



Policy:

FIN 002 - Cashiering and Petty Cash

Executive Director Lead	Executive Director of Finance
Policy Owner	Deputy Director of Finance
Policy Author	Head of Financial Accounts

Document Type	Policy
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Summary of Policy

The aim of this document is to provide guidance to all Sheffield Health and Social Care NHS Foundation Trust (SHSC) staff on the principles of use of Petty Cash and cash handling throughout the Trust.

Target audience	Trust staff, the Board of Directors and Council of Governors.
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Keywords	Petty Cash, Petty Cash floats, Imprest system,
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Storage

Version 3 of this policy is stored and available through the SHSC intranet. This version of the policy supersedes the previous version (V2 December 2017). Any copies of the previous policy held separately should be destroyed and replaced with this version.

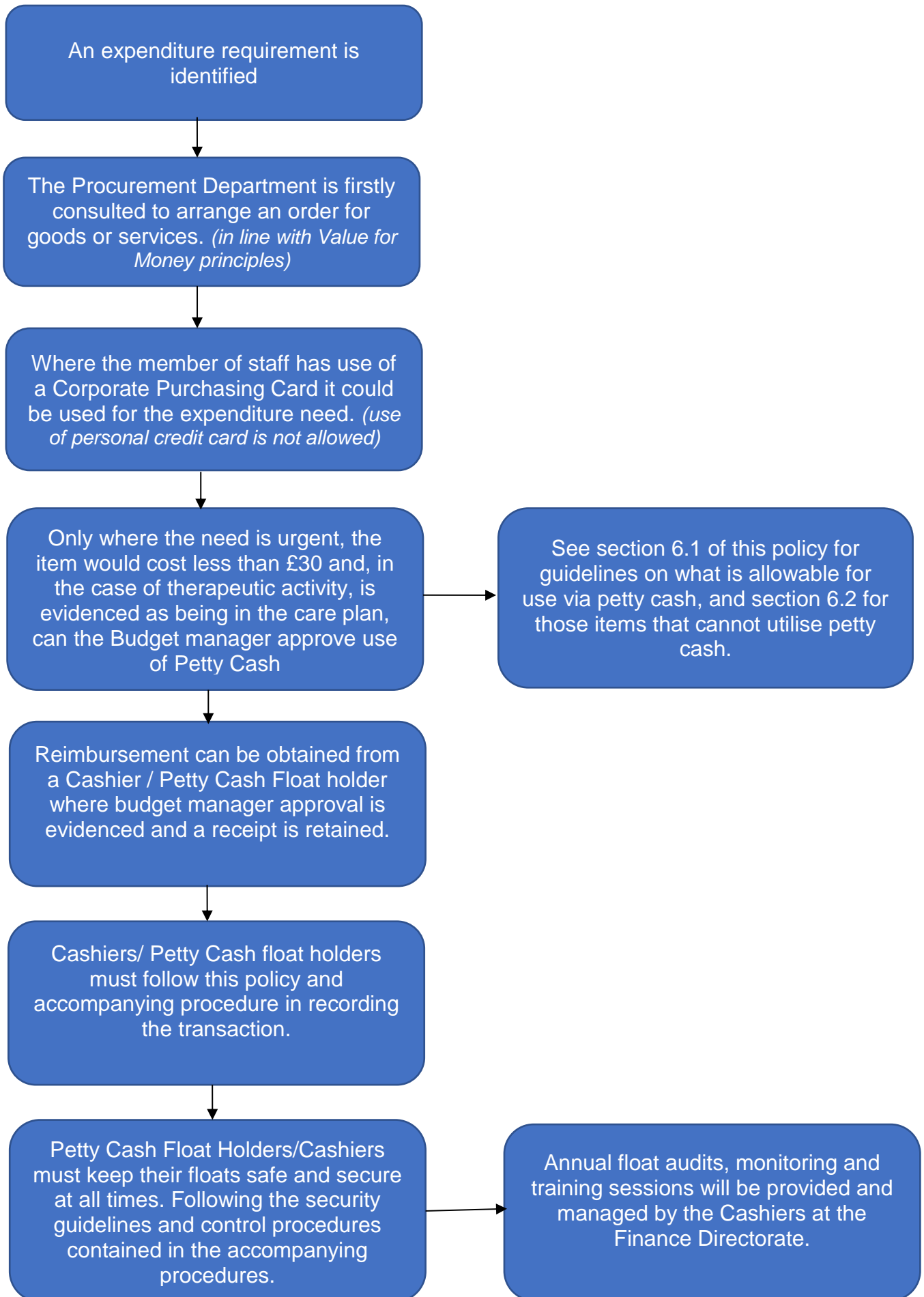
Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
V1.1	New draft policy created	OCT-2015	
V1.2	Policy updated for SMT	NOV-2015	
V1.3	Updated following consultation	JAN-2016	Crisis items added to the list of restricted items with additional guidance on funds available. Further signposting to staff travel and subsistence guidance included. Actions to be taken should discrepancies occur and fraud suspected also included.
V2.0	Review on expiry of policy	OCT-2017	Reviewed and updated accordingly to changes since January 2016 in line with disinvestment affecting petty cash activity.
V3.0	Review on expiry of policy	OCT-2020	Adaptation of new template. Signposted important notes in the flow chart in brackets. Remove references to the "Supplies Department" for the "Procurement Department." Removed references to float value amounts in section 4. Added the Principal Accountant as another authoriser for Petty Cash reimbursements in section 6.1.8 Added Porterbrook Clinic as exemption for service user's travel expenses via Petty Cash in section 6.1.9 Removed references to "the Cashiers Office at Fulwood" and replaced with "Trust HQ Petty Cash Float" where applicable. New section 6.5 "When to close a Petty Cash Float". Other minor grammatical and cosmetic changes applied.

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Flowchart



1 Introduction

1.1 The aim of this document is to provide guidance to all Sheffield Health and Social Care NHS Foundation Trust (SHSC) staff on the principles of use of Petty Cash and cash handling throughout the Trust.

1.2 This policy applies to all employees of SHSC, any staff who are seconded to SHSC, contract and agency staff and any other individual working on SHSC premises.

2 Scope

2.1 This policy covers the following areas at a Policy level. (Further operational guidelines will be contained within the accompanying Procedures)

- Responsibilities
- When is Petty Cash use allowable
- Expenditure that is not allowable through the Petty Cash process
- Cashiers / Petty Cash Float Holders' responsibility
- Annual Petty Cash Float audit
- When to surrender a Petty Cash Float
- The Scheme of Delegation and Authorised Signatory Database
- Receipting of Income

2.2 Operational guidelines excluded from this policy document, but included in the accompanying Procedure document are the following: -

- Physical Security of all Cash floats
- Establishing or Closing a Petty Cash float
- Controlled Stationery
- Handover of Cash holding responsibilities
- Regular reconciliation and audit of cash floats
- Reimbursement of cash floats
- Recording Petty Cash transactions
 - General Principles
 - Scheme of Delegation and the Authorised Signatory Database (ASD)
 - Recording and claiming a SHSC petty cash transaction
 - Advances from Petty Cash
 - Recording Service User's Monies transactions in Petty Cash records
 - Payments under the Health Care Travel Costs Scheme
 - Therapeutic expenditure reimbursement
 - Receipting of income
 - Income from Dining Rooms
 - Telephone and Vending Machine Income
 - Postal Income
 - Banking of Income
- Expenditure that cannot utilise Petty Cash process

2.3 Excluded from this policy document, but included in the accompanying Service Users Property and Money Policy and accompanying procedure, and which should be read by Petty Cash Holders and Cashiers in conjunction with this policy and its accompanying procedure document are:

- Services Users Property and Monies security, administration, record keeping, auditing and process

3 Purpose

The aim of this document is to provide guidance to all Sheffield Health and Social Care NHS Foundation Trust (SHSC) staff on the principles of use of Petty Cash and cash handling throughout the Trust.

4 Definitions

Petty Cash: a small amount of cash held by individual departmental managers for expenditure on small items that cannot be purchased by any other means. i.e. cheque, electronic payment, or via procurement.

Petty Cash Float: this refers to the department or section in charge of a set amount of Petty Cash. The amount of the float will be assessed considering the size of the department, and the history of transactions, see "Imprest System".

Imprest System: the imprest system is a form of financial accounting system. The most common imprest system is the Petty Cash system. The base characteristic of an imprest system is that a fixed amount is reserved, which after a certain period of time or when circumstances require, because money was spent, it will be replenished.

5 Responsibilities

5.1 All staff of SHSC are responsible for obtaining value for money. Per the Standing Financial Instructions of the Trust in paragraph 9.2 (6) k; "purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance".

5.2 The Financial Accounts team, Finance Directorate, are responsible for the operational management of the Trust HQ's Petty Cash float, reimbursing all other Petty Cash floats, monitoring float usage, providing Petty Cash float holder training and ensuring adherence to this policy and procedures.

5.3 Delegated Budget Managers and Budget Holders are responsible for ensuring Petty Cash expenditure that they authorise is in accordance with the requirements of this policy, and where relating to therapeutic activities is included within the service user's care plan. Budget Managers should ensure staff expenses are claimed via e-expenses and that the Procurement function is utilised wherever possible for purchases.

5.4 Petty Cash float holders are responsible for implementing the procedures to ensure the efficient management and security of petty cash and income. Further details are provided in section 6 below.

5.5 Cashiers are responsible for implementing this Policy and accompanying operational procedures and the Service User's Property and Monies Policy and accompanying operational procedures to ensure the efficient management and security of petty cash and income and service user's property and money.

5.6 Responsible officers on wards are responsible for adhering to this Policy, the accompanying operational procedures and the Service Users' Property and Monies Policy and accompanying procedures.

5.7 In all cases, where discrepancies are identified by any member of staff, an investigation should be immediately undertaken, with access to funds restricted. However, where fraud is suspected reference should be made to the Counter Fraud, Bribery and Corruption Policy and the Local Counter Fraud Specialist should be contacted immediately for advice before the investigation commences.

5.8 Where theft is suspected, the Local Security Management Specialist should be consulted. The Security Management Director (SMD) will “take responsibility for security management matters” (SHSC Security Policy Paragraph 6.3)

6 Procedure

6.1 When is Petty Cash use allowable?

6.1.2 Petty Cash must only be utilised for the following areas of expenditure:

- Service users' private money reimbursement.
- Service user travel.
- Trust fund applications where agreed in advance by the Director of Finance.
- Therapeutic activity where agreed in advance by the Director of Finance.
- Emergency low value items which cannot be purchased any other way.

6.1.3 The usual Procurement route must be used for procurement of trust supplies and services in normal circumstances.

6.1.4 Petty cash purchases must not be made where official orders could be placed, unless prior written approval of the Director of Finance has been obtained.

6.1.5 Petty Cash floats are held on an Imprest system. Petty Cash holders are responsible for a fixed total balance (cash plus vouchers). After a certain period of time because money was spent the amount will be replenished via reimbursement from a main cashier or via cash delivery by a security services provider.

6.1.6 All staff travel and parking fee reimbursement and all staff subsistence must be claimed via Payroll using the e-expenses claim process, except in the circumstances in paragraph 6.6 below.

6.1.7 In exceptional circumstances where support staff are required to escort service users regularly on buses and it is in the service user's care plan, staff may use petty cash for their travel where it has been agreed in advance with the Trust's Cashiers and if all other options have been exhausted. For example, where there are regular staff travel and/or activity costs as a result of escorted activity it may be possible to arrange bus passes for staff for Trust business use, or contracts may be agreed with companies who will accept invoicing.

6.1.8 The financial limit for purchases from petty cash is set by the Director of Finance and is presently set at £30.00 for any one item. The Head of Financial Accounts and/or the Principal Accountant may give written authorisation for this limit to be exceeded in individual cases up to £100 where deemed appropriate and within the spirit of this policy. Deputy Director of Finance approval is required before petty cash spend can exceed £100.

6.1.9 With the exemption of Porterbrook Clinic, under the Health Care Travel Costs Scheme, service users' travel can be reimbursed via cashiers up to a limit of £5 per journey, for Porterbrook Clinic this can be up to a maximum of £100 per case. With the exemption of Porterbrook Clinic, payments greater than £5 should be claimed by assisting the service user to claim direct reimbursement from NHS England using a HC5(T) Refund Claim Form. See the accompanying Cashiering and Petty Cash operational procedure note for details.

6.1.10 Petty cash may be used for expenditure relating to therapeutic activity only in an emergency or ad-hoc situation. Where regular ad-hoc expenditure is needed, it must be agreed in advance with the Deputy Director of Finance that petty cash can be used. As with all expenditure, petty cash must not be used where official orders could be placed. The Procurement function must be utilised to order goods and services wherever possible. Items purchased must be service user related and form part of the service user's care plan. Budget

Managers should assure themselves that this is the case before expenditure is approved, be it via petty cash or via Procurement. The petty cash individual transaction limit of £30 still applies to therapeutic spend.

6.1.11 Where it is not possible to obtain a receipt for a purchase, reimbursement will only be made against the written authorisation of an Approved Officer. The Finance Directorate shall maintain the Authorised Signatory Database which includes specimen signatures, for verification purposes, and also identifies the limit of Authorised Signatories' authority as to value and type of goods or services.

6.1.12 Advances of salary cannot be made via Petty Cash. Cases should be discussed with HR and Payroll and adhere to the Salary Advances policy.

6.1.13 It is not appropriate to purchase alcohol, cigarettes/e-cigarettes, butane and cigarette lighters, fireworks, non-prescription drugs or knives using SHSC monies, petty cash or otherwise.

6.1.14 Neither is it appropriate to utilise SHSC funds for crisis items for service users. However, if approval has been obtained to utilise charitable funds or to access a Mental Health Trust Fund grant, these can be issued via petty cash processes and this is the only instance in which a transaction over £30 can be issued since the funds to be utilised are not SHSC operating funds. Reimbursement is dependent on appropriate paperwork confirming approval of the grant.

6.2 Expenditure that cannot utilise the petty cash process

6.2.1 The following items must not be reimbursed through Petty Cash:

- I. Items that could be purchased via the Procurement/Supplies team
- II. Employee travel and subsistence costs, which should be claimed via the E-expenses process (except where paragraph 6.5 applies).
- III. Advances of Salary, which should be discussed with Payroll and adhere to the Salary advances HR policy.
- IV. Individual items with a cost of over £30.
- V. It is not appropriate to purchase alcohol, cigarettes/e-cigarettes, butane and cigarette lighters, fireworks, non-prescription drugs or knives using SHSC monies, petty cash or otherwise.
- VI. Crisis fund payments cannot be made using SHSC operating funds. However, where funds have been approved via Mental Health Trust Fund grants, or Charitable funds, these may be accessed via petty cash processes and may exceed £30. Appropriate approved paperwork must be presented before reimbursement is made.

6.3 Cashiers and Petty Cash float holder responsibilities

6.3.1 Float holders must never spend more than the float held.

6.3.2 Petty Cash floats must be held securely by one responsible officer and access to the keys limited as outlined in the Procedure document accompanying this policy.

6.3.3 Under no circumstances should correction fluid be used on paperwork used in recording financial transactions. Errors should be corrected by ruling through the incorrect information and writing the correct entry above it. This amendment should be initialled.

6.3.4 Formal handovers should take place when responsibility for the float is handed over to another individual by virtue of handover of the keys. Handovers should include a full count of the contents of the float with both parties present. Detailed guidance is provided in the accompanying operational procedure document and should be followed carefully to safeguard the funds and the staff alike.

6.3.5 Service Users monies can be reimbursed via Petty Cash floats. Service Users monies transactions are subject to specific controls to safeguard all concerned. Please refer to the Service User Property and Monies Policy and accompanying operational procedure notes for full details regarding administration and recording of Service User's monies and property.

6.3.6 The recording and administration of all petty cash and service user's monies transactions is done using Controlled Stationery, sequentially numbered. All sheets must be retained per audit requirements. See the accompanying Cashiering and Petty Cash operational procedure note for details.

6.3.7 Each Petty Cash Float Holder or Cashier is responsible for regularly reconciling their float (including a full cash count) and for arranging for an independent witness to witness and countersign to confirm that they have witnessed and second checked the reconciliation and full cash count. See accompanying Cashiering and Petty Cash operational procedures for full details.

6.3.8 In all cases, where discrepancies are identified by any member of staff, an investigation should be immediately undertaken, with access to funds restricted. However, where fraud is suspected reference should be made to the Counter Fraud, Bribery and Corruption Policy and the Local Counter Fraud Specialist should be contacted immediately for advice before the investigation commences.

6.3.9 Where theft is suspected, the Local Security Management Specialist should be consulted. The Security Management Director (SMD) will "take responsibility for security management matters" (SHSC Security Policy Paragraph 6.3).

6.4 Annual Petty Cash float audit

6.4.1 In Quarter 4 of each financial year (January – March) each Petty Cash Float Holder / Cashier is required to bring their float tin and paperwork to the Trust's Financial Accounts team, Finance Directorate, for an annual audit. The paperwork will be audited and the float will be counted and witnessed by a trained Cashier.

6.4.2 Security arrangements are detailed in the accompanying Cashiering and Petty Cash Operational Procedure.

6.4.3 A year-end certificate will be issued to all Petty Cash Float Holders and Cashiers by the Finance Directorate at the time of the visit in preparation for the year end certification required on the 31st March.

6.4.4 It is the responsibility of the Petty Cash Float Holder to ensure that they conduct a full reconciliation and cash count on the 31st March, witnessed by an independent officer and both the float holder and independent officer must sign the certificate to confirm the float balance and cash in hand held at that date.

6.4.5 Discrepancies should be reported immediately to the Petty Cash Float Holder or Cashiers' line manager who will immediately undertake a full count with the Petty Cash Float Holder or Cashier and should the discrepancy be confirmed, an investigation should commence, and access to the float and records immediately restricted to the investigating officer.

6.5 When to close a Petty Cash Float

6.5.1 In order to reduce the risk of cash losses to the Trust, any Petty Cash Float which has not been utilised over a rolling 12 months period should be closed down.

6.5.2 The Financial Accounts team will monitor the level of Petty Cash utilisation and inform relevant Petty Cash holders and Cashiers if they are required to surrender their floats on a timely manner.

6.6 The Scheme of Delegation and Authorised Signatory Database

6.6.1 Under the Trust's Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions; "The Board will approve the level of non-pay expenditure on an annual basis and the Director of Finance will determine the level of delegation to budget managers. The Director of Finance will set out a) the list of managers who are authorised to place requisitions for the supply of goods and services and b) the maximum level of each requisition and the system for authorisation above that level." (Para 9.1)

6.6.2 In addition the Standing Financial Instructions clarify that: "Managers and officers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that all goods, services or works are ordered on an official order." Additionally, "purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance", and "petty cash records are maintained in a form as determined by the Director of Finance."

6.6.3 This policy and procedure document lays out the Director of Finance requirements as referred to above in paragraphs 6.6.1 and 6.6.2

6.6.4 All transactions made using petty cash must be authorised by a Budget Manager who has approved authority to make such payments. The Budget Manager who therefore have been assigned authority via the completion and approval on an Authorised Signatory form (see Authorised Signatory Guidance). Once complete the Budget Manager will be listed on the Authorised Signatory Database (ASD).

6.6.5 Only Petty Cash transactions approved by an officer with appropriate authority on ASD will be reimbursable by the Trust's Cashiers.

6.6.6 It is therefore important that purchases are not made unless appropriate approval has been obtained.

6.6.7 The Trust's Cashiers reserve the right to refuse reimbursement of transactions that are not appropriately approved or are outside petty cash limits.

6.7 Receipting of Income

6.7.1 Income from Dining Rooms/Shops – Income should be recorded in full and evidence of sales retained via use of till rolls or equivalent. The procedures outlined in the accompanying Cashiering and Petty Cash procedures document should be followed to cash-up and bank the funds.

6.7.2 Telephone and Vending Machine Income – Collection of income from telephones and vending machines should always be undertaken by the Cashier and one other member of staff on a regular basis to ensure all income is reflected in the budget reports at month end. Staff should follow the procedures in the accompanying operational procedure document in administering, recording and banking this income.

6.7.3 Postal income should be recorded by the relevant administration staff immediately upon receipt in the department. Where possible this procedure should be carried out by two staff opening the post.

6.7.4 All income, irrespective of its source will be forwarded to the main Cashier in the Financial Accounts team for recording on Cash and Deposit Sheets, either in ink or electronically, immediately it is received by the Cashier and receipts issued. Please see accompanying operational procedure note for details.

6.7.5 Postal Orders received for banking should not be over 1 month old. Cheques received for banking should not be over 6 months old.

6.7.6 Receipts and cash collection and deposit sheets should be used in strict numerical sequence.

6.7.8 A notice should be prominently displayed outside the Cashiers' office to the effect that 'receipts should be obtained for all cash, cheques and postal orders handed over the counter for banking.'

6.7.9 Income should be banked within seven days of receipt using the procedure outlined in the accompanying procedure note.

6.8 Disputes

6.8.1 Where there is a query on whether an item(s) can be purchased through Petty Cash, the Petty Cash Float Holder or Cashier should be initially consulted. For further clarity the Head of Financial Accounts should be consulted.

6.8.2 In the event of a dispute the Deputy Director of Finance will outline the course of action to be followed.

7 Development, consultation and approval

Since the implementation of the version 2 of this policy in December 2017, the Financial Accounts team have been gathering feedback from regular Petty Cash users, to assess the impact of the existing policy and procedures with the business as usual transactions, and those that might be exemptions to the rule. At the same time gathering evidence and supporting information where breaches to SFIs might have taken place and try and avoid from happening in future.

As a result of this process, changes have been applied to specific sections of the policy as noted on the "version control and amendment log" of this policy.

The next revision is due in 2 years' time in line with the current "Policy Framework" unless business demand changes in the interim, which would be action accordingly via the appropriate governance channels.

8 Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Compliance with this policy and related policies and procedures.	Annual report to the Audit and Risk Committee. Year-end audits and via breaches to SFIs report if applicable.	Financial Accounts Team. Audit and Risk Committee.	Yearly to the Audit and Risk Committee. Annually by internal and external auditors.	Audit and Risk Committee.	Financial Accounts Team.	Audit and Risk Committee.

The Cashiering and Petty Cash Policy will be reviewed every two years or earlier where legislation dictates or practices change. The next policy review date is December 2022.

9 Implementation plan

The policy is already widely available online via the intranet policy's widget. Few changes have been made to the wording of the policy to signpost elements for the avoidance of doubts from previous version 2, apart from transferring the policy over the new template, minor grammatical and cosmetic changes have been made to the revised version 3.

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy v3 onto intranet and remove old version v2	Communications Team	28/02/2021	

10 Dissemination, Storage and Archiving (Control)

Version	Date added to intranet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
V3	January 2021	January 2021	-

11 Training and other resource implications

Training will be provided by the Financial Accounts Teams as and when required by Petty Cash holders, Cashiers and Managers.

12 Links to other policies, standards (associated documents)

12.1 This policy further expands on the requirement in the Trust Standing Financial Instructions. Paragraph 9.2 (6) k; “purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance.” It provides guidance as to the roles and responsibilities of staff for each element of the Cashiering and Petty Cash process.

12.2 This Policy should be read by Petty Cash Float Holders and Cashiers in conjunction with the accompanying Cashiering and Petty Cash Operational Procedures.

12.3 In addition Petty Cash Holders and Cashiers should read this Policy jointly with the Service Users Property and Monies policy and its accompanying procedure, to ensure they are compliant with the requirements for reimbursing service user’s funds and their responsibilities in terms of holding service user’s property.

12.4 For all staff travel and subsistence reimbursements the Trust’s e-expenses system should be used. The e-expenses guidance can be found on the Employee Expenses Reimbursement Policy and the Agenda for Change Handbook, containing guidance in sections 17 and 18 on Travel and Subsistence reimbursement, can be located in the Agenda for Change Handbook.

12.5 In all cases, where fraud is suspected reference should be made to the Counter Fraud, Bribery and Corruption Policy and the Local Counter Fraud Specialist should be contacted immediately for advice before the investigation commences.

12.6 Where theft is suspected, the Local Security Management Specialist should be consulted. The Security Management Director (SMD) will “take responsibility for security management matters” (SHSC Security Policy Paragraph 6.3)

12.7 Please also refer to the Trust’s policy and procedure documents as follows:

SHSC Standing Orders, Reservation & Delegation of Powers & Standing Financial Instructions
June 2019

13 Contact details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Head of Financial Accounts	Gabriel Recalde	01142264470	gabriel.recalde@shsc.nhs.uk
Principal Anti-Crime Specialist	Robert Purseglove	01709428702/ 07827 842964	robert.purseglove@nhs.net

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Mr Gabriel Recalde, Head of Financial Accounts / October 2020

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	NO	NO	NO
Disability	NO	NO	NO
Gender Reassignment	NO	NO	NO
Pregnancy and Maternity	NO	NO	NO
Race	NO	NO	NO

Religion or Belief	NO	NO	NO
Sex	NO	NO	NO
Sexual Orientation	NO	NO	NO
Marriage or Civil Partnership	NO		

Please delete as appropriate: - no changes made.

Impact Assessment Completed by:
Mr Gabriel Recalde, Head of Financial Accounts, October 2020

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Yes/No	Evidence
	Executive Lead		
1.	Is the Executive Lead sighted on the development or review of the policy?	Yes	Deputy Director of Finance as delegated by the Executive Director of Finance. (Email communication)
2.	Is the team/Directorate PGG member sighted on the development of the review of the policy?	Yes	
	Development and Management of Policies		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process, <i>insert hyperlink to Case for Need process?</i>	No	
4.	State the reasons for development of the document		Review of Policy on expiry date
5.	Please confirm the individuals involved in the development of the policy?		The review of the Policy involved the Financial Accounts team, the Procurement team, relevant Petty Cash Managers and Petty Cash holders, and the external Anti-Crime Specialist.
6.	Is the policy title clear and unambiguous and meets the requirements of the Policy Framework	Yes	
7.	Does the style and format of the policy meet with the requirements of the Development, Management and Review of Policies?	Yes	
8.	Has it been completed in line with the template?	Yes	
9.	Is the policy in Arial font 12?	Yes	
10.	Have page numbers been inserted? Please make sure that there is no page number showing on the front cover,	Yes	

	version control or contents pages.		
11.	Does the policy contain a list of definitions of terms used?	Yes	
12.	Has the policy been quality checked for typographical errors, links, accuracy etc.	Yes	
13.	Does the policy include any references to other associated policies and key documents	Yes	
14.	Is there evidence of consultation with all relevant teams and directorates e.g. HR, Finance, Procurement?	Yes	
15.	Has the policy been discussed and agreed by the local governance groups e.g. Medicines Optimisation Committee, or Trustwide specialist groups e.g. Resuscitation and Physical Health Group	N/A	
Policy Content			
16.	Is the document linked to a strategy?	Yes	
17.	Is the purpose of the policy clear?	Yes	
18.	Are the intended outcomes of the policy described?	Yes	
19.	Does the policy reference requirements of the CQC or other relevant bodies e.g. NHSLA RMSAT, if applicable?	n/a	
20.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.	n/a	
21.	Are supporting references cited in full?	Yes	
22.	Are Trust supporting documents referenced?	Yes	
23.	Has the EIA Form been completed (Appendix A)	Yes	
Approval			
24.	Have Staff Side (or equivalent) approved the document (HR policies only)?	n/a	
Dissemination and Implementation			
25.	Does the dissemination plan identify how dissemination will	Yes	

	be implemented, see 11 of Policy on Policies		
26.	Does the dissemination plan include the necessary training/support to ensure compliance?	Yes	
Document Control			
27.	Have you included version control on the document?	Yes	
28.	Does the document identify where it will be held? See Storage on policy cover sheet.	Yes	
Process for Monitoring Compliance			
29.	Is there a plan to: <ul style="list-style-type: none"> i. Review ii. Audit compliance with the document 	Yes	
Review Date			
30.	Is the review date identified?	Yes	
Overall Responsibility for the Document			
31.	Who will be responsible for co-ordinating the: <ul style="list-style-type: none"> i. Dissemination ii. Implementation iii. Evidencing iv. Monitoring 	Yes	