

Animals in Healthcare Facilities (including Therapy Pets)

Department / Service:	Patient Experience
Originator:	Julie Webber, Lead Nurse for Patient Experience Janet Neate, Volunteer Manager
Accountable Director:	Chief Nursing Officer
Approved by:	Improving Safety Action Group
Approved by Medicines Safety Committee:	NA
<i>Where medicines included in guideline</i>	
Date of approval:	14 th November, 2024
First Revision Due:	14 th November, 2027
This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All inpatient areas
Target staff categories	All divisions

Policy Overview:

This policy provides advice on minimising the risk of infection associated with therapeutic pets and other visiting animals.

Adapted from George Elliott NHS Trust (2024) policy with permission

Key amendments to this document

Date	Amendment	Approved by:
14 th November, 2024	First Document Approved	Improving Safety Action Group

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1. Introduction

- 1.1. This policy provides advice on minimising the risk of infection associated with therapeutic pets and other visiting animals.
- 1.2. Animals can enhance the quality of life for many individuals, however they can carry infections, which can occasionally be transmitted to humans, particularly those people that are vulnerable to infection, as well as provoke an allergic reaction in some patients.
- 1.3. Domestic pets are permitted to visit end of life patients only.
- 1.4. Working animals are permitted in an agreed designated location with the agreement of the Infection Prevention and Control Team.

2. Scope of this document

- 2.1. The purpose of this policy is to protect the patient environment from the risk of infection from animals.
- 2.2. To promote the use of animal therapy, where appropriate, the value of animal therapy is widely accepted as a powerful aid to stimulation and communication. Studies have shown that the presence of companion animals can improve the well-being of patients and lower the rate of anxiety, simply by making the hospital environment happier, more enjoyable and less forbidding.
- 2.3. This policy informs staff of their legislative requirements relating to the Equality Act 2010. The Act states that anyone who provides services, goods or facilities to the public cannot refuse to provide their service to a disabled person for a reason relating to that person's disability. It also encourages services to be more proactive in creating an inclusive approach and where appropriate 'more favourable treatment' can be provided to a disabled person.
- 2.4. In line with our statutory obligations, the protected characteristics of age, disability, gender reassignment, marital status/civil partnership, pregnancy and maternity, race, religion or belief, sex/gender and sexual orientation under the Equality Act 2010 are recognised by the Trust and in addition, the Trust recognised Learning Disability as a protected characteristic. This Policy must be implemented in line with the Trust Equality and Diversity Policy and reasonable adjustments made in accordance to the Equality Act 2010.
- 2.5. There is a balance to be struck in complying with all legislation and therefore, each situation will need to be risk-assessed, taking into consideration many and variable factors by the person in charge of each department with assistance from the Infection Prevention and Control Team.

3. Definitions

- 3.1. Animals that are found in health care premises may be identified under the following categories:
 - an assistance dog is trained for the benefit of the handler (not always a patient) e.g guide, hearing, seizing or signal dog and is the responsibility of the handler or owner.

- police sniffer dogs have been specially trained to assist a member of the police force with their duties.
- a therapy animal is an animal that visits hospital wards and premises for the reasons of goal directed interventions and is the responsibility of the handler or external organisation e.g Therapy Dogs Nationwide [Therapy Dogs Nationwide \(tdn.org.uk\)](http://tdn.org.uk)
- a pet is a domestic or tamed animal kept for companionship or pleasure

Visiting Animals

3.2. **Assistance dogs** – An assistance dog must be specially trained to aid or assist a person with specific needs. Assistance Dogs UK is a coalition of assistance dogs' organisations and includes:

- Canine Partners
- Dogs Assistance in Disability
- Dogs for Good
- Guide Dogs
- Hearing Dogs for Deaf People
- Medical Detection Dogs
- Support Dogs
- The Seeing Eye Dogs Alliance

“Guide dog and assistance dog owners have important rights under the Equality Act 200 (EA). The Equality Act (2010) provides for people with disabilities to have the same right to services supplied by shops, banks, hotels, libraries, pubs, taxis and restaurants as everyone else. Every client of an assistance dog trained by ADI or IGDF accredited organisation is given an AD(UK) ID booklet giving information about the assistance dog and training organisation together with other useful information (Assistance Dogs UK, 2015).

Anyone coming into hospital with an assistance or working dog will need identification on the animal (jacket and lead ID)

Essentially this is to ensure that only dogs which have been trained in accordance with Assistance Dogs UK are permitted to come on site (this means that they have been toilet trained etc.

Further details are available via the Assistance Dogs UK website <http://www.assistancedogs.org.uk/members/>

Injuries Sustained by Dogs and Safeguarding

The benefits of owning pets such as dogs are well established. Living in a pet owning household can have physical and emotional benefits for children and adults as well as teaching them about responsibility and caring for living creatures. However, in recent years, a number of children and adults of differing ages have been seriously injured or have died from attacks by dogs (not just banned breeds) and it is important therefore that professionals working with children and adults are aware of the issues around dangerous dogs and the risks they can pose.

Staff should be alert and undertake professional curiosity into the known behaviours of any visiting dog to inform their risk assessment.

3.3. **Police Sniffer Dogs** – A police sniffer dog has been specially trained to assist a member of the police force with their duties.

3.4. **Therapy Animals** – Therapy animals are permitted to enter hospitals to visit patients who do not have allergies to animal hair. The animals are carefully selected and are fit, healthy and well cared for.

Therapy animals must be approved under the Therapy Dogs Nationwide Scheme with insurance cover stating that it covers third party eventualities related to the animal i.e a bite. Further details are available via [Therapy Dogs Nationwide \(tdn.org.uk\)](http://tdn.org.uk)

3.5. **Pet** – Pets are only permitted to enter hospitals to visit an end of life patient. However, staff need to conduct a risk assessment for this situation and consider other patients and staff who may be allergic to pet hair.

4. Responsibility and Duties

4.1. The Trust Board, vis the Chief Executive, will:

- Ensure there are effective and adequately resources arrangements for the safe provision of animal therapy within the Trust;
- Identify a board level lead for infection preventions and control;
- Ensure that the role and functions of the Director of Infection Prevention and Control are satisfactorily fulfilled by appropriate and competent persons as defined by the Department of Health (2015).

4.2. Director of Infection Prevention and Control (DIPC) will:

- Oversee the local implementation of the Animals in Health Care Facilities Policy (including Therapy Pets).

4.3. The Infection Prevention and Control Assurance Group will:

- Ensure that, from an infection prevention and control perspective, the procedures for the provision of animal therapy are continually reviewed and improved within the Trust.

4.4. The Infection Prevention and Control Team will:

- Provide advice and support in relation to the provision of a safe animal therapy service.

5. Policy Details

- 5.1. The definition of animals relates to assistance dogs; police dogs and all pets including insects, reptiles, fish and birds.
- 5.2. Animals must not be allowed into the clinical environment, unless:
- An assistance dog specially trained to aid or assist a person with specific needs.
 - A pet visiting an end-of-life patient on an in bedded area. If this is not possible, an area away from other patients must be agreed by the Matron/Ward Manager.
 - A therapy dog
 - A police sniffer dog
- 5.3. An increased risk of infection is associated with the following types of animals and should be deemed as unsuitable/unsafe for health care environments:
- Kittens/puppies (these should not be introduced to patients prior to primary inoculations, worming and infestation treatments);
 - Cats and dogs that are not housetrained;
 - Long haired cats (can be particularly susceptible to ringworm);
 - Sick caged birds;
 - Stray/sick/feral animals;
 - Exotic pets/reptiles
 - Animals fed on raw meat
- 5.4. Visiting animals must not be fed on hospital premises – by staff, patients or visitors.
- 5.5. The Infection Prevention and Control Team may exclude the animal from Trust premises if it is suspected to be a source or vector of infection.
- 5.6. Walking of the dog must remain the responsibility of the owner bringing the dog onto the Trust premises, staff are not permitted to carry out this task.

When police sniffer dogs are required to be active in an area, the police dog handler is responsible for maintaining control of the animal and ensuring that it is not a nuisance to other patients. In this instance, the dog will have full access to all areas that require searching; this will include the patient's bedroom and personal belongings and may include access to other more clinical areas. These dogs are also permitted to climb onto beds or other furniture as required to complete a full search.

Visiting Pets

- 5.7. Pets are only permitted access to the Hospital to visit an end-of-life

- patient.
- 5.8. The appointed handler is responsible for maintaining control of the animal and ensuring that it is not a nuisance to other patients.
 - 5.9. Where possible the end-of-life patient will be assisted to a quiet area of the ward / hospital to receive the visiting pet. If this is not possible an area away from other patients must be agreed by the Matron/ Ward Manager.
 - 5.10. Hand washing following contact with the animal or its environment is the most important aspect of minimising infection risk. As well as the wearing of personal protective equipment (such as gloves and apron) when clearing up animal urine/faeces.
 - 5.11. After settling the animal, the appointed handler should wash their hands before coming into direct contact with the patient they are visiting.
 - 5.12. Animals should be kept on a lead or otherwise suitably restrained and must not be allowed to wander freely within Trust premises.
 - 5.13. The implementation of standard infection prevention and control precautions including hand hygiene is essential for risk reduction. By ensuring that all the above advice is followed, the physical and psychological benefits of having pets should continue to improve the quality of life of the patient.
 - 5.14. Consent/Assent to Pet visits must be included in the patient's health care records and the visit must be documented in the patient's health care records.

Therapy Pets

- 5.15. All Pet Therapy animals must be trained. Free roaming of Pet Therapy animals is not permitted to minimise risk of accident or injury to patients or visitors.
- 5.16. The Pet Therapy animals must be capable of confinement to designated areas of the hospital environment as agreed by the Infection Prevention and Control Team. Pet Therapy animals must be excluded from kitchens and clinical environments at all times.
- 5.17. The Pet Therapy animals must be healthy. A veterinary surgeon must initially assess the pet for freedom from disease and infestation followed by routine periodic health assessment and treatment programmes. Evidence will be requested from the owner or appointed handler to support this.
- 5.18. Hand washing following contact with the animal or its environment is the most important aspect of minimizing infection risk. As well as the wearing of personal protective equipment (such as gloves and apron) when clearing up animal urine/faeces.
- 5.19. Pet Therapy animals are not allowed to get onto chairs or beds.
- 5.20. Visiting will not be permitted in the following circumstances: -
 - isolated patients;
 - immune-compromised patients
 - if a patient poses a significant risk to the visiting animal.
- 5.21. When Pet Therapy animals are permitted to visit hospital premises, the animal's owner and healthcare workers must ensure that the animal is not a nuisance to other patients and that it does not interfere with patient care.

- 5.22. If any patients object to the Pet Therapy animal's presence, then arrangements must be made to ensure that the animal is kept away from them. Staff should be aware that some patients are fearful of animals.
- 5.23. The implementation of standard infection prevention and control precautions including hand hygiene is essential for risk reduction. By ensuring that all the above advice is followed, the physical and psychological benefits of having pets should continue to improve the quality of life of the patient.
- 5.24. Pet Therapy must be included in the patient's care plan. Consent or Assent to participate in Pet Therapy must be documented in the patient's healthcare records. Each visit including the outcomes must be documented in the patient's healthcare records.

6. Implementation

6.1. Plan for implementation

Each member of staff is responsible for maintaining up-to-date awareness of existing policies and for adhering to those policies in the course of their daily work. All new staff joining the Trust should be made aware through their line management of all current Trust wide documents and directorate documents relevant to them.

6.2. Dissemination

The policy will be available on the Trust intranet site in the master Policy library. A trust wide e-mail via the communications daily brief will be issued to all staff to inform them that the document has been reviewed. Matrons for each department shall be emailed the policy.

6.3. Training and awareness

Training and use of the policy will be as required and in accordance with each division – the layout of the ward or area and the purpose for an animal being on the premises. Areas must initiate their own risk assessment and teaching of staff in accordance to the situation and reason for an animal visiting Trust premises.

7. Monitoring and compliance

The NHSLA requirements are –

Organisations should measure, monitor and evaluate compliance with the minimum requirements within the NHSLA Risk Management Standards. This should include the use of audits and data related to the minimum requirements. The organisation should define the frequency and detail of the measurement, monitoring and evaluation processes.

Monitoring demonstrates whether or not the process for managing risk, as described in the approved documentation, is working across the entire organisation. Where failings have been identified, action plans must have been drawn up and changes made to reduce the risks. Monitoring is normally proactive - designed to highlight issues before an incident occurs - and should consider both positive and negative aspects of a process.

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The table below should help to detail the 'Who, What, Where and How' for the monitoring of this Policy.

Trust Policy

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Incident reporting	Audit	Quarterly	Infection Prevention and Control	Infection Prevention and Control	Quarterly

8. Policy Review

This policy will be reviewed every three years by the Lead Nurse for Patient Experience

9. References:

Assistance Dogs UK (2015) *Member organisations*. Available at:
<http://www.assistedogs.org.uk/members/> (Accessed: 4/12/2018).

Department of Health (2006) *Essential steps to safe, clean care: reducing healthcare-associated infections*. Available at:
http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136212 (Accessed: 4/12/2018).

Department of Health (2015) *Health and Social Care Act 2008: Code of Practice on the prevention and control of infections*. Available at: <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance> (Accessed: 4/12/2018).

DiSalvo, H. (2006) 'Who let the dogs out? Infection control did: Utility of dogs in healthcare settings'. *American Journal of Infection Control*, 34(5) pp. 301 – 307.

Equality Act 2010, c. 15. Available at:
<https://www.legislation.gov.uk/ukpga/2010/15/contents> (Accessed: 5/12/2018).

Guay, D.R. (2001) 'Pet-assisted therapy in the nursing home setting: potential for zoonosis'. *American Journal of Infection Control*, 29(3) pp. 178-86.

Khan, M.A. (2000) 'Animal-assisted activity and infection control implications in a healthcare setting'. *Journal of Hospital Infection*, 46(1) pp. 4-11.

Lefebvre, S. L. *et al.* (2008) 'Guidelines for animal assisted interventions in healthcare facilities' *American Journal of Infection Control*, 36(2) pp. 78 – 85.

Mayhall, C. G. (2011) *Hospital Epidemiology and Infection Control*. Philadelphia: Lippincott, Williams and Wilkins.

Murthy, R. *et al.* (2015) 'Animals in healthcare facilities: recommendations to minimize potential risks'. *Infection control and hospital epidemiology*, 44(7), pp.846- 850.
 Available at: <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/7086725BAB2AAA4C1949DA5B90F06F3B/S0899823X1500015Xa.pdf/div-class-title-animals-in-healthcare-facilities-recommendations-to-minimize-potential-risks-div.pdf> (Accessed 5/12/2018).

National Institute for Health and Care Excellence (2011) *Healthcare-associated infections: prevention and control [PH36]*. Available at: <https://www.nice.org.uk/guidance/ph36> (Accessed 5/12/2018).

Pets as Therapy (2017) *Pets as Therapy*. Available at: <https://petsastherapy.org/> (Accessed: 4/12/2018).

Royal College of Nursing (2018) *Working with Dogs in Health Care Settings: A protocol to support organisations considering working with dogs in health care settings and allied health environments*. Available at: <https://www.rcn.org.uk/professional-development/publications/pdf-006909> (Accessed: 5/12/2018).

Somerset Partnership NHS Foundation Trust (2017) *Animals in Clinical Areas Policy (Including Therapy Pets)*. Available at: <http://www.sompar.nhs.uk/media/4332/animals-in-clinical-areas-including-therapy-pets-policy-v4jan-2017.pdf> (Accessed: 5/12/2018).

Trust Policies

- Standard Infection Prevention and Control Policy
- Cleaning of Equipment and Decontamination Policy; to be read in conjunction with the Medical Devices Policy written on Intranet as Decontamination and Disinfection Policy
- Hand Hygiene Policy
- Statutory and Mandatory Training Policy
- MRSA Policy
- Risk Management Policy
- Statutory and Mandatory Training Matrix
- Education, Learning and Development Prospectus
- Adverse Events Reporting Policy
- Equality and Diversity Policy

10. Background

10.1. Equality requirements

This policy will be implemented equally across all inpatient areas. Assessment should be performed on an individual basis

10.2. Financial risk assessment

There should be no financial risk to the Trust unless in extreme circumstances e.g a person sustains a dog bite or injury.

10.3. Consultation

This policy has been developed for the Trust in 2024. The policy has been to Fundamentals of Care Committee and to Improving Safety Action Group for approval.

Contribution List

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

Designation
Fundamentals of Care Committee attendees
Discussed and approved at ISAG Nov 24 meeting

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

Committee
Fundamentals of Care Committee
ISAG meeting

10.4. Approval Process

This section should describe the internal process for the approval and ratification of this Policy.

10.5. Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust	☒	Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity Julie Webber
Lead Nurse for Patient Experience

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Julie Webber	Lead Nurse for Patient Experience	julie.webber6@nhs.net
Date assessment completed	20.11.24		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Animals in Healthcare Policy			
What is the aim, purpose and/or intended outcomes of this Activity?	For certain animals to be allowed on NHS Trust premises			
Who will be affected by the development & implementation of this activity?	X	Service User	X	Staff
	X	Patient	X	Communities
	X	Carers	<input type="checkbox"/>	Other
	X	Visitors	<input type="checkbox"/>	Police _____

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Is this:	<input type="checkbox"/> Review of an existing activity <input checked="" type="checkbox"/> New activity – a new policy for the Trust <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	The Trust has never had a policy for Animals visiting the Trust and we have been asked to supply this information by external agencies and PALS for people who have made enquiries about what our Trusts policy is
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Utilised George Elliott Trusts policy which they are actively using
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	x			Covers all ages
Disability	x			Allows for therapy dogs to visit and assist those with a disability
Gender Reassignment		x		
Marriage & Civil Partnerships		x		
Pregnancy & Maternity		x		
Race including Traveling Communities		x		
Religion & Belief	x			This can help patients in their spiritual and emotional journey who are end of life
Sex	x			

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				The policy covers all sexes
Sexual Orientation	x			Inclusive of all
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				Those who are end of life or need the assistance of a dog to facilitate their visit to the Trust premises this may also include Children
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				As above

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	If a dog becomes unruly / aggressive	Staff need to familiarise themselves with the policy and its implementation	Ward manager / Matron	As soon as the incident occurs
		Any potential complaints / PALS will be reviewed		
How will you monitor these actions?	Datix reporting PALS complaints Governance oversight and reporting through divisional reporting Escalation to Matron or on call manager if and when necessary			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly)	As required			

throughout the design & implementation)

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Julie Webber
Date signed	20.11.24
Comments:	
Signature of person the Leader Person for this activity	Julie Webber
Date signed	20.11.24
Comments:	



Supporting Document 2 – Financial Impact Assessment

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

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	The policy must be used as and when appropriate and implemented as per its content

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