

Other:

- Band 4 MSW and HoM overseeing B2/B3 upbanding, in line with the wider Trust work.

Maternity Perinatal Quality Surveillance scorecard

Quality Metric	Standard	Running Total/ average	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Trend
1:1 care in labour	>95%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			55%	55%	51%	53%	47%	56%	49%	49%	48%	48%	46%	48%	46%	44%	
3rd/4th degree tear overall rate	<3.5%	3.50%	3.50%	3.90%	5.20%	2.40%	3.00%	5.00%	2.10%	6.00%	4.50%	3.00%	2.80%	4.70%	3.90%	0.70%	
3rd/4th degree tear overall number		79	6	7	9	4	5	8	3	11	8	4	4	7	6	1	
Obstetric haemorrhage >1.5L number		127	6	11	15	17	13	6	9	9	9	11	9	15	12	7	
Obstetric haemorrhage >1.5L rate	<3.5%	3.90%	2.00%	3.70%	4.80%	5.70%	4.00%	2.60%	3.40%	2.60%	2.90%	4.70%	3.10%	5.10%	3.90%	2.40%	
Term admissions to NICU	<6%	3.10%	3.40%	3.70%	3.00%	3.10%	3.00%	2.80%	3.80%	2.60%	4.00%	2.90%	4.70%	4.00%	3.90%	3.60%	
Stillbirth number		10	0	0	0	2	1	2	1	0	1	1	0	2	2	1	
Stillbirth rate	<4.4/1000		1.700			2.300			3.100			2.300			4.400		
Rostered consultant cover on SBU - hours per week	60 hours	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	
Dedicated anaesthetic cover on SBU - pw	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
Midwife / band 3 to birth ratio (establishment)	<1:28		1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:22	1:22	1:23	1:22	
Midwife/ band 3 to birth ratio (in post)	<1:30		1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:23	1:23	1:24	1:23	
Number of compliments (PET)		38	3	4	4	3	2	3	4	5	4	1	2	1	1	2	
Number of concerns (PET)		9	1	2	0	1	1	1	1	0	0	4	1	0	4	0	
Complaints		6	1	1	0	0	1	0	0	1	1	0	1	1	1	1	
FFT recommendation rate	>93%		91%	90%	91%	90%	90%	90%	90%	90%	91%	91%			84%	89%	

External Reporting	Standard	Running Total/ average	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Trend
Maternity incidents no harm/low harm		1339	107	130	158	94	148	102	102	95	130	102	125	169	115	159	
Maternity incidents moderate harm & above		9	3	2	2	1	1	0	0	0	0	0	2	1	0	0	

HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	0	0	0	1	1	0	
Progress in Achievement of MIS YEAR 6		<4 <7 7 & above															

Board of Directors Meeting in Public - Cover Sheet

Subject:	Financial Improvement Performance				Date:	5 th December 2024
Prepared By:	Richard Mills, Chief Financial Officer					
Approved By:	Richard Mills, Chief Financial Officer					
Presented By:	Richard Mills, Chief Financial Officer					
Purpose						
To update the Board of Directors on progress in delivering the Trust's Financial Improvement Programme for Financial Year 2024/25.					Approval	
					Assurance	
					Update	X
					Consider	
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
				X		
Principal Risk						
PR1	Significant deterioration in standards of safety and care					
PR2	Demand that overwhelms capacity					
PR3	Critical shortage of workforce capacity and capability					
PR4	Insufficient financial resources available to support the delivery of services					X
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before						
Executive Team (Weekly Updates)						
Finance Committee (Monthly Updates)						
Acronyms						
YTD – Year-to-Date						
I&I – Investigation & Intervention						
ICS – Integrated Care System						
Executive Summary						
<p>The Trust's financial plan for 2024/25 included an ambitious financial efficiency target of £38.5m, which included planned expenditure savings and income generation.</p> <p>A report to the November Finance Committee confirmed that YTD efficiency savings of £21.1m have been reported to the end of Month 7 (October 2024). This is £1.9m better than the planned savings of £19.3m over the period.</p> <p>Against the full-year efficiency target of £38.5m the Trust has identified planned savings of £39.7m. However, the risk adjusted 'weighted' forecast stands at £33.6m, i.e. 87.2% of the full-year target and a gap of £4.9m to the full-year target (as of 25th November 2024).</p> <p>Although a gap remains, the Trust continues to make positive progress in terms of developing and de-risking schemes. The weighted forecast has improved by more than 20% in the past two months and the percentage of schemes rated as Amber (50% delivery confidence) or below has</p>						

fallen by 18% over the same period. Both of these metrics are ahead of the targets that we set ourselves during the Investigation & Intervention (I&I) process.

Progress continues to be discussed through weekly Financial Efficiency meetings with senior responsible officers, as well as the weekly executive team and the weekly ICS financial efficiency meeting. The Finance Committee provides overview on progress on behalf of the Board of Directors.

Targeted work to reduce the remaining gap is ongoing and includes:

- Quantifying and enacting the outcomes of the I&I Phase 2 work, focusing on pharmacy and medicines optimisation.
- Quantifying, validating, and actioning all aspects of the procurement workstream.
- Initiating a 'Financial Efficiency' stocktake – the purpose of which is to help identify schemes which need targeted support.
- Agreeing an approach to the Business Case Review scheme (the value for which has currently been removed from the financial forecast).
- Using the NHSE produced 'I&I Lessons Learned' document as a 'checklist' to ensure we have considered every possible opportunity.

The Board of Directors are asked to note the contents of the update and the continued progress on delivery of the planned financial efficiency target for 2024/25.

Finance Committee Chair's Highlight Report to Trust Board

Subject:	Finance Committee (FC) Report	Date:	5 th December 2024
Prepared By:	Graham Ward – FC Chair		
Approved By:			
Presented By:	Graham Ward – FC Chair		
Purpose:			
To provide an overview of the key discussion items from the informal Finance Committee meeting of 26 th November 2024.			

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <u>Month 7 Financial Position</u> (to NOTE) – At the end of Month 7 the Trust has an adverse variance to plan of £1M. FIP weighted financial gap continues to decrease and now stands at £5M (down from £7.5M) but still a lot of work to do, especially to increase the recurrent savings. The risks on delivering our financial plan continue to be high and there are some key potential risks on accrued income including urgent care funding (to be escalated to ICB). <u>Capital Forecast Assurance Update (For ACTION)</u> – Board declaration will be required on Month 8 Capital Forecast. 	<ul style="list-style-type: none"> <u>Financial Strategy</u> – Further updates to be presented to the Committee in January and February, with final version to be presented to Board at its March meeting. <u>Cash</u> – Reporting on the cash forecast to be enhanced to enable greater scrutiny and understanding of the position and potential risks. <u>Band 2 to 3</u> – Ongoing work and requirement to collaborate strongly with NUH to ensure consistency of approach. <u>NHSE Opportunities</u> – Paper to be prepared summarising what we are doing already and future plans to ensure we address all the areas of opportunity highlighted.
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> <u>Financial Strategy Update</u> – Good discussion and agreement on future development of the strategy. <u>NHSE Opportunities</u> – Paper from NHSE on potential financial improvement opportunities areas presented. <u>ERF</u> – Deep dive on ERF presented and discussed which gave significant assurance on the delivery and approach to ERF, recognising that the over-riding driver is doing the best for our patients (not all ERF activity makes a positive contribution). 	<ul style="list-style-type: none"> <u>GP Fortinet Firewalls</u> – Business case approved. <u>BAF</u> – Agreed no changes to PR4 (Insufficient Financial Resources) current risk rating of 16 or PR8 (Sustainability) current risk rating of 12.

Comments on effectiveness of the meeting

All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion.

Items recommended for consideration by other Committees

- None identified.

Audit and Assurance Committee Chair's Highlight Report to the Board

Subject:	Audit and Assurance Committee Update.	Date:	5 th December 2024
Prepared By:	Andrew Rose-Britton		
Approved By:	Andrew Rose-Britton		
Presented By:	Andrew Rose-Britton		
Purpose:	To provide an overview of the key discussion items from the Audit and Assurance Committee meeting held on 21 st November 2024		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> • Updates to the Standing Financial Instructions and Scheme of Delegation, significant changes of note increase in value of petty cash from £100 - £150 and delegated authority limit from £1m to £1.25m. 	<ul style="list-style-type: none"> • Best Practice and sector averages to be compared on Standing Financial Instructions and Scheme of Delegation in order to provide further assurance ahead of presentation to Board of Directors. • No Purchase Order No Pay Exceptions to be updated (last review 2020) and launched in conjunction with Standing Orders and Scheme of Delegation mid-December. • Clarification to be sought on interaction between ICS and Non-Executive Members (including attendance at ICS Audit Committee). • Stock accounting process to be summarised ahead of Annual Accounts. • Pharmacy stock-take process and controls particularly on wards to be presented to the Committee. • Review of travel booking system, updating guidelines and access. • Analysis of non-compliant employees on Register of Interest to understand reasons. Wording on personal responsibility when submitting inaccurate nil returns to be strengthened on declaration form. • New Counter Fraud Champion to be identified.
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<p>The following reports received assurance:</p> <ul style="list-style-type: none"> • Counter Fraud Progress report. • Internal Audit Report noting 75% implementation of actions at 	<ul style="list-style-type: none"> • Standing Financial Instructions and Scheme of Delegation recommended for Board approval subject to minor amendments. • 360 Assurance to share benchmarking report on inflation levels.

<p>first follow-up.</p> <ul style="list-style-type: none"> • Audit reports submitted to Board Sub-committees. • External Audit Progress report (KPMG) and preparation for annual audit and value for money review. • Outstanding Audit recommendations. • Losses and Special Payments Report now including Pharmacy losses. • Risk Committee report. • Significant improvement in Register of Interests with non-compliance at 28. • Non-Clinical Policies report and progress being made towards approval of overdue documents. • No Purchase Order No pay report • Procurement process for Charitable Funds clarified with Strategic Head of Procurement now working with Commercial Manager to ensure these align with public sector guidelines. 	<ul style="list-style-type: none"> • Internal Audit Plan approved replacing Theatres Scheduling Review with Automated Information Reporting.
Comments on effectiveness of the meeting	
<p>Good discussion and challenge by members of the Committee.</p>	
Items recommended for consideration by other Committees	
<p>None.</p>	

Note: this report does not require a cover sheet due to sufficient information provided.

Quality Committee Chair's Highlight Report to the Trust Board of Directors

Subject:	Quality Committee	Date:	Monday 25 th November 2024
Prepared By:	Aly Rashid, Non-Executive Director/Chair		
Approved By:	Barbara Brady, Non-Executive Director/Chair		
Presented By:	Barbara Brady, Non-Executive Director/Chair		
Purpose:	Assurance report to the Board of Directors		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> - Increase in Catheter Associated Urinary Tract Infection (CAUTI) related Bacteraemia. - Continued issue noted with Water Safety despite mitigating measures a long-term solution is required. - Lack of resources to ensure completion of Medicines Reconciliation across admission areas within 24 hours, currently at 58%. 	<ul style="list-style-type: none"> - 'You Said We Did' to be included within annual reports to the QC to allow for progress to be highlighted in specific areas. - Ongoing discussions relating to the Maturity Matrix and actions required to meet the target for three keys areas; System Working, Relationships with other Committees and future focusses on outcomes.
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"> - Positive Assurance in relation to the Safeguarding Annual Report. - Positive Assurance in relation to the IPC Annual Report. - Positive Assurance taken from the presentation and discussion around the Mortality Update. - Positive Assurance following the update on Martha's Rule. - Positive Assurance taken from the PSC reports for October and November. - Positive Assurance taken from the PSIRF Oversight Group Report. - Positive Assurance on the progress of the Quality Dashboard. 	<ul style="list-style-type: none"> - Approval of the BAF with no changes recommended to the scores for PR 1, 2 and 5.

Comments on effectiveness of the meeting

Positive level of discussion and challenge against all items and assurance taken from work underway to address issues.

Items recommended for consideration by other Committees

N/A

People Committee Chair's Highlight Report to Board

Subject:	People Committee Assurance report	Date:	26 th November 2024
Prepared By:	Steve Banks, Committee Chair		
Approved By:	Steve Banks, Committee Chair		
Presented By:	Steve Banks, Committee Chair		
Purpose:			
Assurance			

Matters of Concern or Key Risks Escalated for Noting / Action		Major Actions Commissioned / Work Underway	
<ul style="list-style-type: none">Assurance taken on approach to forthcoming Employment Rights Bill overview, potential impact being monitored		<ul style="list-style-type: none">Health and Wellbeing winter campaign underway, alongside people promise actionsPlan to further develop Freedom To Speak Up following Board reviewVolunteer strategy	
Positive Assurances to Provide		Decisions Made <i>(include BAF review outcomes)</i>	
<p>There was a high level of assurance, including:</p> <ul style="list-style-type: none">Staff survey response ratePharmacy workforce updateGuardian of safe working hoursStrategic workforce plan updateFit and proper person test and Audit update		<ul style="list-style-type: none">BAF was reviewed and risk level remains unchanged, impact of Bank pay rates to be monitored	
Comments on effectiveness of the meeting			
Good assurance meeting, slightly shortened for strategy workshop. Quality of executive summaries improved.			

Items recommended for consideration by other Committees

There were no items for other committees and no internal control issues to notify to Audit Committee

Note: this report does not require a cover sheet due to sufficient information provided.