

HOSPITALITY POLICY

CONFIDENTIAL POLICY

		POLICY	
Reference	E&F005		
Approving Body	Estates and Facilities Governance Group		
Date Approved	17/06/2025		
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:		
	YES	NO	N/A
	X		
Issue Date	10/06/2025		
Version	6.0		
Summary of Changes from Previous Version	Update on to new Trust Policy template and update email contact address		
Supersedes	5.0		
Document Category	Estates & Facilities		
Consultation Undertaken	Performance Monitoring Audit and Validation Meeting		
Date of Completion of Equality Impact Assessment	10/06/2025		
Date of Environmental Impact Assessment (if applicable)	10/06/2025		
Legal and/or Accreditation Implications	N/A		
Target Audience	All Trust staff, The Trust's PFI partners contractors		
Review Date	10/06/2028		
Sponsor (Position)	Chief Financial Officer Director of Estates & Facilities		
Author (Position & Name)	Mark Jackson, Director of Estates & Facilities		
Lead Division/ Directorate	Estates and Facilities / Corporate		
Lead Specialty/ Service/ Department	Estates and Facilities		
Position of Person able to provide Further Guidance/Information	Senior Soft FM Manager		
Associated Documents/ Information		Date Associated Documents/ Information was reviewed	
N/A			
Template control		April 2024	

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APPENDICIES

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1.0 INTRODUCTION

This Policy is issued and maintained by the Director of Estates and Facilities on behalf of the Trust and supersedes and replaces all previous versions.

The intention is to outline the circumstances where Sherwood Forest Hospital deem it appropriate to provide refreshments that are funded out of the Hospitality budget and defines the level of hospitality that should be provided.

This Policy is intended to ensure that the financial resources within the Trust are spent in the most appropriate way. Sherwood Forest Hospitals NHS Foundation Trust is committed to keeping the Hospitality spends to an absolute minimum and this Policy provides clarity regarding when Hospitality should be provided and the extent of provision that is appropriate

2.0 POLICY STATEMENT

The Trust has developed this policy to control hospitality expenditure and to ensure that funds are spent in the most appropriate way. Specific criteria have been identified in relation to the booking of hospitality. All requests for Hospitality must be authorised by a Divisional Manager, Director of Nursing or Trust Director, to ensure that spend is appropriate

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust: Means the Sherwood Forest Hospitals NHS Foundation Trust.

Staff: Means all employees of the Trust including those managed by a third-party organisation on behalf of the Trust.

PFI Project Agreement: The agreement or contract between the Trust and partners for the building of the new hospital buildings and the provision of a facilities management services.

Project Co: This is the term used for the Central Nottinghamshire Hospitals PLC [or CNH]. It is the organisation appointed by the Trust who built the new hospital buildings, provide facilities services, and then manage these facilities for the life of the contract.

4.0 ROLES AND RESPONSIBILITIES

All managers are responsible for ensuring that any hospitality requests that they authorise comply with this policy.

All staff, making hospitality bookings, has a responsibility to consider the contents of this policy when making arrangements.

5.0 APPROVAL

Staff Catering Committee; Estates Governance Group

6.0 DOCUMENT REQUIREMENTS

The Trust recognises that there are situations where hospitality is required to ensure that staff members are able to attend meetings/study, however, the use of hospitality must be appropriate.

Hospitality may only be ordered in the following circumstances

- Tea/Coffee may be ordered for a meeting lasting more than 1.5 hours, and/or meetings scheduled to commence at 8.00am or earlier. Similarly, if the meeting is to take place after 6.00pm.
- Where meetings are held over a lunchtime period, they must be timed to enable staff to take a minimum of twenty minutes break or else staff should be advised that they should bring their own lunch into the meeting. There should not be an expectation that lunch will be provided.
- Hospitality must not be used for staff personal use.
- Hospitality must be booked using the Soft FM Provider (Medirest), with whom the Trust has a contract. Catering, other than that provided by individuals for their own personal consumption, cannot be brought in from other sources to prevent breach of the PFI contract and additional food safety issues
- Hospitality required for external courses will require the cost of the catering to be re-charged to the booker.
- Trust funded Hospitality will be provided in exceptional circumstances but will be limited to a Basic Working Lunch only. This must also be approved in advance by the Divisional Manager/ Director of Nursing or Trust Director.
- Where the Trust is providing hospitality as part of a training course for external visitors who pay to attend, these restrictions do not apply, although the hospitality offered should not be excessive. This will be monitored by the Training, Education and Development Department.

All requests for hospitality should be logged via the FM Help Desk on internal extension 3005, via email Hospitalitykingsmill@compas-group.co.uk or through Reach and followed up with a hard copy booking form

Hospitality offered by the Trust should only be offered in line with the Trust "Conflicts of Interest Policy

Hospitality

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement
- Hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event
- Particular caution should be exercised when hospitality provision costs are offered by actual or potential suppliers or contractors.

This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained providing name and job title of approving manager

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared
- Of a value between £25 and £75 - may be accepted and must be declared
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept and authorising managers name and job title must be provided
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate)

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Compliance with the policy	Senior Soft FM Manager	Review of hospitality orders. Physical review of education centre	Monthly	Estates Governance

8.0 TRAINING AND IMPLEMENTATION

All staff employed by Sherwood Forest Hospital including those requesting provision of hospitality bookings and the managers responsible for authorising requests. The policy will be available to all staff via the Trust Intranet

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 2

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Not applicable

Related SFHFT Documents:

- SFHFT Conflict of Interests Policy
- SFHFT Standing orders and scheme of delegation

11.0 KEYWORDS

Hospitality, catering

12.0 APPENDICES

- Appendix 1 Equality Impact Assessment
- Appendix 2 Environmental Impact Assessment

APPENDIX 1

EIA Form Stage One:

Name EIA Assessor: Julie Dennis		Date of EIA completion: 16/06/2025
Department: Estates and Facilities		Division: Estates and Facilities
Name of service/policy/procedure being reviewed or created: Hospitality policy		
Name of person responsible for service/policy/procedure: Julie Dennis		
Brief summary of policy, procedure or service being assessed: Hospitality provided by Soft Fm services provider		
Please state who this policy will affect: Staff (Please delete as appropriate)		
Protected Characteristic	Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)	Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.
Race and Ethnicity	No	
Sex	No	
Age	No	
Religion and Belief	No	
Disability	No	
Sexuality	No	
Pregnancy and Maternity	No	
Gender Reassignment	No	

Marriage and Civil Partnership	No	
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)	No	

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out? None

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? NO

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)

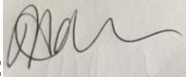
Positive			Negative			
			Nil			

If you identified positive impact, please outline the details here:

EIA Form Stage Two:

Protected Characteristic	Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.	Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.
Race and Ethnicity	None	
Gender	None	
Age	None	
Religion	None	
Disability	None	
Sexuality	None	
Pregnancy and Maternity	None	
Gender Reassignment	None	
Marriage and Civil Partnership	None	
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	

Signature:



I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form

Date: 16/06/2025

Please send the complete EIA form to the People EDI Team for review.

Please send the form to: sfh-tr.edisupport@nhs.net

APPENDIX 2 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	<ul style="list-style-type: none"> Is the policy encouraging using more materials/supplies? Is the policy likely to increase the waste produced? Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? 	No No No	
Soil/Land	<ul style="list-style-type: none"> Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.) 	No No	
Water	<ul style="list-style-type: none"> Is the policy likely to result in an increase of water usage? (estimate quantities) Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) 	No No No	
Air	<ul style="list-style-type: none"> Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) Does the policy fail to include a procedure to mitigate the effects? Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? 	No No No	
Energy	<ul style="list-style-type: none"> Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) 	No	
Nuisances	<ul style="list-style-type: none"> Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? 	No	