

# MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

## AGENDA

**Date:** Thursday 3<sup>rd</sup> April 2025  
**Time:** 09:00 – 12:30  
**Venue:** Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	<b>Welcome</b>		
2.		<b>Declarations of Interest</b> To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest :- <a href="https://www.sfh-tr.nhs.uk/about-us/register-of-interests/">https://www.sfh-tr.nhs.uk/about-us/register-of-interests/</a> <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.		<b>Apologies for Absence</b> 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	<b>Patient Story – Brian's Brain</b> Georgina Goulding, Admiral Nurse, Dementia Nurse Specialist	Assurance	Presentation
5.	09:20	<b>Minutes of the meeting held on 6<sup>th</sup> March 2025</b> To be agreed as an accurate record	Agree	Enclosure 5
6.	09:25	<b>Action Tracker</b>	Update	Enclosure 6
7.	09:30	<b>Chair's Report</b>	Assurance	Enclosure 7
8.	09:35	<b>Acting Chief Executive's Report</b>	Assurance	Enclosure 8
<b>Strategy</b>				
9.	09:45	<b>Strategic Objective 1 – Provide outstanding care in the best place at the right time</b> <ul style="list-style-type: none"> <li><b>Maternity and Neonatal Update</b> Report of the Director of Midwifery <ul style="list-style-type: none"> <li>Safety Champions update</li> <li>Maternity Perinatal Quality Surveillance Model</li> </ul> </li> <li><b>Learning from Deaths</b> Report of the Chief Medical Officer</li> </ul>	Assurance  Assurance	Enclosure 9.1  Enclosure 9.2
10.	10:15	<b>Strategic Objective 2 – Empower and support our people to be the best they can be</b> <ul style="list-style-type: none"> <li><b>People Strategy</b> Report of the Chief People Officer</li> <li><b>Staff Survey</b> Report of the Chief People Officer</li> <li><b>Freedom to Speak up</b> Report of the Freedom to Speak Up Guardian</li> </ul>	Approve  Assurance  Assurance	Enclosure 10.1  Enclosure 10.2  Enclosure 10.3

	Time	Item	Status	Paper
	<b>BREAK (10 mins)</b>			
	<b>Strategy</b>			
11.	11:05	<b>Strategic Objective 4 – Continuously learn and improve</b> <ul style="list-style-type: none"> <li><b>Research Annual Report</b> Report of the Chief Nurse (presented by the Head of Research and Innovation)</li> </ul>	Assurance	Enclosure 11.1
12.	11:20	<b>Strategic Objective 5 – Sustainable use of resources and estate</b> <ul style="list-style-type: none"> <li><b>Finance Strategy</b> Report of the Chief Financial Officer</li> </ul>	Approve	Enclosure 12.1
	<b>Governance</b>			
13.	11:40	<b>Standing Orders</b> Report of the Director of Corporate Affairs	Approve	Enclosure 13
14.	11:45	<b>Annual Sign Off of Declarations of Interest</b> Report of the Director of Corporate Affairs	Approve	Enclosure 14
15.	11:50	<b>Assurance from Sub Committees</b> <ul style="list-style-type: none"> <li>Audit and Assurance Committee Report of the Committee Chair (last meeting)</li> <li>Finance Committee Report of the Committee Chair (last meeting)               <ul style="list-style-type: none"> <li>Finance Committee Annual Report</li> </ul> </li> <li>Quality Committee Report of the Committee Chair (last meeting)               <ul style="list-style-type: none"> <li>Quality Committee Annual Report</li> </ul> </li> <li>People Committee Report of the Committee Chair (last meeting)               <ul style="list-style-type: none"> <li>People Committee Annual Report</li> </ul> </li> </ul>	Assurance  Assurance  Assurance  Assurance	Enclosure 15.1  Enclosure 15.2  Enclosure 15.3  Enclosure 15.4
16.	12:10	<b>Spotlight on – West Notts College T- Levels</b>	Assurance	Presentation
17.	12:15	<b>Communications to wider organisation</b> (Agree Board decisions requiring communication to Trust)	Agree	Verbal
18.	12:20	<b>Any Other Business</b>		
19.		<b>Date of next meeting</b> The next scheduled meeting of the Board of Directors to be held in public will be <b>1<sup>st</sup> May 2025, Boardroom, King’s Mill Hospital</b>		
20.		<b>Chair Declares the Meeting Closed</b>		
21.		<b>Questions from members of the public present</b> (Pertaining to items specific to the agenda)		

	Time	Item	Status	Paper
		<b>Resolution to move to the closed session of the meeting</b> 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	• Perinatal Safe Staffing Report
Enc 09.1	• Nursing Monthly Safe Staffing
Enc 15.1	• Audit and Assurance Committee – previous minutes
Enc 15.2	• Finance Committee – previous minutes
Enc 15.3	• Quality Committee – previous minutes
Enc 15.3	• Maintaining Focus and Oversight on Quality of Care and Experience in Pressurised Services
Enc 15.4	• People Committee – previous minutes
Enc 15.4	• Sherwood Forest Hospitals and West Nottinghamshire College Strategic Partnership Compact

**UN-CONFIRMED MINUTES** of the Board of Directors meeting held in Public at 09:00 on  
Thursday 6<sup>th</sup> March 2025, in the Boardroom, King's Mill Hospital

<b>Present:</b>	Graham Ward	Chair	GW
	Steve Banks	Non-Executive Director	SB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Neil McDonald	Non-Executive Director	NM
	Lisa Maclean	Non-Executive Director	LM
	Richard Cotton	Non-Executive Director	RC
	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
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
<b>In Attendance:</b>	Liz Franklin	Lead Chaplain	LF
	Paula Shore	Director of Midwifery	PS
	Nav Sathi	Guardian of Safe Working	NS
	Sue Bradshaw	Minutes	
	Olivia Hammond	Producer for MS Teams Public Broadcast	
	Rich Brown	Head of Communications	
<b>Observers:</b>	Caroline Kirk	Communications Specialist	
	Ian Holden	Public Governor	
	No members of the public		
<b>Apologies:</b>	Barbara Brady	Non-Executive Director	BB
	Manjeet Gill	Non-Executive Director	MG
	Jonathan Van Tam	Associate Non-Executive Director	JVT
	Andy Haynes	Specialist Advisor to the Board	AH



Item No.	Item	Action	Date
<b>25/044</b>	<b>WELCOME</b>		
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&amp;A function.</p>		
<b>25/045</b>	<b>TRIBUTE TO PAUL ROBINSON</b>		
8 mins	DS reflected on the recent death of Paul Robinson, Chief Executive, and a short video was played in memory of Paul.		
<b>25/046</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
<b>25/047</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	Apologies were received from Barbara Brady, Non-Executive Director, Manjeet Gill, Non-Executive Director, Jonathan Van Tam, Associate Non-Executive Director, and Andy Haynes, Specialist Advisor to the Board.		
<b>25/048</b>	<b>PATIENT STORY - THE CHAPLAINCY SERVICE</b>		
9 mins	<p>LF joined the meeting.</p> <p>LF introduced the Patient Story, which highlighted the work of the Chaplaincy Service at the Trust.</p> <p>GW acknowledged the support provided by the Chaplaincy Service to patients, relatives and members of staff.</p> <p>SB queried what support is provided to staff members and what is the split of time between support provided to staff and support provided to patients and their families. LF advised the team spends approximately 75% of their time supporting patients and 25% supporting staff, noting there is a lot of informal support offered to staff when the team are out and about on the wards visiting patients. Staff also visit the Faith Centre as a quiet space.</p> <p>DS advised an initial meeting is planned for the beginning of April 2025 with a view to establishing a system-wide faith group.</p> <p>LF left the meeting.</p>		

<b>25/049</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 6 <sup>th</sup> February 2025, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>25/050</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that action 25/023 was complete and could be removed from the action tracker.		
<b>25/051</b>	<b>CHAIR'S REPORT</b>		
7 mins	GW welcomed Lisa Maclean, Non-Executive Director, to her first Board of Directors Meeting.  GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting governor elections, work of the Trust charity and volunteers, Dragon's Den projects, visit to the Trust by Kathy McLean, Integrated Care Board (ICB) Chair, and Amanda Sullivan, ICB Chief Executive, and 15 Steps visit to the Intensive Care Unit (ICU).  The Board of Directors were ASSURED by the report.		
2 mins	<b>Council of Governors Highlight Report</b>  GW presented the report, highlighting his appointment as the Trust's substantive Chair until 25 <sup>th</sup> May 2026, the re-appointment of ARB as a Non-Executive Director for a term of one year and the need for improved forward planning in terms of 15 Steps visits to ensure governors are fully involved.  The Board of Directors were ASSURED by the report.		
<b>25/052</b>	<b>ACTING CHIEF EXECUTIVE'S REPORT</b>		
15 mins	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 the death of Paul Robinson, Chief Executive, operational pressures, appointment of new Chair for the Place-Based Partnership (PBP), English devolution White Paper, sustainability improvements, success of walking aid reuse and recycle scheme, opening of the staff wellbeing spaces, construction industry placements at the Community Diagnostic Centre (CDC) for two students from West Notts College, apprenticeship programme and the recent Step Into the NHS event.  NM noted the Trust's growth profile is likely to continue to increase and queried what discussions are taking place at a system level in terms of re-shaping budgets and funding if primary care is unable to provide a service, which in turn leads to patients presenting to ED.		

	<p>DS advised this has been flagged as an issue and will feed into the planning process for 2025/2026, as well as the transformational change which is planned across the system in 2025/2026. There are a number of workstreams ongoing, for example, looking at elderly frail patients, utilisation of other aspects of the NHS community, etc. There is a need to work with partners.</p> <p>RE advised there are two elements, namely the growth in demand and the work required to avoid attends at ED. It is clear to the Integrated Care System (ICS) there is growth which needs to be mitigated through demand avoidance. However, there is a disproportionate shift in demand to SFHFT. Some of this is potentially driven by changes in flows across the system and some of which is driven by differential access to primary care. There is a recognition that there is a need for a discussion about how resources are used across the system to support SFHFT. The vehicle for this is the current planning round.</p> <p>RM advised, in terms of funding flows, the challenge is the money the system has as an allocation, is the allocation and the reality is that amount is not sufficient to pay for all the services which are being provided across Nottinghamshire. The Trust is seeking a fair share, including recognition for the disproportionate flows of emergency care. The reality is the system and Trust needs to live within their means. Therefore, there is a need to identify other areas where spend can be reduced. Where patient flow into the organisation and Nottinghamshire from outside of the county can be evidenced, there is a need to ensure that is reflected.</p> <p>ARB queried how the PBP is developing to support the growth in demand and other pressures. DS advised the Trust has to have a strong voice in the PBP, noting there is a lot of work to do. CH advised it has been agreed to have a Place Based workshop, where all partners will come together, to agree the workplan for the PBP.</p> <p>The Board of Directors were ASSURED by the report.</p>		
25/053	<b>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</b>		
15 mins	<p>PS joined the meeting</p> <p><b>Maternity Update</b></p> <p><b><i>Safety Champions update</i></b></p> <p>PB presented the report, highlighting Safety Champions' walkaround, Perinatal Forum, service user feedback, ongoing cultural work, neonatal services and compliance with NHS Resolution (NHSR) safety actions for Year 6 and Saving Babies Lives care bundle.</p> <p>SB sought further information in relation to Element 3 of the Local Maternity and Neonatal System (LMNS) data, which relates to reduced Foetal Movements (RFM). PS advised there are different subsets within each of the elements, for example, clinical and data collection. There is an issue at the Trust in relation to how the data is collated. The Trust is working with the LMNS to improve data collection processes.</p>		

	<p>NM referenced positive improvements generated by the Quad+3 Project and queried how these could be utilised in other parts of the Trust to start to drive cultural change. RS advised there is a need to showcase good practice via 'communities'. In addition, there is the wider improvement journey which the Improvement Faculty are working on. DS advised a regular improvement showcase event is planned, with 'stalls' being set up in the KTC, to showcase good practice and share it with colleagues across the Trust.</p> <p>PB advised the cultural competency work is midwifery focussed, but this has been widened to encompass other areas</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Maternity Perinatal Quality Surveillance Model</b></p> <p>PB presented the report, highlighting 3<sup>rd</sup> and 4<sup>th</sup> degree tears. PB advised the home birth service was suspended overnight on three occasions during January 2025.</p> <p>PS advised the Trust did a presentation in relation to antepartum haemorrhage cases at a recent regional shared learning event.</p> <p>ARB queried how family's expectations are managed when there is a need to suspend the home births service. PS advised there were no women affected by the three suspensions in month and five babies were delivered at home. The Trust is aware of when babies are due, where a home birth is booked, and if someone is due when the service has to be suspended, they will be contacted and support will be sought from neighbouring units.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>25/054</b>	<b>STRATEGIC OBJECTIVE 2 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE</b>		
17 mins	<p><b>Nursing, Midwifery and Allied Health Professions (AHP) Staffing bi-annual report</b></p> <p>PB presented the report, highlighting compliance with the National Institute for Health and Care Excellence (NICE) safe staffing guidance, establishment review, clinical educator process, advanced clinical practitioner (ACP) roles, Allied Healthcare Professionals (AHP) workforce job planning and maternity services.</p> <p>GW noted the need for safety to come first, second and third. However, the ask from the establishment review is to increase staffing by 1.84 whole time equivalents (WTE) nett, at a cost of £65,487. Given the Trust's current financial position, GW queried if everything possible had been done in terms of efficiencies to ensure this figure is as low as possible. PB advised Monday to Friday, when there is a lot of staff resource on site, the Trust is able to manage within the staffing 'footprint' as staff can be moved to different areas as required. However, this is more challenging out of hours when there is less staff resource. This is spend which is already in place, but it is being put into the establishment in a controlled way. Other than enhanced care, the Trust works within the establishment.</p>		

13 mins	<p>RM advised this is an evidence-based establishment to ensure the Trust is planning for safe care. During 2024/2025 the Trust has been very close to the establishment figure, with the amount the Trust was over establishment being roughly equivalent to the ask outlined in the report. The ask within the report sets the establishment and budget at the right level. It is important controls are in place to ensure the Trust does not go over and above the establishment level which has been set. RM noted the benchmarking information in relation to care hours per patient day. SFHFT is not an outlier in terms of the size of the nursing workforce.</p> <p>DS advised it is important to keep the organisation safe for its patients. However, there is national interest on establishment figures. There is a need to be clear on the impact of quality and safety measures which have been introduced.</p> <p>RS advised within the establishment is a percentage 'headroom' which takes into account annual leave, sickness absence, etc. There is an opportunity for this element to be more visible through the People Committee and how different departments manage this.</p> <p>GW noted the need to reduce bank and agency spend and ensure the improvements in relation to that are delivered. A strong, steady, substantive workforce creates the best environment for patients.</p> <p>RM advised nursing workforce numbers and spend are routinely reported to the Finance Committee. However, it may be useful to have a Finance Committee workshop session dedicated to this towards the end of Quarter 1 (Q1) of 2025/2026.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Nursing workforce numbers and spend to be a topic for a Finance Committee workshop at the end of Q1.</b></li> </ul> <p>The Board of Directors were ASSURED by the report and APPROVED the 1.84 WTE uplift in the establishment, at a cost of £65,487.</p> <p>PS left the meeting</p> <p><b>Medical Workforce Staffing – bi-annual report</b></p> <p>SR presented the report, highlighting job planning, appraisals, General Medical Council (GMC) revalidation, doctors' mess, Resident Doctors' forums, bid for additional training posts and review of pay rates.</p> <p>DS advised the National Medical Director of NHS England (NHSE) is leading a piece of work looking at medical training and ensuring it is fit for the future.</p> <p>GW felt there are two aspects to job planning, getting the plans in place and the quality of the plans. SR advised the Trust has robust consistency panels in place in relation to job planning posts, which are attended by all of the divisions. A job plan will not be signed off until it has gone through a consistency panel, which provides an additional layer of assurance compared to other organisations.</p>	RM	03/07/25
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<p>17 mins</p>	<p>There is a system in place which allows the Trust to look at what is in job plans and what that should deliver in terms of activity. There is also the ability to look at activity delivered, compared to what was in the job plan.</p> <p>RS noted the need to showcase the improvement journey the Trust has been on in introducing this system, noting there is a challenge to move this away from being a fairly manual process.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Guardian of Safe Working</b></p> <p>NS joined the meeting</p> <p>NS presented the report, highlighting the number of vacant posts, visits to clinical areas, Resident Doctor Forums, national review of the exception reporting process and Guardian Newsletter.</p> <p>NS advised there were 33 exception reports in the period from 1<sup>st</sup> November 2024 to 31<sup>st</sup> January 2025, of which 31 were due to working additional hours and 2 were due to missing natural breaks. All 33 exception reports have now been closed. Further information on the exception reports raised is included in the report.</p> <p>NM sought clarification if the issue of incivility within ED related to staff or patients. NS advised this relates to how staff speak to each other, advising while this is not an issue for the majority of time, it was raised on a walkaround there were instances of staff speaking incorrectly. This is being taken forward through the appropriate channels and staff are being reminded of how to speak to each other and encouraged to reflect on how things can be done better.</p> <p>SR advised this sometimes relates to referral pathways, when there is a lack of clarity in relation to which speciality the patient needs to be referred to. Work is underway to refine specialty pathways. DS advised there is a need to 'call out' behaviours, noting one person's robust clinical discussion is another's incivility. There is a need to recognise how behaviours 'land'.</p> <p>SB queried if information from the Staff Survey is available to the Guardian of Safe Working to allow for triangulation of feedback. RS advised multiple stakeholders will be engaged with when the Staff Survey results are available. A more 'joined up' approach will be developed to take forward the Staff Survey feedback. SR advised in addition to the Staff Survey, information is available from the national GMC Trainee Survey.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>NS left the meeting</p>		
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25/055	<b>STRATEGIC OBJECTIVE 5 – SUSTAINABLE USE OF RESOURCES AND ESTATE</b>		
14 mins	<p><b>Annual Update on the Trust's Green Plan</b></p> <p>RM presented the report, highlighting grant monies from the National Energy Efficiency Fund (NEEF) and the NHS Centralised Energy Purchasing Agreement (CEPA), installation of sensors in operating theatres, roll out of power down of computers and laptops when they are not in use, installation of electric vehicle charging points, Climate Action Group, carbon literacy training, clinical progress and plans for 2025. It was noted the Green Plan will be refreshed in 2025.</p> <p>SB queried if mapping of the Trust's progress towards achieving an 80% reduction in emissions by 2028 to 2032 could be included in future reports. RM advised carbon usage is measured through the Estates and Facilities Management Group and is fed into the Sustainability Oversight Group. A report can be shared with members of the Board of Directors and the information will be included in future updates.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>Report showing the Trust's carbon usage and progress towards achieving an 80% reduction in emissions by 2028 to 2032 to be circulated to the Board of Directors.</b></li> </ul> <p>DS acknowledged the progress made but noted there is more the Trust should and can do.</p> <p>CH advised colleagues in the Improvement Faculty have completed their sustainable quality improvement training. Therefore, sustainability will be a key part of improvement projects in the future. In addition, there has been a commitment from the Divisional Leadership Team to undertake the sustainable quality improvement training.</p> <p>NM felt an evaluation of sustainability should be built into future investments, for example, building projects. RM advised sustainability is included in the business case process, but it will be useful to ensure this is included in the post-project evaluation process.</p> <p>The Board of Directors were ASSURED by the report.</p>	RM	03/04/25
25/056	<b>USE OF THE TRUST SEAL</b>		
1 min	<p>SBS presented the report which confirms the Trust Official Seal has been affixed to the following documents, in accordance with Standing Order 10 and the Scheme of Delegation:</p> <ul style="list-style-type: none"> <li>Seal number 119 was affixed to a document on 22<sup>nd</sup> January 2025 for Nottingham University Hospitals. The document related to the renewal of the lease for the Dialysis Unit</li> </ul> <p>The Board of Directors NOTED the use of Trust Seal number 119.</p>		

<b>25/057</b>	<b>PROPOSAL TO UPDATE THE CONSTITUTION</b>		
5 mins	<p>SBS presented the report, advising of the proposed changes to the Trust's Constitution to enable the forthcoming governor elections to be held via electronic means only. The actions being taken to contact Trust members without an e-mail address were highlighted.</p> <p>The Board of Directors APPROVED the amendments to the Trust's Constitution.</p>		
<b>25/058</b>	<b>ASSURANCE FROM SUB-COMMITTEES</b>		
5 mins	<p><b>Finance Committee</b></p> <p>GW presented the report, highlighting the Trust's financial position at the end of Month 10, cash position, financial planning for 2025/2026, Patient Level Information and Costing System (PLICS) and review of Board Assurance Framework (BAF) Principal Risk (PR) 4 - Insufficient financial resources available to support the delivery of services, and PR8 - Failure to deliver sustainable reductions in the Trust's impact on climate change.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>25/059</b>	<b>SPOTLIGHT ON – THE NEW TELEDERMATOLOGY CLINIC</b>		
12 mins	<p>A short video was played highlighting the work of the Teledermatology Clinic.</p> <p>RC queried if patients have to attend the Trust in person, or if photographs can be taken on mobile devices and submitted by GPs, etc. SR advised the Trust's Medical Photography Department take the images. There are teledermatology systems that utilise smart phone devices, but these do not provide the required quality of image.</p> <p>GW noted the need to communicate this service to Primary Care.</p>		
<b>25/060</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
3 mins	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Details of the Trust's celebration of the life of Paul Robinson once details are known.</li> <li>• Governor elections.</li> <li>• Work of the Trust's volunteers.</li> <li>• Work of the Estates Team in relation to the Trust's green agenda.</li> <li>• New staff wellbeing areas.</li> <li>• Update on building work on Level 6.</li> <li>• Step Into the NHS event.</li> <li>• Chaplaincy Service and Teledermatology Clinic.</li> <li>• Work of the Critical Care Team.</li> <li>• Financial climate moving into 2025/2026.</li> </ul>		



<b>25/061</b>	<b>ANY OTHER BUSINESS</b>		
1 min	No other business was raised.		
<b>25/062</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 3<sup>rd</sup> April 2025 in the Boardroom at King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 11:45.</p>		
<b>25/063</b>	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Graham Ward</p> <p><b>Chair</b> <b>Date</b></p>		

<b>25/064</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
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>		
<b>25/065</b>	<b>BOARD OF DIRECTOR'S RESOLUTION</b>		
1 min	<p><b>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.</b></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	01/05/2025	S Brook Shanahan			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		<b>Update 27/03/2025</b> Included in report. <b>Complete</b>	Green
24/377.1	05/12/2024	Report to be presented to the Perinatal Assurance Committee (PAC) (and onwards to the Quality Committee) in relation to inequalities and equity of access issues in maternity.	Public Board of Directors	Quality Committee	03/04/2025 05/06/2025	P Bolton		<b>Update 26/03/2025</b> Report to be presented to PAC on 28/03/2025 and Quality Committee on 02/06/2025	Grey
25/018	06/02/2025	To incorporate the training provision for leaders in terms of wellbeing and the resulting impact on staff sickness within the updated Deep Dive into staff sickness at the March 2025 People Committee.	Public Board of Directors	None	03/04/2025	R Simcox	A Grundy	<b>Update 24/02/2025</b> Details to be included and incorporated in Deep Dive item to be presented at March People Committee meeting  <b>Update 25/03/2025</b> Item captured in Deep Dive report presented at March People Committee meeting. <b>Complete</b>	Green
25/054	06/03/2025	Nursing workforce numbers and spend to be a topic for a Finance Committee workshop at the end of Q1.	Public Board of Directors	Finance Committee	07/08/2025	R Mills		<b>Update 21/03/2025</b> Added to agenda for Finance Committee workshop on 29/07/2025	Grey
25/055	06/03/2025	Report showing the Trust's carbon usage and progress towards achieving an 80% reduction in emissions by 2028 to 2032 to be circulated to the Board of Directors.	Public Board of Directors	None	03/04/2025	R Mills		<b>Update 27/03/2025</b> Report shared with Board members via email. Further update to be provided to Finance Committee in May 2025 as required. <b>Complete</b>	Green

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Chair's report				<b>Date:</b>	3 <sup>rd</sup> April 2025
<b>Prepared By:</b>	Rich Brown, Head of Communication					
<b>Approved By:</b>	Graham Ward, Chair					
<b>Presented By:</b>	Graham Ward, Chair					
<b>Purpose</b>						
An update regarding some of the most noteworthy events and items since the last Public Board meeting from the Chair's perspective.					<b>Approval</b>	
					<b>Assurance</b>	
					<b>Update</b>	Y
					<b>Consider</b>	Y
<b>TStrategic Objectives</b>						
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	
<b>Principal Risk</b>						
<b>PR1</b>	Significant deterioration in standards of safety and care					
<b>PR2</b>	Demand that overwhelms capacity					
<b>PR3</b>	Critical shortage of workforce capacity and capability					
<b>PR4</b>	Insufficient financial resources available to support the delivery of services					
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation					
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b>	Major disruptive incident					
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>						
None						
<b>Acronyms</b>						
UV = Ultraviolet						
<b>Executive Summary</b>						
An update regarding some of the most noteworthy events and items since the last Public Board meeting from the Chair's perspective.						

## Council of Governors election update

The process has now begun to elect 10 new governors to the Trust's Council of Governors, following the publication of the notice of election by the Trust on Thursday 27<sup>th</sup> February 2025.

As a NHS Foundation Trust, Sherwood Forest Hospitals is required to elect public and staff governors who will ensure accountability, hold Non-Executive Directors to account and help ensure the voices of the local communities we serve are considered in the running of our services.

This latest election is seeking to appoint to 10 vacancies on the Trust's Council of Governors, with those 10 vacancies due to be elected in the following constituencies:

- Five public governor vacancies in our 'Mansfield, Ashfield and surrounding wards' constituency
- Two public governor vacancies in our 'Newark & Sherwood and surrounding wards' constituency
- One public governor vacancy in our 'Rest of England' constituency; and
- Two staff governor vacancies

A period of intense communications activity has helped us attract:

- Six candidates in our 'Mansfield, Ashfield & surrounding wards constituency, meaning this constituency will be a contested election
- Two candidates for two vacancies in our 'Newark & Sherwood & surrounding wards' constituency, meaning this constituency will be uncontested
- Five candidates for two staff governor vacancies, meaning this constituency will be contested

Thanks to those efforts, all bar one vacancy on our Council of Governors is due to be filled during this election process. The only vacancy will remain in our Rest of England constituency, where no candidates came forward to stand for election.

For contested seats, ballot packs will be sent out to Trust members in those constituencies on 1 April, with members having until 5pm on Monday 28 April to cast their votes. The results of this election are due to be announced on Tuesday 29<sup>th</sup> April 2025.

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

March 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 March alone, 375 Trust volunteers generously gave over 4,475 hours of their time to help make great patient care happen across the 25 services they have supported during the month.

The Community Involvement Team attended the Step into the NHS event at Vision West Notts College and discussed volunteering opportunities with over 50 prospective volunteers.

Long Service Awards were presented to several volunteers including Enid Bardill (pictured centre at opposite) who was delighted to receive her 30-year award from Director of Corporate Affairs Sally Brook Shanahan (right) and Welcome Treatment Centre Department Lead Tracyjane Smith.

It is pleasing to see the completion of several Dragon's Den projects.

This programme enables teams to bid for up to £5,000 for an improvement idea that will enrich the patient and carer experience in their area of work and is funded from the Daffodil café and fundraising stall:



### **Improved handwashing for Theatres team**

Staff working in our operating theatres are improving their handwashing and scrubbing techniques, thanks to the purchase of three training kits.

The ultraviolet (UV) hand inspection cabinets at King's Mill Hospital are used as a training aid to show where techniques need to be improved, which helps to improve patient safety by preventing the spread of infection and cross contamination.



### **Makeover for relatives' room on Ward 44**

The relatives' room on Ward 44 has benefited from new flooring, a fresh coat of paint, comfortable chairs, shelving and artwork.

It can be used by patients who want quiet time with their families away from the hustle and bustle of the ward, and as a private space for doctors and nurses to speak to patients or their loved ones about treatment options.



This idea came from the ward's Shared Governance Council and Rebecca Newton, Senior Healthcare Assistant and Diane Aspinall, Ward Receptionist, who said: "We are really pleased with the finished results. It's so nice to have a peaceful place on the ward for our patients and relatives to relax in"



## Other notable purchases by the Trust Charity

During the month, there have also been several notable purchases funded by the Trust charity. They include:

- Furnishings for new wellbeing spaces in the King's Treatment Centre utilising a grant from NHS Charities Together.
- Refurbishment of the foyer area outside Ward 25 to create a welcoming space for children and their families. The charity has provided £12.5K of funding for redecoration, tables and chairs plus colourful wall art.



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.

## Other notable engagements:

- I took part in a '15 Steps' visit to the Trust's Occupational Health department and received a warm welcome. I also followed the visit up with a call to Adam Grundy (Head of the service) which was equally positive.
- I attended the NHS ICB and Trust Leaders Event in London, which included Jim Mackay overviewing the next steps for NHSE and what will be expected from providers. It was also a great opportunity to meet and discuss common issues with peers from across the sector.
- We held a second Board of Directors Time Out session as we start to plan for the future SFH (Improving Future Lives). Watch this space for further updates.
- I took part in the Nottingham and Nottinghamshire elected members meeting, which included NHS chairs and elected representatives from local authorities.
- I took part in a monthly catch-up meeting with the regional director for NHS England (Midlands), Dale Bywater.
- I held my regular catch-up meeting with our Lead Governor (Liz Barrett)

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Acting Chief Executive's report		<b>Date:</b>	3 <sup>rd</sup> April 2025	
<b>Prepared By:</b>	Rich Brown, Head of Communications				
<b>Approved By:</b>	Dr David Selwyn, Acting Chief Executive				
<b>Presented By:</b>	Dr David Selwyn, Acting Chief Executive				
<b>Purpose</b>					
An update regarding some of the most noteworthy events and items since the last Public Board meeting from the Acting Chief Executive's perspective.				<b>Approval</b>	
				<b>Assurance</b>	
				<b>Update</b>	Y
				<b>Consider</b>	Y
<b>Strategic Objectives</b>					
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
<b>Principal Risk</b>					
<b>PR1</b> Significant deterioration in standards of safety and care					
<b>PR2</b> Demand that overwhelms capacity					
<b>PR3</b> Critical shortage of workforce capacity and capability					
<b>PR4</b> Insufficient financial resources available to support the delivery of services					
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation					
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b> Major disruptive incident					
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>					
Not applicable					
<b>Acronyms</b>					
BAF = Board Assurance Framework ED = Emergency Department FCP = Full Capacity Protocol MSFT = Medically Safe for Transfer NEWS = National Early Warning Score			NTU = Nottingham Trent University PIFU = Patient Initiated Follow Up RTT = Referral to Treatment UEC = Urgent and Emergency Care WNC = West Nottinghamshire College		
<b>Executive Summary</b>					
An update regarding some of the most noteworthy events and items since the last Public Board meeting from the Acting Chief Executive's perspective.					



## NHS enters national pre-election period

Sherwood Forest Hospitals – like other NHS organisations across the country – has now entered the pre-election period, ahead of a number of elections taking place across the country this year.

The pre-election period is the time immediately before elections or referendums. During this time, specific restrictions are placed on the use of public resources and the communication activities of public bodies, civil servants, and local government officials.

The pre-election period is designed to avoid the actions of public bodies distracting from or having influence on election campaigns. The pre-election period has implications for all NHS organisations like Sherwood.

The main elections taking place in May affecting the Mid Nottinghamshire area and Sherwood Forest Hospitals NHS Foundation Trust are the Nottinghamshire County Council elections.

The Trust will be adhering to national NHS guidance issued by NHS England during the pre-election period. A copy of [the national 'Pre-election guidance for NHS organisations' guidance is available to view in full on the NHS England website](#).

This guidance has been shared with Trust colleagues over the coming weeks to make them aware of the guidance and to ensure that the Trust continues to operate within that guidance.

## Operational updates

### Overview of operational activity

In the first two months of 2024/2025 quarter four, we have seen a gradual recovery in several of our Urgent and Emergency Care (UEC) metrics from the levels seen in December 2024 (ambulance handover, four-hour performance and 12-hour length of stay performance).

December 2024 was a very challenging month as we saw a peak in seasonal pressures, including influenza, Covid, RSV and norovirus.

As part of the winter pressures, we saw patient acuity increase as evidenced by a seasonal rise in the number of patients admitted with a National Early Warning Score (NEWS) of four or more. Patients NEWS scores are showing some signs of reducing as we move through quarter four; however, they typically stay at an elevated level until April.

Constraints in matching high demand with our hospital bed base has meant that we have not always been able to admit patients in a timely way, extending the time patients spend in our Emergency Department (ED) and contributing to overcrowding.

Under our Full Capacity Protocol (FCP), we have gone 'two-over' on our wards this winter to balance risk across the organisation. We recognise the consequences that this has had on our base wards and we have provided feedback of any quality impact via Quality Committee.

Patient demand has remained high in terms of the daily average number of Urgent and Emergency Care (UEC) attendances (particularly at Newark) and non-elective admissions. Whilst these demand metrics were closer to planned levels, the increased pressure of the number of patients accessing our services is evident across our frontline services. This is putting pressure on our clinical workforce and we have been struggling to fill additional clinical shifts to cope with the level of patient demand.

While performance across our UEC pathway is not where we would like it to be, our staff continue to work relentlessly to care for patients in as timely and dignified a manner as possible in very challenging circumstances. Our local system partners have worked together well to maintain relatively low levels of Medically Safe for Transfer (MSFT) patients in our hospitals over the winter period. Low MSFT patient numbers together with focus on our 'Getting the Basics Right' improvement programme have contributed to reduced length of stay which has been essential to maintain hospital patient flow.

In quarter four to-date, we have continued to reduce the incomplete Referral to Treatment (RTT) waiting list and the number of 52-week waits.

Our 65-week waits have reduced to 32 at the end of February 2025. We are slightly off-plan on all three metrics, in part driven by the support we are offering across the system, together with the need to prioritise cancer pathways.

We continue to work together as a system with patients being transferred between providers to support equity of access. Our diagnostics DM01 performance continues to improve significantly and is now 94.4% – the highest level since the pandemic – and has brought us mid-pack nationally (after being in the lowest quartile earlier in 2024).

In outpatients, first attendance activity levels have shown a reduction versus plan in quarter four to date. This is driven by an increase in the number of one-stop clinics where patients are having a procedure during their first appointment (we have seen an over-delivery versus plan for outpatient procedures). This change is better for patients.

We consistently exceed the 5% Patient Initiated Follow Up (PIFU) target and benchmark well. Advice and guidance performance remains well above target and stable over a long period of time.

In terms of our Cancer metrics, quarter four has been very challenging so far. Our typically strong 28-day faster diagnosis standard performance has deteriorated during quarter four due to histopathology and radiology capacity constraints; we continue to work towards resolving these.

This, alongside theatre capacity challenges, has also had a knock-on effect on our 31-day and 62-day cancer performance positions, which have also deteriorated through the quarter. Recovery plans are in place and further details around the key root causes will be detailed in our Integrated Performance Report that will be presented at the May 2025 Trust Board.

## Partnership updates

### **Universities for Nottingham Programme Management Board**

Sherwood was represented at the recent Universities for Nottingham Programme Management Board by the Strategy and Partnership and Research & Innovation teams.

This was a good opportunity to learn about the achievements of the partnership in particular the expansion of the Climate Ambassadors Scheme and further developments of the Co(l)aboratory Programme.

Co(l)aboratory brings together researchers, community organisations and local people to deliver meaningful change for the people of Nottingham and Nottinghamshire through research. From this discussion, the Trust's Head of Research and Innovation will explore expanding Notts Voice in Research to central and north Nottinghamshire.

The Board also discussed the opportunities and risks arising from the evolving regional landscape and implications for the partnership.

### **Vision West Nottinghamshire College strategy review day**

On 18<sup>th</sup> March 2025, Vision West Notts College held its strategy review day and, as a key partner, Sherwood was well represented.

The event was an opportunity to influence the strategic direction of the college and share partner strategic objectives. The Strategy and Partnership Team attended the morning strategy sessions and the People Directorate and Corporate Nursing the afternoon.

The sessions were interactive and informative: the morning strategy session highlighted opportunities for maximising community connections and amplifying Sherwood's role as an anchor organisation through its partnerships.

The afternoon sessions focused on hearing from partners regarding how current relationships could be enhanced and embedded further. The relationship between Sherwood and the College was used a best practice example where tangible benefits could be evidenced.

## **Other Trust updates**

### **Messages of support continued to be shared for Paul Robinson**

The Trust has continued to be inundated with messages of support, following the passing of our Chief Executive, Paul Robinson.

Members of the Trust Board were represented at a family funeral for Paul during the month, while the Trust itself hosted its own celebration of Paul's life and the difference he made to us all here at Sherwood Forest Hospitals on Thursday 27<sup>th</sup> March 2025.

I am grateful to everyone who has reached-out with offers of support and condolence over recent weeks. Those messages have been of great comfort to myself, our Trust colleagues and those who knew Paul best – his family.

Books of condolence remain available for Trust colleagues to sign at each of our King's Mill, Mansfield Community and Newark Hospital sites. [Colleagues, partners and members of the public wishing to add a message to our virtual book of condolence can also do so via this online form.](#)

### **Executive Team recruitment update**

I am delighted to confirm two positive updates about recruitment to two vital positions on the Trust's Board of Directors.

Our Acting Medical Director, Dr Simon Roe, has accepted the Trust's offer to become its Chief Medical Officer, following a nationwide recruitment process.

Simon joined #TeamSFH as our Deputy Medical Director in November 2023 before he stepped-up to become the Trust's Acting Medical Director in May 2024.

Final employment checks to confirm Simon's appointment are now complete, which is standard practice for any appointment to the Trust's Board of Directors. The role of Medical Director has also been renamed to Chief Medical Officer to better align the role to similar roles across the country's NHS.

There have also been developments in the Trust's plans to recruit to the Trust's Chief's Operating Officer role, after Rachel Eddie announced her plans to leave the Trust in the summer.

Our recruitment efforts for that role saw us attract candidates from across the country, including a number who are already established in Chief Operating Officer roles.

An employment offer has now been made to an experienced Chief Operating Officer; I look forward to sharing more details on that appointment as soon as we are able to.

### **Hundreds explore career opportunities at 'Step into the NHS' showcase event**

Hundreds of job seekers and people looking for a new career path explored a variety of NHS roles at the latest 'Step into the NHS' careers event hosted by the Trust in partnership with Nottingham Trent University (NTU) and West Nottinghamshire College (WNC).

The event, which took place on Tuesday 4<sup>th</sup> March 2025 at Mansfield and Ashfield Sixth Form College, gave attendees the chance to engage with professionals and learn about the wide range of non-clinical roles available within the NHS, including finance, HR, facilities management, project management, and clinical illustration.

Feedback from several teams who participated in the event revealed that many attendees were unaware of the wide range of non-clinical roles available within the NHS.

It's always fantastic to see so many people interested in joining our Trust and exploring the rewarding careers available within the NHS.

Events like these provide a valuable platform for people at all stages of their career journey, whether they are students, job seekers, or those considering a career change.

It is especially great to see growing awareness of the many vital non-clinical roles that help support our clinical colleagues and make great patient care happen across our hospitals. We look forward to welcoming new talent to our workforce.





## New staff wellbeing spaces open at King's Mill Hospital



During the month, the Trust celebrated the opening of its new staff wellbeing spaces at King's Mill Hospital.

Located behind the clinics in the King's Treatment Centre, the new spaces will replace the Delimarche on Level 6 of the hospital for any colleague to take a break away from their work area, with that space to be converted into doctor's mess.

The three new spaces will be known as Whispering Willows, Peaceful Pines and Mighty Oaks. The peaceful Pines area will act as a quieter space for colleagues who want downtime and place to rest away from their work area.

Each space also showcases artwork designed by talented art students from West Notts College. Funding for seating in the new wellbeing spaces has also been funded by the Sherwood Forest Hospitals Charity.

To mark the opening, colleagues from across the Trust were joined by some of the students involved in creating the artwork, West Nottinghamshire College Principal Andrew Cropley and some of the tutors from the college to cut the ribbon and have a look around the new area for themselves.



## **Trust awarded funding for new Bone Density (DEXA) scanner at Newark Hospital**

A new bone density or 'DEXA' scanner that uses x-ray to assess the risk of thin bones and to diagnose osteoporosis, is due to be installed at Newark Hospital, after Sherwood Forest Hospitals was awarded funding in excess of £240,000, from NHS England.

The number of new referrals into the DEXA service has increased, with an average of 100 per week being received, reflecting our aging population.

Between April 2023 and November 2024, Sherwood Forest Hospitals received a total of 7,910 referrals for DEXA scans. This is increasing by approximately 8% year on year.

Sherwood Forest Hospitals covers a large geographical area with many patients as far afield as Lincolnshire and Leicestershire opting to choose Sherwood Forest Hospitals as their preferred healthcare provider.

It was recommended by the Royal Osteoporosis Society (January 2024) that there should be one DEXA scanner per 100,000 population. Sherwood serves a population of over 350,000 and, prior to the successful funding bid, only had one scanner located at Mansfield Community Hospital.

The new scanner at Newark Hospital, which should be operational by September 2025, will significantly enhance the service we can provide to our patients, allowing them to receive their diagnostic scan at a location closer to home, reducing the need for patients to travel, as well as reducing the costs they incur.



Currently, all patients – many of whom have limited mobility – have to travel to Mansfield Community Hospital. From September, patients will be able to receive their appointment in Newark and Mansfield, whichever is nearer for them.

This project reinforces our commitment to deliver outstanding healthcare for our patients and communities and helps us to continue improving local health and care services. Osteoporosis affects over two million adults in the UK.

This new scanner will increase the capacity we can offer, allowing for an additional 360 scans per month which will help to reduce the time patients have to wait to access their diagnostic tests, increasing the speed and efficiency of the care that we provide for our patients.

## 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 May.

**Public Board - Cover Sheet**

<b>Subject:</b>	Standing Orders for the Board of Directors		<b>Date:</b>	3 <sup>rd</sup> April 2025	
<b>Prepared By:</b>	Sally Brook Shanahan, Director of Corporate Affairs				
<b>Approved By:</b>					
<b>Presented By:</b>	Sally Brook Shanahan, Director of Corporate Affairs				
<b>Purpose</b>					
On the recommendation of the Audit and Assurance Committee, to present an updated version of the Standing Orders for the Board of Directors to the Trust Board for approval.				<b>Approval</b>	<b>X</b>
				<b>Assurance</b>	
				<b>Update</b>	
				<b>Consider</b>	
<b>Strategic Objectives</b>					
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
			<b>X</b>		
<b>Principal Risk</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				<b>X</b>
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
Audit and Assurance Committee – 20 <sup>th</sup> March 2025					
<b>Acronyms</b>					
SOs – Standing Orders					
<b>Executive Summary</b>					
<p>The Regulatory Framework and the Constitution require the Board of Directors to adopt standing orders for the regulation of its proceedings and business.</p> <p>The SOs have been the subject of a full review following which proposed updates were presented to the Audit and Assurance Committee at its meeting on 20<sup>th</sup> March 2025. These are shown in tracked changes on the version appended to this paper. In summary they comprise:</p> <ul style="list-style-type: none"> <li>• Updated statutory references</li> <li>• Clarification that the duties of the Trust Secretary are carried out by the Director of Corporate Affairs</li> <li>• Reference to the Code of Governance for Provider Trusts</li> <li>• Removal of male only pronouns</li> <li>• Updated Committee names</li> <li>• Updated references to external documents</li> </ul>					



The Audit and Assurance Committee was content with the proposed updates to the Board Standing Orders and agreed to recommend them to the next public meeting of the Board of Directors with a recommendation for approval.

The Board is therefore asked to **APPROVE** the updated Board Standing Orders for implementation with immediate effect.

**STANDING ORDERS  
FOR THE BOARD OF DIRECTORS**

**Updated April 2025**

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## 1 INTRODUCTION

- 1.1 The Sherwood Forest Hospitals NHS Foundation Trust (the “**Trust**”) became a Public Benefit Corporation on 1 February 2007 following approval by the Independent Regulator (as defined below) pursuant to the 2006 Act (as defined below).
- 1.2 The principal place of business of the Trust is at King’s Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL (the “**Trust Headquarters**”).
- 1.3 The Trust is governed by:
  - 1.3.1 the 2003 Act (as defined below);
  - 1.3.2 the 2006 Act (as defined below);
  - 1.3.3 the 2012 Act (as defined below);
  - 1.3.4 the 2022 Act (as defined below);
  - 1.3.5 Independent Regulator’s Provider Licence (as defined below);
  - 1.3.6 any directions or guidance issued by the Independent Regulator (the “**Regulatory Framework**”)
- 1.4 The functions of the Trust are conferred by the Regulatory Framework. The Regulatory Framework and the Constitution require the Board Directors to adopt standing orders for the regulation of its proceedings and business. This document contains those standing orders.
- 1.5 Members of the Board of Directors are also required to adhere at all times to the Code of Conduct.
- 1.6 ***Role of Members of the Board of Directors***

The Board of Directors will function as a corporate decision-making body. Executive and Non-Executive Directors will be full and equal members of the Board. The general duty of the Board of Directors and of each director individually is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public. Please note that Directors have specific duties in respect of conflict of interest and benefits from third parties which are dealt with in the constitution.
- 1.7 ***Delegation of Powers***

The Board of Directors exercises its powers to 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 SO 6 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Board of Directors thinks fit or as the Independent Regulator may direct. These powers and decisions are set out in the SFIs and Scheme of Delegation which have effect as if incorporated into the SOs.

## 2 INTERPRETATION

2.1 In these SOs:

**“2003 Act”**

means the Health and Social Care (Community Health and Standards) Act 2003;

**“1977 Act”**

means the National Health Service Act 1977;

**“2006 Act”**

means the National Health Service Act 2006;

**“2012 Act”**

means the Health and Social Care Act 2012;

**“2022 Act”**

Means the Health and Social Care Act 2022

**“Accounting Officer”**

means the Chief Executive who discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act;

**“Board of Directors”**

means the board of directors of the Trust as constituted in accordance with the Constitution;

**“Budget”**

means a resource, expressed in financial 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 Trust;

**“Chair”**

the person appointed as such in accordance with the Constitution. The expression the “Chair” shall be deemed to include any individual who may be appointed to act in such role where SOs 5.10.2 to 5.10.3 apply;

**“Chief Executive”**

means the chief executive officer of the Trust appointed in accordance with the Constitution;

**“Clear Day”**

means a day of the week not including Saturday, Sunday or a bank holiday;

**“Code of Conduct”** means the Trust’s Code of Conduct for Directors as amended from time to time;

**“Committee”**

means a committee established by the Board of Directors;

**“Committee members”**

means persons formally appointed by the Board of Directors to sit on or to chair specific Committees;

**“Constitution”**

means the Constitution of the Trust;

**“Council of Governors”**

means the Trust’s Council of Governors as constituted in accordance with the Constitution;

**“Director”**

means a person appointed as a director of the Trust in accordance with the Constitution;

**“Chief Finance Officer”**

means the chief finance officer of the Trust;

**“Executive Director”**

means Directors who holds an executive office of the Trust;

**“Funds held on trust”**

means those funds which the Trust: holds on the date the Independent Regulator’s Provider Licence was issued; receives on distribution by statutory instrument; or chooses subsequently to accept under section 47(2) (c) of the 2006 Act. Such funds may or may not be charitable;

**“Independent Regulator”**

means ~~the NHS England (“NHSE”). The Health and Care Act 2022 brought together NHS England and NHS Improvement (formerly Monitor and the NHS Trust Development Authority) into a single organisation, with responsibilities for regulation, oversight and improvement support, independent regulator of NHS Foundation Trusts known as “Monitor” as provided by Section 61 of the 2012 Act; Monitor is now part of NHS Improvement~~

**“Independent Regulator’s Provider Licence”**

means a licence granted by The Independent Regulator under section 87 of the 2012 Act;

**“Member”**

means a member of the Trust;

**“Motion”**

means a formal proposition to be discussed and voted on during the course of a meeting of the Board of Directors;

**“Nominated Officer”**

means an Officer charged with the responsibility of discharging specific tasks under the SOs and SFIs;

**“Non-Executive Director”**

means a Director who does not hold an executive office of the Trust;

**“Officer”**

means an employee of the Trust;

**“Register of Interests”**

means the Trust’s register of interests as amended and updated from time to time;

**“Scheme of Delegation”**

means the Trust’s scheme of delegation as amended from time to time;

**“Senior Independent Director”**

means an independent Non-Executive Director appointed by the Board of Directors (in consultation with the Council of Governors) and having the role envisaged by the Independent Regulator's NHS Foundation Trust Code of Governance;

**"SFIs"**

means the Trust's standing financial instructions as amended from time to time;

**"SOs"**

means these standing orders together with the attached Schedules and Appendices;

**"Sub-Committee"**

means a committee appointed by a Committee of the Board of Directors;

**"Trust"**

means the Sherwood Forest Hospitals NHS Foundation Trust;

**"Trust Secretary"**

means the Director of Corporate Affairs who is the person appointed by the Trust to fulfil the role of trust secretary in accordance with the Constitution;

**"Vice-Chair"**

means the Non-Executive Director appointed as the vice chair of the Trust by the Council of Governors in general meeting.

2.2 Words importing the masculine gender only shall include the feminine gender; words importing the singular shall include the plural and vice-versa.

2.3 Any reference to "Chair" in these standing orders shall, so long as there is no Chair able to perform their duties, be taken to include a reference to the Vice-Chair.

### **3 THE TRUST**

3.1 The Trust has the functions conferred on it by the Independent Regulator's Provider Licence.

3.2 All business shall be conducted in the name of the Trust.

3.3 As a body corporate the Trust has specific powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable. The Trust also has a common law duty as a bailee for patients' property held by the Trust on behalf of patients.

3.4 All funds received in trust shall be in the name of the Trust as corporate trustee. In relation to funds held on trust, powers exercised by the Trust as corporate trustee shall be exercised separately and distinctly from those powers exercised as a Trust.

### **4 THE BOARD OF DIRECTORS**

#### **4.1 Composition of the Board of Directors**

The composition of the Board of Directors shall be in accordance with the Constitution.

#### **4.2 Appointment and removal of the Chair, Non-Executive Directors and Executive Directors**

The Chair, other Non-Executive Directors and Executive Directors shall be appointed/removed in accordance with the Constitution.

#### **4.3 Terms of Office of the Chair and Non-Executive Directors**

The terms of office of the Chair and the Non-Executive Directors shall be set in accordance with the Constitution.

#### **4.4 Terms of Office of the Chief Executive and other Executive Directors**

The terms of office of the Chief Executive and other Executive Directors shall be set in accordance with the Constitution.

#### **4.5 Appointment and Powers of Vice-Chair**

4.5.1 For the purpose of enabling the proceedings of the Trust to be conducted in the absence of the Chair, a Vice-Chair may be appointed by the Council of Governors in accordance with the Constitution.

4.5.2 Any Non-Executive Director so appointed may at any time resign from the office of Vice-Chair by giving notice in writing to the Chair and another Vice-Chair may be selected in accordance with the Constitution.

4.5.3 Where the Chair has died or has otherwise ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness, conflict of interest or any other cause, the Vice-Chair shall act as Chair until a new Chair is appointed in accordance with the Constitution or the existing Chair resumes their duties, as the case may be.

4.5.4 Where both the Chair and Vice Chair are unable to perform their duties owing to illness conflict of interest or any other cause, another Non-Executive Director as may be appointed by the Board of Directors shall act as Chair until such time as the Chair or Vice-Chair is available to resume duties or a new Chair is appointed in accordance with the Constitution.

#### **4.6 Senior Independent Director**

4.6.1 Subject to SO 4.6.2, the Board of Directors (in consultation with the Council of Governors) may appoint any Member of the Board, who is also a Non-Executive Director, to be the Senior Independent Director, for such period not exceeding the remainder of their terms as Director as they may specify on appointment. The Senior Independent Director shall perform the role envisaged in ~~paragraph 2.6 of the Code of Governance for NHS Provider Trusts~~Independent Regulator's Code of Governance for foundation trusts.

4.6.2 Any Non-Executive Director so appointed may at any time resign from the office of Senior Independent Director by giving



notice in writing to the Chair and another Senior Independent Director may be selected in accordance with SO 4.6.1.

#### **4.7 Joint Directors**

The post of an Executive Director may be held by two individuals on a job share basis (save that the executive positions of doctor and nurse cannot be shared between two professions). Where a post of Executive Director is shared by more than one person:

- 4.7.1 both persons shall be entitled to attend meetings of the Trust;
- 4.7.2 either of those persons shall be eligible to vote in the case of agreement between them;
- 4.7.3 in the case of disagreement between them no vote should be cast; and
- 4.7.4 the presence of either or both of those persons shall count as one person for the purposes of SO 5.22.

#### **4.8 Disqualification**

- 4.8.1 Directors are subject to the disqualification criteria included at paragraph 8.7 of the Constitution.
- 4.8.2 Directors are subject to the provisions of the Board of Directors' Code of Conduct.

### **5 MEETINGS OF THE TRUST**

#### **5.1 Admission of the Public and the Press**

The public and representatives of the press shall be afforded facilities to attend all formal meetings of the Board of Directors except where the Board of Directors resolves:

- 5.1.1 that members of the public and representatives of the press be excluded from the remainder of a meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest; and/or
  - 5.1.2 that for other reasons stated in the resolution and arising from the nature of the business or the proceedings that the Board of Directors believe there are special reasons for excluding the public from the meeting.
- 5.2 The Chair shall give such directions as they think fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board of Director's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude in accordance with SO 5.1.

5.3 The right of attendance set out in SO 5.1 carries no right to ask questions or otherwise participate in the meeting.

5.4 Nothing in these SOs shall require the Board of Directors to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Chair.

#### 5.5 **Observers at Board of Directors Meetings**

The Board of Directors will decide what arrangement (if any) and terms and conditions (if any) it feels are appropriate to offer in extending an invitation to observers or Governors to attend and address any of the Board of Directors' meetings or Committees and may change, alter or vary these terms and conditions if it sees fit.

#### 5.6 **Calling Meetings**

5.6.1 Ordinary meetings of the Board of Directors shall be held at such times and places as the Board of Directors may determine.

5.6.2 The Chair may call a meeting of the Board of Directors at any time. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of Directors, has been presented to them, or if, without so refusing, the Chair does not call a meeting within 7 Clear Days after such requisition has been presented, at the Trust's Headquarters, such one third or more Directors may forthwith call a meeting.

#### 5.7 **Notice of Meetings**

5.7.1 Before each meeting of the Board of Directors, a notice of the meeting, specifying the business proposed to be transacted at it, and advised by the Chair or by an Officer authorised by the Chair on their behalf shall be delivered to every Director, by email, so as to be available to them at least 5 Clear Days before the meeting save in the case of emergencies.

5.7.2 Before each meeting of the Board of Directors a public notice of the time and place of the meeting, and where possible the public part of the agenda, shall be displayed at the Trust's Headquarters and on the Trust's website at least 3 Clear Days before the meeting, save in the case of emergencies.

5.7.3 Want of service of the notice on any Director shall not affect the validity of a meeting but failure to serve such a notice on more than three Directors will invalidate the meeting. A notice sent by email delivery shall be deemed to take effect immediately.

5.7.4 In the case of a meeting called by Directors in default of the Chair, the notice shall be signed by those Directors and no

business shall be transacted at the meeting other than that specified in the notice.

5.7.5 Agendas will be sent to Directors before the meeting and supporting papers, whenever possible, shall be made available to accompany the agenda. The agenda and any supporting papers for a Board of Directors' meeting shall be made available by electronic means no later than 5 Clear Days before the meeting, save in the case of emergencies.

5.7.6 In the event of an emergency giving rise to the need for an immediate meeting SOs 5.7.1– 5.7.5 above shall not prevent the calling of such a meeting without the requisite 5 Clear Days' notice provided that every effort is made to make personal contact with every Director who is not absent from the United Kingdom and the agenda for the meeting is restricted to matters arising in that emergency.

#### **5.8 Setting the Agenda**

5.8.1 The Board of Directors may determine that certain matters shall appear on every agenda for a meeting of the Trust and shall be addressed prior to any other business being conducted.

5.8.2 The Trust Secretary shall ensure that matters which are required to be considered at defined intervals by the Regulatory Framework are included on the agenda for meetings as and when necessary.

5.8.3 A Director desiring a matter to be included shall make his request in writing to the Chair at least 10 Clear Days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 Clear Days before a meeting may be included on the agenda at the discretion of the Chair.

#### **5.9 Petitions**

5.9.1 Where a petition has been received by the Trust, the Chair shall include the petition as an item for the agenda of the next Board of Directors meeting.

5.9.2 A petition must be received a minimum of 10 Clear Days before the meeting so it may be included in the agenda and papers.

#### **5.10 Chair of Meeting**

5.10.1 At any meeting of the Board of Directors, the Chair, if present, shall preside and shall have a casting vote.

5.10.2 If the Chair is absent from the meeting or is absent temporarily on the grounds of a declared conflict of interest the Vice-Chair, shall preside and shall have a casting vote.

- 5.10.3 If the Vice Chair as well as the Chair is absent from the meeting or are absent temporarily on the grounds of a declared conflict of interest, such other Non-Executive Director as is appointed in accordance with SO 4.5.4 shall preside and shall have a casting vote.

#### 5.11 Notices of Motion

5.11.1 A Director desiring to move or amend a motion shall send a written notice to that effect at least 10 Clear Days before the meeting to the Chair (together with the details of the Director seconding the motion), who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the Regulatory Framework. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda, at the discretion of the Chair.

5.11.2 Any motion proposed by a Director must be seconded before it is put to a resolution.

#### 5.12 Withdrawal of Motion or Amendments

A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

#### 5.13 Motion to Rescind a Resolution

Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding 6 calendar months shall be in writing, shall bear the signature of the Director who gives it and also the signature of 4 other Directors. When any such motion has been disposed of by the Trust, no Director other than the Chair, if they considers it appropriate, may propose a motion to the same effect within 6 months.

#### 5.14 Motions

5.14.1 The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment to it.

5.14.2 When a motion is under discussion or immediately prior to discussion it shall be open to a Director to move:

- 5.14.2.1 an amendment to the motion;
- 5.14.2.2 the adjournment of the discussion or the meeting;
- 5.14.2.3 that the meeting proceed to the next business, (\*);
- 5.14.2.4 the appointment of an ad hoc Committee to deal with a specific item of business;
- 5.14.2.5 that the motion be now put, (\*) and/or

- 5.14.2.6 a motion resolving to exclude the public under SO 5.1.

\* In the case of sub-paragraphs denoted by (\*) above to ensure objectivity motions may only be put by a Director who has not previously taken part in the debate, and who is eligible to vote.

- 5.14.3 No amendment to a motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

#### 5.15 Written Motions

- 5.15.1 In urgent situations and with the consent of the Chair, business may be effected by a Director's written motion to deal with business otherwise required to be conducted at general meetings.
- 5.15.2 If all Directors have been notified of the proposal and a simple majority of Directors entitled to attend and vote at a general meeting of the Board of Directors sign and return a copy of a written motion within 5 Clear Days of dispatch then the motion will be deemed to have been resolved notwithstanding that the Directors have not gathered in one place.
- 5.15.3 The effective date of the resolution shall be the date that the last copy is signed and, until that date a Director who has previously indicated acceptance can withdraw and the motion shall fail.
- 5.15.4 Once the resolution is passed, a copy certified by the Trust Secretary shall be recorded in the minutes of the Board of Directors' meeting where it will be signed by the person presiding at it.

#### 5.16 Chair's Ruling

- 5.16.1 Statements of Directors made at meetings of the Trust shall be relevant to the matter under discussion at the material time and the decision of the Chair on questions of order, relevancy, regularity and any other matters shall be final.
- 5.16.2 Save as permitted by law, at any meeting the person presiding shall be the final authority on the interpretation of these SOs (on which they shall be advised by the Trust Secretary).

#### 5.17 Voting

- 5.17.1 Save as otherwise provided in the Regulatory Framework if the Chair so determines or if a Director requests a question at a meeting shall be determined by a majority of the votes of the Directors present and voting on the question and each Director shall be entitled to exercise one vote. In the case of any equality of votes, the Chair shall have a casting vote.

- 5.17.2 All questions put to the vote shall, at the discretion of the Chair, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Directors present so request.
- 5.17.3 If at least one-third of the Directors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Director present voted or abstained.
- 5.17.4 If a Director so requests, their vote shall be recorded by name upon any vote (other than by paper ballot).
- 5.17.5 In no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.
- 5.17.6 An Officer who has been appointed formally by the Board of Directors to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy, shall be entitled to exercise the voting rights of that Executive Director. An Officer attending the Board of Directors to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. An Officer's status when attending a meeting shall be recorded in the minutes.

#### 5.18 Minutes

- 5.18.1 The Minutes of the proceedings of a meeting shall be drawn up by the Trust Secretary or their authorised representative and submitted for agreement at the next meeting of the Board of Directors where they will be signed by the person presiding at it.
- 5.18.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.
- 5.18.3 Minutes shall be circulated in accordance with Directors' wishes.
- 5.18.4 Where providing a record of a Board of Director's meeting held in public the minutes shall be made available to the public.

#### 5.19 Suspension of SOs

- 5.19.1 Except where this would contravene any part of the Regulatory Framework, any one or more of the SOs may be suspended at any meeting, provided that at least two-thirds of the Directors are present, including at least one Executive Director and one Non-Executive Director, and that a majority of those present vote in favour of suspension.
- 5.19.2 A decision to suspend SOs shall be recorded in the minutes of the meeting.

- 5.19.3 A separate record of matters discussed during the suspension of SOs shall be made and shall be available to the Chair and the Directors.
- 5.19.4 No formal business may be transacted while the SOs are suspended.
- 5.19.5 The Audit Committee shall review every decision to suspend SOs to assess whether the suspension was appropriate and determine whether any further action is required.

#### 5.20 Variation and Amendment of SOs

These SOs shall be varied or amended only if:

- 5.20.1 relevant notice of a meeting has been served in accordance with SO 5.7; and
- 5.20.2 a notice of motion under SO 5.11 has been given; and
- 5.20.3 no fewer than half the total of the Trust's Non-Executive Directors vote in favour of amendment; and
- 5.20.4 at least two-thirds of the Directors are present; and
- 5.20.5 the variation proposed does not contravene the Regulatory Framework.

#### 5.21 Record of Attendance

The names of the Directors present at the meeting shall be recorded in the minutes.

#### 5.22 Quorum

- 5.22.1 No business shall be transacted at a meeting of the Board of Directors unless at least two-thirds of the whole number of the Directors are present including at least one Executive Director and one Non-Executive Director.
- 5.22.2 If at any meeting there is no quorum present within 30 minutes of the time fixed for the start of the meeting, the meeting shall stand adjourned for 7 Clear Days (or as otherwise directed by the Chair) and upon reconvening (if reconvened), those present shall constitute a quorum, however there must be a majority of Non-Executive Directors at any meeting in order for the meeting to be quorate.
- 5.22.3 An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.
- 5.22.4 If a Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see SO 8) ~~they he/she shall~~ no longer count towards the quorum. If a quorum is then not available for the discussion and/or the

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passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business. The above requirement for at least one Executive Director to form part of the quorum shall not apply where the Executive Directors are excluded from a meeting (for example when the Board of Directors considers the recommendations of the Remuneration Committee).

#### **5.23 Meetings: Electronic Communication**

In this SO “communication” and “electronic communication” shall have the meanings set out in the Electronic Communications Act 2000 or any statutory modification or re-enactment thereof.

- 5.23.1 A Director in electronic communication with the Chair and all other parties to a meeting of the Board of Directors or of a Committee or Sub-Committee of the Directors shall be regarded for all purposes as personally attending such a meeting provided that, but only for so long as, at such a meeting they have the ability to communicate interactively and simultaneously with all other parties attending the meeting including all persons attending by way of electronic communication.
- 5.23.2 A meeting at which one or more of the Directors attends by way of electronic communication is deemed to be held at such a place as the Directors shall at the said meeting resolve. In the absence of such a resolution, the meeting shall be deemed to be held at the place (if any) where a majority of the Directors attending the meeting are physically present, or in default of such a majority, the place at which the Chair of the meeting is physically present.
- 5.23.3 Meetings held in accordance with this SO are subject to SO 5.22. For such a meeting to be valid, a quorum must be present and maintained throughout the meeting.
- 5.23.4 The Minutes of a meeting held in this way must state that it was held by electronic communication and that the Directors were all able to hear each other and were present throughout the meeting.

### **6 ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION**

- 6.1 Subject to SO 1.7 and the Regulatory Framework, the Board of Directors may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a Committee, Sub-committee or by a Director or an Officer of the Trust appointed under SO 6 in each case subject to such restrictions and conditions as the Board of Directors see fit.
- 6.2 **Delegation to Committees**
  - 6.2.1 A Committee appointed under SO 6.1 may, subject to such directions as may be given by the Board of Directors, appoint Sub-Committees consisting wholly or partly of members of the



Committee. Provided that they may not delegate their powers to a Sub-Committee unless expressly authorised by the Board of Directors.

6.2.2 The Board of Directors may appoint Directors to serve on joint Committees with the Council of Governors or Committees thereof.

6.2.3 The SOs, as far as they are applicable, shall apply with appropriate alteration to meetings of any Committees established by the Board of Directors. In which case the term “**Chair**” is to be read as a reference to the Chair of the Committee as the context permits, and the term “**member of the Board of Directors**” is to be read as a reference to a member of the Committee also as the context permits.

6.2.4 Each such Committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board of Directors), as the Board of Directors shall decide and shall be in accordance with the Regulatory Framework. Such terms of reference shall have effect as if incorporated into the SOs.

6.2.5 The Board of Directors shall approve the appointments to each of the Committees which it has formally constituted.

6.2.6 Where the Board of Directors is required to appoint persons to a Committee to undertake statutory functions, and where such appointments are to operate independently of the Board of Directors, such appointments shall be made in accordance with the Regulatory Framework.

6.2.7 Where the Board of Directors determines that persons who are neither Governors, nor Directors or Officers of the Trust, shall be appointed to a Committee, the terms of such appointment shall be determined by the Board of Directors subject to the payment of travelling expenses and other allowances being in accordance with such sum as may be determined by the Board of Directors or the Independent Regulator.

6.2.8 The Committees established by the Board of Directors are:

6.2.8.1 Remuneration and Nominations Committee;

6.2.8.2 Audit and Assurance Committee;

6.2.8.3 Quality Committee;

6.2.8.4 Finance Committee;

6.2.8.5 People, ~~Culture and Improvement~~ Committee;  
and the-

6.2.8.6 Partnerships and Communities Committee

6.3 The Board of Directors may also establish such other Committees as required to discharge the Trust's responsibilities.

#### **6.4 Delegation to Officers**

- 6.4.1 The Board of Directors has resolved that certain powers and decisions may only be exercised by the Board in formal session. Those functions of the 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 determine which functions they will perform personally and shall nominate Officers to undertake the remaining functions for which they will still retain an accountability to the Board of Directors.
- 6.4.2 The Chief Executive shall prepare the Scheme of Delegation identifying their proposals which shall be considered and approved by the Board of Directors, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board of Directors as indicated above.
- 6.4.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability of the Board of Directors or the Chief Finance Officer, or other Executive Director to provide information and advise the Board of Directors in accordance with any statutory requirements.
- 6.4.4 The arrangements made by the Board of Directors as set out in the "Scheme of Delegation" shall have effect as if incorporated in these SOs.

#### **6.5 Emergency Powers**

The powers which the Board of Directors has retained within the Scheme of Delegation may in an emergency be exercised by the Chief Executive and the Chair after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and the Chair shall be reported to the next formal meeting of the Board of Directors for noting.

### **7 INTERFACE BETWEEN THE BOARD OF DIRECTORS AND THE COUNCIL OF GOVERNORS**

- 7.1 The Board of Directors will cooperate with the Council of Governors as far as possible in order to comply with the Regulatory Framework in all respects and in particular in relation to the following matters which are set out specifically within paragraphs 7.16 (inclusive) of the Constitution.
- 7.2 The Directors, having regard to the views of the Council of Governors, are to prepare the information as to the Trust's forward planning in respect of each financial year to be given to The Independent Regulator.
- 7.3 In order to comply with the Regulatory Framework in all respects and in particular in relation to the matters which are set out paragraphs 7.16

(inclusive) of the Constitution the Council of Governors may request that an item is included on the agenda for a meeting of the Board of Directors.

- 7.4 If the Council of Governors so desires such a matter as described within SO 7.3 to be included as an agenda item, they shall make their request in writing to the Chair at least 10 Clear Days before the meeting of the Board of Directors, subject to SO 5.8. The Chair shall decide whether the matter is appropriate to be included on the agenda. Requests made less than 10 Clear Days before a meeting may be included on the agenda at the discretion of the Chair.

## **8 DECLARATIONS OF INTERESTS AND REGISTER OF INTERESTS**

### **8.1 Declaration of Interests**

8.1.1 The Regulatory Framework provides that Directors have a duty:

8.1.1.1 to avoid a situation in which the Director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust; and

8.1.1.2 not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.

- 8.2 All existing members of the Board of Directors must declare any direct or indirect interest in a proposed transaction or arrangement with the Trust and must declare the nature and extent of that interest to the other Directors.

- 8.3 A Director must also declare to the Chief Executive or the Trust Secretary any other employment or business or other relationship of theirs, or of a cohabiting spouse or partner, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust in accordance with SO 8. Such interests must be recorded in the Register of Interests.

- 8.4 Written declarations under this SO 8 shall be made by completing and signing a form, as prescribed by the Trust Secretary from time to time, setting out any interests required to be declared outside a meeting in accordance with the Constitution or the SOs and delivering it to the Trust Secretary on appointment or as soon thereafter as the interest arises, but in any event before the earlier of: 28 Clear Days of becoming aware of the existence of a direct or indirect interest; and the date the Trust enters into any related transaction or arrangement.

- 8.5 In addition, if a Director is present at a meeting of the Board of Directors and has an interest of any sort in any matter which is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and this shall be recorded in the Minutes and they:

8.5.1 shall not contribute or be present for any discussion on the same unless otherwise permitted by the Chair; and

8.5.2 shall not vote on any question with respect to the matter.

- 8.6 SO 8 applies to any Committee, Sub-Committee or joint Committee of the Board of Directors and applies to any member of any such Committee, Sub-Committee, or joint Committee (whether or not they are also a Director).

- 8.7 The directorship of any company likely or seeking to do business with the NHS held by a Director should be published in the Trust's Annual Report. The information should be kept up to date for inclusion in succeeding Annual Reports.
- 8.8 The duty referred to in paragraph 8.1 is not infringed if:
- 8.8.1 the situation cannot reasonably be regarded as likely to give rise to a conflict of interest; or
  - 8.8.2 the matter has been authorised in accordance with the Constitution.
- 8.9 This SO does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.
- 8.10 A Director need not declare an interest:
- 8.10.1 if it cannot reasonably be regarded as likely to give rise to a conflict of interest;
  - 8.10.2 if, or to the extent that, the Directors are already aware of it;
  - 8.10.3 if, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered:
    - 8.10.3.1 by a meeting of the Board of Directors, or
    - 8.10.3.2 by a committee of the Directors appointed for the purpose under the Constitution.
- 8.11 In the case of persons living together the interest of one partner or spouse shall, if known to the other, be deemed for the purposes of the Constitution and the SOs to be also an interest of the other.
- 8.12 If Directors have any doubt about the need to declare an interest (including in relation to the interest of partners in professional partnerships including General Practitioners) this should be discussed with the Chair and subject to the views of the Chair should be disclosed.
- 8.13 Any remuneration, compensation or allowances payable to a Director by virtue of paragraph 18 of Schedule 7 of the 2006 Act shall not be treated as an interest for the purpose of this SO.
- 8.14 **Register of Interests**
- 8.14.1 The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Directors.
  - 8.14.2 The Register of Interests shall contain the names of each Director, whether they have declared any interests and, if so, the interests declared in accordance with the Constitution or these SOs.

- 8.14.3 It is the obligation of the Director to inform the Trust Secretary of the existence of a direct or indirect interest in accordance with this SO 8. The Trust Secretary must amend the appropriate Register of Interests upon receipt within 3 Clear Days.
- 8.14.4 The Register of Interests is published on the Trust website in compliance with guidance from the Independent Regulator.

## 9 STANDARDS OF BUSINESS CONDUCT

### 9.1 Policy

Directors and Officers of the Trust should comply with the requirements set out in these SOs, the Regulatory Framework, the Code of Conduct and the principles outlined in, including Health & Safety Guidance (93)5, ~~and~~ any guidance and directions issued by the Independent Regulator. Directors should also give due consideration to the Bribery Act 2010 at all times.

### 9.2 Canvassing of, and Recommendations by, Directors in Relation to Appointments

- 9.2.1 Canvassing of Directors or members of any Committee of the Board of Directors directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of these SOs shall be included in application forms or otherwise brought to the attention of candidates.
- 9.2.2 A Director shall not solicit for any person any appointment under the Trust or recommend any person for such appointment, but this paragraph of this SO shall not preclude a Director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust in relation to any appointment.
- 9.2.3 Directors should declare any informal discussions outside appointments panels or Committees, whether solicited or unsolicited to the relevant panel or Committee.

### 9.3 Relatives of Directors or Officers

- 9.3.1 Candidates for any staff appointment shall when making an application disclose in writing whether they are related to any Director or Officer. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render ~~them~~ liable to ~~instant summary~~ dismissal.
- 9.3.2 The Directors shall disclose to the Chief Executive or their delegated officer any relationship between themselves and a candidate of whose candidature that Director is aware of. It shall be the duty of the Chief Executive or nominated officer to report to the Trust any such disclosure made.

- 9.3.3 Prior to acceptance of an appointment Directors shall disclose to the Trust whether they are related to any other Director or holder of any office with the Trust.

## **10 CUSTODY OF SEAL AND SEALING OF DOCUMENTS**

### **10.1 Custody of Seal**

The Common Seal of the Trust shall be kept by the Trust Secretary in a secure place.

### **10.2 Sealing of Documents**

The Common Seal of the Trust shall not be fixed to any documents unless the sealing has been authorised by a resolution of the Board of Directors or of a Committee thereof or where the Board of Directors has delegated its powers.

- 10.3 Before any building, engineering, property or capital document is sealed it must be approved and signed by the Chief Finance Officer (or an officer nominated by them) and authorised and countersigned by the Chief Executive (or an officer nominated by them who shall not be within the originating directorate).

### **10.4 Register of Sealing**

An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealing shall be made to the Board of Directors at least quarterly. The report shall contain details of the seal number, the description of the document and date of sealing.

## **11 SIGNATURE OF DOCUMENTS**

- 11.1 Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board of Directors shall have given the necessary authority to some other person for the purpose of such proceedings.
- 11.2 The Chief Executive or nominated officers shall be authorised, by resolution of the Board of Directors, to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the Board of Directors or Committee or Sub-Committee to which the Board of Directors has delegated appropriate authority.

## **12 MISCELLANEOUS**

### **12.1 Conflicts**

In the event of any conflict between the terms or with regard to the interpretation of these SOs and the Regulatory Framework the latter shall prevail.

### **12.2 SOs to be given to Directors and Officers**

It is the duty of the Trust Secretary to ensure that existing Directors and all new appointees are notified of and understand their responsibilities within SOs and that they are notified of updates as appropriate.

#### **12.3 Duty to report non-compliance with SOs**

If for any reason these SOs 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 Board of Directors for action or ratification. All members of the Board of Directors and staff have a duty to disclose any non-compliance with these SOs to the Trust Secretary as soon as possible.

#### **12.4 Review of SOs**

SOs shall be reviewed annually by the Trust. The requirement for review extends to all documents having the effect as if incorporated in the SOs.

#### **12.5 Access to independent professional advice**

Directors shall have access to independent professional advice, at the Trust's expense, where they judge it necessary to discharge their responsibilities as Directors. Decisions to appoint an external advisor should be the collective decision of the majority of Non-Executive Directors. The availability of independent external sources of advice should be made clear at the time of appointment.

#### **12.6 Confidentiality**

12.6.1 A member of a Committee shall not disclose a matter dealt with by, or brought before, the Committee without its permission until the Committee shall have reported to the Board of Directors or shall otherwise have concluded on that matter.

12.6.2 A Director or a member of a Committee shall not disclose any matter reported to the Board of Directors or otherwise dealt with by the Committee, notwithstanding that the matter has been reported or action has been concluded, if the Board of Directors or Committee shall resolve that it is confidential.

#### **12.7 Access to appropriate support**

The Board of Directors and its Committees may arrange such resource as it considers appropriate to undertake its duties.

## Trust Board of Directors - Cover Sheet

<b>Subject:</b>	Declaration of Interests Progress Report		<b>Date:</b>	3 <sup>rd</sup> April 2025	
<b>Prepared By:</b>	Clare Jones, Corporate Secretariat Team Leader				
<b>Approved By:</b>	Sally Brook Shanahan, Director of Corporate Affairs				
<b>Presented By:</b>	Sally Brook Shanahan, Director of Corporate Affairs				
<b>Purpose</b>					
To provide an annual summary of the status of the Trust's Register of Interests and to seek approval for its publication on the Trust's website.				<b>Approval</b>	<b>X</b>
				<b>Assurance</b>	
				<b>Update</b>	
				<b>Consider</b>	
<b>Strategic Objectives</b>					
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
<b>X</b>					
<b>Principal Risk</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				<b>X</b>
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
Audit and Assurance Committee – 20 <sup>th</sup> March 2025					
<b>Acronyms</b>					
ESR – Electronic Staff Record   AAC – Audit and Assurance Committee   SFHFT – Sherwood Forest Hospitals NHS Foundation Trust					
<b>Executive Summary</b>					
<p>All staff are required to submit an annual declaration of interest if they have an actual or potential conflict. This must be made upon appointment with the Trust and renewed annually on 1<sup>st</sup> April or at any other time when a conflict or potential conflict arises during their employment. Staff who are Band 7 or above, currently 1235 individuals, who do not have interests to declare are required to submit a nil declaration when they have no interests to declare.</p> <p>As of 24<sup>th</sup> March 2025, <b>15 employees</b> within the Trust who are band 7+ remain non-compliant; this is a decrease from <b>51 employees</b> who were non-compliant in March 2024. <b>Of these employees, one</b> is currently on maternity leave and <b>none</b> are recorded as being off sick for over 90 days which are potential reasons for non-compliance.</p> <p>New starters have been contacted to ask that they complete their declaration of interests. Emails targeting non-compliant staff members at band 7 and above continue to be sent weekly. This is showing clear benefits. Recipients' line managers are automatically copied-in which provides an avenue for additional support to ensure compliance particularly in the context of performance review meetings. The Director of Corporate Affairs continues to send individual targeted</p>					



messages to post holders (other than Consultants) asking them to submit their return and is engaged with the Chief Medical Officer to ensure that Consultants, who are the largest cohort in the non-compliant staff number, receive personal reminders. Overall, the Corporate Secretariat team is driving compliance with disclosure requirements by using a bespoke approach to the remaining non-compliant staff and maximising the benefits of automated reminders.

The table below shows the improvement in the reduction of non-compliance calculated at the end of March each year:

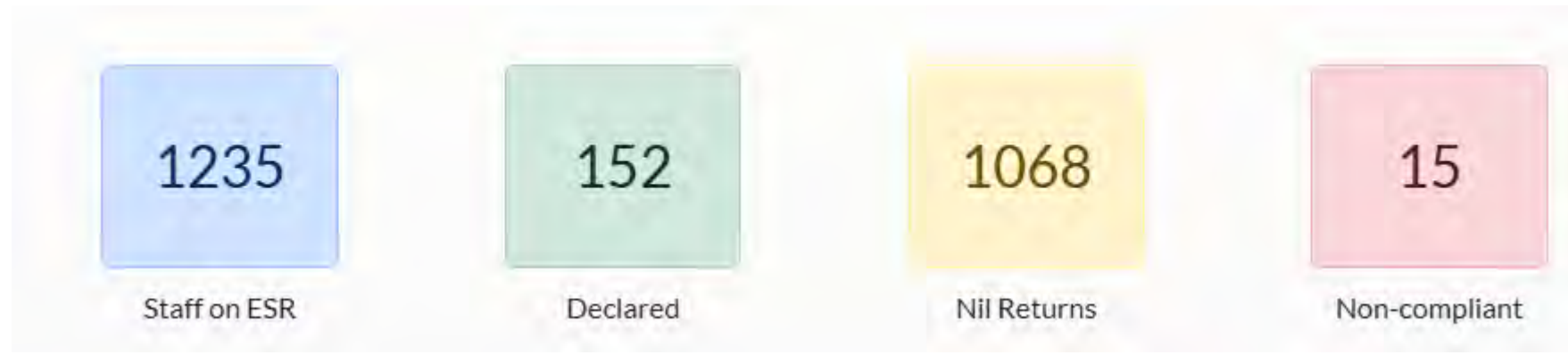
2022/23	<b>96 employees</b>
2023/24	<b>51 employees</b>
2024/25	<b>15 employees</b>

Work in the new reporting year 2025/26 will, at the suggestion of the AAC, focus on the selection of a sample of staff at Band 7+ to verify, using publicly available information including the Companies House and private hospital websites, that their disclosures are accurate. The Director of Corporate Affairs will liaise with the Internal Audit lead to select the roles/individuals and report on the findings to the AAC with the overall objective to build on the improvements to date.

The documents associated with this report are attached.

The Board of Directors is asked to **approve** publication of this report and note the steps being taken and planned to further enhance compliance and accuracy of disclosures made.

**Data as of 24<sup>th</sup> March 2025**




**Most recent actions taken:**

- ➔ Chaser emails have automatically been sent to all non-compliant band 7 and above colleagues. Line managers have been copied into these emails for notification, in hopes they will be able to support colleagues in reaching compliance.
- ➔ Information slide included on the Trust's Orientation Day presentation to capture new starters.

**Declaration Compliance Report by Division**

Division	 Active Staff	Declared	Nil Returns	Non-compliant Staff	Staff Compliance (%)
214 Clinical Support, Therapies and Outpatients - L2	233	32	199	2	99.1%
214 Corporate - L2	231	26	204	1	99.6%
214 Medicine Division - L2	216	24	184	8	96.3%
214 MSK - L2	5	2	3	0	100%
214 NHIS - L2	48	3	44	1	97.9%
214 Surgery Division - L2	231	45	183	3	98.7%
214 Urgent & Emergency Care Division - L2	144	6	136	2	98.6%
214 Women & Childrens Division - L2	128	14	114	0	100%

### Declaration Compliance Report by Staff Group

Division	 Active Staff	Declared	Nil Returns	Non-compliant Staff	Staff Compliance (%)
Add Prof Scientific and Technic	45	7	38	0	100%
Additional Clinical Services	1	0	1	0	100%
Administrative and Clerical	226	19	206	1	99.6%
Allied Health Professionals	119	16	102	1	99.2%
Healthcare Scientists	62	7	55	0	100%
Medical and Dental	390	78	298	14	96.4%
Nursing and Midwifery Registered	394	25	368	1	99.7%

**Nil Returns as of 24th March 2025**

<b>Last Name</b>	<b>First Name</b>	<b>Position Name</b>	<b>Job Staff Group</b>
Abah	Godwin	Specialty Doctor	Medical and Dental
Abbott	Nicholas	Nurse Specialist in ASD/ADHD	Nursing and Midwifery Registered
Abdalla	Mohamad	Consultant	Medical and Dental
Abdelsamie	Ahmed	Specialty Doctor	Medical and Dental
Abdul Karim	Mohamed	Locum Consultant (P)	Medical and Dental
Abdul Latip	Nor	Consultant	Medical and Dental
Abouelatta	Mohamed	Specialist	Medical and Dental
Abouellif	Ahmed	Specialist	Medical and Dental
Abouzid	Islam	Consultant	Medical and Dental
Adams	Julie	Deputy Department Leader	Nursing and Midwifery Registered
Adams	Rebecca	Business Manager	Administrative and Clerical
Adebutu	Eniola	Specialty Doctor	Medical and Dental
Adeniji	Olaitan Anthonia	Programme Support Officer	Administrative and Clerical
Adesokan	Adedapo	Specialty Doctor	Medical and Dental
Adnan	Hafza	Specialty Doctor	Medical and Dental
Aftab	Kanwal	Specialty Doctor	Medical and Dental
Agbo	Darlington	Trainee Sonographer	Allied Health Professionals
Ahmad	Khalil	Consultant	Medical and Dental
Ahmed	Abdelnasser	Locum Consultant (P)	Medical and Dental
Ahmed	Tausif	Locum Consultant (P)	Medical and Dental
Ahmed	Mohammed	Specialty Registrar - Year 4	Medical and Dental
Ahmed	Safina	Locum Consultant (P)	Medical and Dental
Ahmed	Ayman	Locum Consultant (P)	Medical and Dental
Ainger	Charlotte	Associate Director of Operational Performance	Administrative and Clerical
Aiston	Orlagh	Head of People EPR Programme	Administrative and Clerical
Akers	Charlotte	Business Manager	Administrative and Clerical
Akhtar	Irfan	Consultant	Medical and Dental
Aladin	Abizar	Consultant	Medical and Dental
Alam	Mejbahul	Specialty Doctor	Medical and Dental
Al-Asadi	Mazin	Locum Consultant (P)	Medical and Dental
Aldred	Jennifer	Quality Governance Facilitator	Nursing and Midwifery Registered
Ali	Yasir	Specialty Registrar Year 4+	Medical and Dental
Ali	Salma	Consultant	Medical and Dental
Ali	Shaukat	Consultant	Medical and Dental
Ali	Alaeldin	Specialty Doctor	Medical and Dental
Alkahky	Sherif	Locum Consultant (P)	Medical and Dental
Alkhawalka	Mohammad	Specialty Doctor	Medical and Dental
Allen	Thomas	Lead Radiographer - CT & MRI	Allied Health Professionals
Allen	Holly	Ward Leader	Nursing and Midwifery Registered
Allison	Stephen	Financial Systems Manager	Administrative and Clerical
Allison	Frances	Matron	Nursing and Midwifery Registered
Allsop	Lynne	Research Nurse Team Leader	Nursing and Midwifery Registered
Alsawaf	Abdelmoneim	Locum Consultant (P)	Medical and Dental
Alshinnawy	Mohamed	Specialty Doctor	Medical and Dental
Al-Shukri	Jaber	Consultant	Medical and Dental
Alvi	Zeest	Specialist Clinical Pharmacist	Add Prof Scientific and Technic
Amankwah	Ruby	Specialty Doctor	Medical and Dental
Amarasinghe	Susitha	Locum Consultant (P)	Medical and Dental
Amsha	Khaled	Consultant	Medical and Dental
Anderson	Rachel	Specialty Registrar Year 4+	Medical and Dental
Anderson	Gemma	Specialist Occupational Therapist	Allied Health Professionals
Andrews	Jenny	Project and Business Change Manager	Administrative and Clerical
Andrews	Jeremy	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Aniereobi	Adaeze	GP Trainee	Medical and Dental
Anjum	Anjum	Network & Telecommunications Manager	Administrative and Clerical
Annapurni	Anupriya	Acting Consultant	Medical and Dental
Ansell	Holly	Admin Team Leader	Administrative and Clerical
Anstess	Stephanie	Nurse Consultant	Nursing and Midwifery Registered
Anthony	Hannah	Senior Physiotherapist	Allied Health Professionals
Appleby	Louise	Registered Nurse	Nursing and Midwifery Registered
Appleyard	Ann-Marie	Head & Neck Cancer Nurse Specialist	Nursing and Midwifery Registered
Arbab	Sami	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Arif	Muhammad	Ophthalmic Nurse Specialist	Nursing and Midwifery Registered
Armstrong	Rebecca	Ward Leader	Nursing and Midwifery Registered
Arnold	Ellie	Assistant General Manager	Administrative and Clerical
Aseneh Junior	Jerry	Clinical Development Fellow	Medical and Dental
Asher	Gillian	Deputy Radiographer Services Manager	Allied Health Professionals
Ashraf	Mohammad	Consultant	Medical and Dental
Ashton	Amy	Trainee Advanced Clinical Practitioner	Allied Health Professionals
Atkin	Rosemary	Project & Business Change Manager	Administrative and Clerical
Attia	Noha	Locum Consultant (P)	Medical and Dental
Awan	Sana	Operational Services Manager/Assistant Chief Pharmacist	Add Prof Scientific and Technic
Aye	Thandar	Consultant	Medical and Dental
Ayre	Sarah-Jane	Head of Midwifery	Nursing and Midwifery Registered
Babau Maltez	Carlos	Consultant	Medical and Dental
Badrinath	Krishnamurthy	Consultant & Clinical Governance Lead	Medical and Dental
Bagshaw	Kaley	Registered Nurse	Nursing and Midwifery Registered
Baig	Zahraa	Specialist Clinical Pharmacist	Add Prof Scientific and Technic
Baker	Kate	Emergency Nurse Practitioner/Senior Registered Nurse	Nursing and Midwifery Registered

Baldry	Lorraine	Management Accounts Manager	Administrative and Clerical
Ball	Lisa	Senior Occupational Therapist	Allied Health Professionals
Ball	Maria	Sonographer	Allied Health Professionals
Banner	Susan	Practice Development Matron	Nursing and Midwifery Registered
Banu	Morsheda	Junior Doctor	Medical and Dental
Barata	Fabiola	Senior Administrator	Administrative and Clerical
Barke	Karen	Clinical Coding Speciality Lead and Team Leader	Administrative and Clerical
Barker	Gemma	Matron	Nursing and Midwifery Registered
Barlow	Bernadette	Paediatric Respiratory Nurse Specialist	Nursing and Midwifery Registered
Barnes	Zoe	Senior Nurse Infection Prevention & Control	Nursing and Midwifery Registered
Barnes	Claire	Lead Radiographer - CT & MRI	Allied Health Professionals
Barrett	Amanda	Registered Nurse	Nursing and Midwifery Registered
Barron	Nicky	Financial Income and Planning Manager	Administrative and Clerical
Bartle	Emma	Practice Development Matron	Nursing and Midwifery Registered
Bashir	Taha	Clinical Development Fellow	Medical and Dental
Basra-Mann	Rajdeep	Divisional People Lead	Administrative and Clerical
Bass	Nicola	Specialty Doctor	Medical and Dental
Bassi	Sukhbinder	Consultant	Medical and Dental
Batty	Morgan	Labour Ward Co-ordinator	Nursing and Midwifery Registered
Baugh	Amy	Consultant	Medical and Dental
Baxter	Paula	Personal Assistant	Administrative and Clerical
Beardsey	Cheryl	Duty Nurse Manager	Nursing and Midwifery Registered
Beastall	Richard	Head of Service, Flow, Capacity & Discharge	Nursing and Midwifery Registered
Beckett	Melissa	Specialist Therapist - Therapy Team Leader	Allied Health Professionals
Begum	Yasmin	Ophthalmic Nurse Specialist	Nursing and Midwifery Registered
Bekeer	Ahmed	Specialist	Medical and Dental
Bell	Jane	Cardiac Rehab Specialist Nurse	Nursing and Midwifery Registered
Bell	Thomas	Advanced Pharmacist - Surgery and Crit Care	Add Prof Scientific and Technic
Ben Fredj	Helen	Project and Business Change Manager	Administrative and Clerical
Benfield	Sara	Consultant	Medical and Dental
Bennett	Carolyn	Breast Care Nurse Specialist	Nursing and Midwifery Registered
Bennett	Rachel	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Berresford	James	Head of Technical Delivery	Administrative and Clerical
Berriman	Amy	Lead Sonographer	Allied Health Professionals
Best	Diane	Screening Co-ordinator (Ante Natal/New Born)	Nursing and Midwifery Registered
Bestwick	Anna	Nurse Specialist in ASD/ADHD	Nursing and Midwifery Registered
Bhatti	Muhammad	Consultant	Medical and Dental
Bhatti	Naseer Umer	Specialty Doctor	Medical and Dental
Bielak	Slawomir	Consultant	Medical and Dental
Binney	Julie	Aseptic Dispensing Unit & Pre Packing Unit Manager	Add Prof Scientific and Technic
Bircumshaw	Daniel	Senior Radiographer QA	Allied Health Professionals
Bird	Rachel	Deputy Divisional Lead Pharmacist	Add Prof Scientific and Technic
Bird	Lindsay	People Development Trainer	Administrative and Clerical
Bird	Alison	Nurse Endoscopist	Nursing and Midwifery Registered
Birdi	Surinder	Specialty Doctor	Medical and Dental
Blackband	Teresa	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Boddy	Eleanor	Specialty Registrar Year 4+	Medical and Dental
Bodle	Kelly	Senior Registered Nurse	Nursing and Midwifery Registered
Bolanthakodi	Nandakrishna	Locum Consultant (P)	Medical and Dental
Bolton	Mark	Associate Director of Operational Performance	Administrative and Clerical
Bolton	Philip	Deputy Chief Nurse	Nursing and Midwifery Registered
Bolus	Jane	Nurse Specialist Osteoporosis	Nursing and Midwifery Registered
Bondu	Joseph	Senior Clinical Scientist	Healthcare Scientists
Bonsall	Adele	Dementia Specialist Nurse	Nursing and Midwifery Registered
Booker	Nikitta	Senior Digital Business Partner	Administrative and Clerical
Bosworth	Keith	Assistant General Manager	Administrative and Clerical
Bosworth	Kerry	Speaking Up Guardian	Administrative and Clerical
Boulton	Naomi	Registered Nurse	Nursing and Midwifery Registered
Bower	Wendy	Senior Infection Control Nurse	Nursing and Midwifery Registered
Box	Mary	Respiratory Nurse Specialist	Nursing and Midwifery Registered
Boyd	Amii	Trainee Advanced Clinical Practitioner	Add Prof Scientific and Technic
Boyd	Gemma	Consultant Midwife	Nursing and Midwifery Registered
Bracewell	Melanie	Consultant Paediatrician	Medical and Dental
Bradbury	Natalie	Department Leader	Nursing and Midwifery Registered
Bradley	Robert	Lead Radiographer - Nuclear Medicine	Allied Health Professionals
Bradley	Helen	MacMillian Colorectal Nurse Specialist	Nursing and Midwifery Registered
Brady	Barbara	Non Executive Director	Administrative and Clerical
Bramford	Rebecca	Assistant Technical Officer	Additional Clinical Services
Bray	Samantha	Improvement Manager	Administrative and Clerical
Bray	Sarah	Ward Leader	Nursing and Midwifery Registered
Briggs	Jacqueline	Child Death Review Specialist Nurse	Nursing and Midwifery Registered
Briggs	Jayne	Upper GI Nurse Specialist	Nursing and Midwifery Registered
Briggs	Nemone	Ward Leader	Nursing and Midwifery Registered
Brook Shanahan	Sally	Director of Corporate Affairs	Administrative and Clerical
Brookes	Claire	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Brooks	Lorraine	Nurse Educator	Nursing and Midwifery Registered
Brooks	Charlotte	Senior Occupational Therapist	Allied Health Professionals
Brown	Lauren	Matron	Nursing and Midwifery Registered
Brown	Chloe	Higher Specialist Biomedical Scientist	Healthcare Scientists
Brown	Lorraine	Administration Assistant	Administrative and Clerical
Brown	Richard	Head of Communications	Administrative and Clerical
Brown	Philip	Learning & Development Facilitator	Administrative and Clerical



Brown	Caitlin	Clinical Educator	Nursing and Midwifery Registered
Bulgin	Melanie	Department Leader	Nursing and Midwifery Registered
Bull	Melanie	Deputy Divisional Head of Nursing and Midwifery	Nursing and Midwifery Registered
Bull	Joanne	Trainee Advanced Clinical Practitioner	Additional Clinical Services
Bumstead	Christopher	Urology Practitioner	Nursing and Midwifery Registered
Burge	Frances	Consultant	Medical and Dental
Burgoyne	Jamie-Rae	Health Care Support Worker	Additional Clinical Services
Burkitt	Sarah	Trainee ACP	Nursing and Midwifery Registered
Burrows	Simon	Sleep Science/Physiology Lead	Healthcare Scientists
Burscough	Sheila	Clinical Educator	Nursing and Midwifery Registered
Burton	Wesley	Local Security Management Specialist	Administrative and Clerical
Burton	Clare	Lead Specialist Pain Nurse	Nursing and Midwifery Registered
Burton	Sarah	Night Team Leader	Nursing and Midwifery Registered
Butler	Lisa	Deputy Head of Midwifery & Nursing	Nursing and Midwifery Registered
Butler	James	Deputy Divisional General Manager	Administrative and Clerical
Butler	Chelsie	Information Manager	Administrative and Clerical
Butlin	Rachael	Registered Nurse	Nursing and Midwifery Registered
Buxton	Bethan	Information Analyst	Administrative and Clerical
Byrne	Madeleine	Chief Clinical Physiologist	Healthcare Scientists
Cain	Robert	Sonographer	Allied Health Professionals
Cale	Daisy	Deputy Ward Leader	Nursing and Midwifery Registered
Callahan	Nigel	Programme Manager	Administrative and Clerical
Calverley	Jodie	Higher Specialist Biomedical Scientist	Healthcare Scientists
Camm	Louise	E-Procurement Officer	Administrative and Clerical
Campbell	Michelle	Specialist Nurse - Pain Management	Nursing and Midwifery Registered
Campbell	Ian	Senior Radiographer	Allied Health Professionals
Campbell	Victoria	Registered Nurse	Nursing and Midwifery Registered
Cann	Kali	Registered Nurse	Nursing and Midwifery Registered
Cannon	Kimberley	Sustainability Service Lead	Administrative and Clerical
Cant	Nicole	Sonographer	Allied Health Professionals
Cantrill	Wendy	Duty Nurse Manager	Nursing and Midwifery Registered
Carr	Deanne	Divisional Director of Nursing	Nursing and Midwifery Registered
Carter	Mark	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Cartwright	Jane	Department Leader	Nursing and Midwifery Registered
Cash	Daniella	Registered Nurse	Nursing and Midwifery Registered
Caunt	Sophie	Midwife	Nursing and Midwifery Registered
Chadbourne	Natalie	Department Leader	Nursing and Midwifery Registered
Chadwick	Monica	Records Assistant	Administrative and Clerical
Chandler	Zelia	Newborn Hearing Screener	Additional Clinical Services
Chapman	Lindsey	Registered Nurse	Nursing and Midwifery Registered
Chapman	Sandra	Head Of Management Accounts	Administrative and Clerical
Chapman	James	Registered Nurse	Nursing and Midwifery Registered
Charles	Claire	Duty Nurse Manager	Nursing and Midwifery Registered
Charles	Abigail	Registered Nurse	Nursing and Midwifery Registered
Charlesworth	Nicola	Digital Nurse	Nursing and Midwifery Registered
Chell	Ian	Sonographer	Allied Health Professionals
Chikwanda	Fred	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Chilamkurthi	Rajasekhar	Consultant	Medical and Dental
Chime	Stanley	Sonographer	Allied Health Professionals
Chinwuko	Nneka	Specialty Doctor	Medical and Dental
Chowdhary	Ranjan	Associate Specialist	Medical and Dental
Christo	Arun	Specialty Doctor	Medical and Dental
Clark	Gillian	MacMillan Breast Care Nurse Spec Primy Disease	Nursing and Midwifery Registered
Clarke	Alison	Clinical Governance Lead Nurse	Nursing and Midwifery Registered
Clarke	Caroline	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Clarke	Katherine	Consultant Paediatrician	Medical and Dental
Clarkson	Richard	Head of Nursing - Urgent & Emergency Care	Nursing and Midwifery Registered
Clifford	Leanne	Operations Manager	Administrative and Clerical
Clipstone	Simon	Higher Specialist Biomedical Scientist	Healthcare Scientists
Clymer	Mark	Operational Services Manager/Assistant Chief Pharmacist	Add Prof Scientific and Technic
Coggan	Helen	Medicines Management Technician Clinical Lead	Add Prof Scientific and Technic
Cole	Samantha	Assistant General Manager	Administrative and Clerical
Coleman	Kelly	Registered Nurse	Nursing and Midwifery Registered
Collingwood	Jacqueline	Lead Radiographer	Allied Health Professionals
Collins	Sam	Advanced Clinical Practitioner	Allied Health Professionals
Comins	Robert	Therapy Team Leader	Allied Health Professionals
Conchie	Catherine	Clinical Lead Dietitian	Allied Health Professionals
Conway	Scott	Head of Estate Development	Administrative and Clerical
Cook	Jane	Lead Stoma Care Nurse Specialist	Nursing and Midwifery Registered
Cook	Katy	Highly Specialist Speech & Language Therapist	Allied Health Professionals
Cooke	Matthew	NHIS Data Warehouse Manager	Administrative and Clerical
Cope	Rhian	Clinical Supervisor - Immunisation	Nursing and Midwifery Registered
Corah	Dawn	Buyer	Administrative and Clerical
Corderoy-Foster	Richard	Practice Development Matron	Nursing and Midwifery Registered
Cordon	Louise	Lead Sonographer	Allied Health Professionals
Corker	Esther	Consultant Paediatrician	Medical and Dental
Corney	Suzanne	Registered Nurse	Nursing and Midwifery Registered
Cotterill	Richard	Associate Director of People	Administrative and Clerical
Coulson	Julie	Registered Nurse	Nursing and Midwifery Registered
Coultas	Andrew	Cancer Improvement Programme Manager	Administrative and Clerical
Coulton	Nicholas	Project and Business Change Manager	Administrative and Clerical
Cox	Giles	Consultant	Medical and Dental

Cox-Brown	Anna	Senior Sonographer	Allied Health Professionals
Creedon	Lee	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Crookes	Emma	Respiratory & Sleep Science Service Manager	Add Prof Scientific and Technic
Crookes	Theresa	Lead Sonographer	Allied Health Professionals
Cross	Emma	Sonographer	Nursing and Midwifery Registered
Cross	Emmajane	Seasonal Flu Pandemic Immuniser	Additional Clinical Services
Crutchley	Kelly	Department Leader	Nursing and Midwifery Registered
Cudmore	Elizabeth	Named Midwife Safeguarding Children	Nursing and Midwifery Registered
Cupit	Samantha	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Curtis	Louise	Ward Leader	Nursing and Midwifery Registered
Curtis	Sherri	Registered Nurse	Nursing and Midwifery Registered
Dabbs	Robert	Head of Health and Safety	Administrative and Clerical
Dale	Susan	Quality Governance Officer	Nursing and Midwifery Registered
Dales	Samantha	Chief Clinical Physiologist	Healthcare Scientists
Daliya	Prita	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Daniel	Amanda	Specialist Nurse Oncology	Nursing and Midwifery Registered
Dann	Christopher	Deputy Chief Operating Officer	Administrative and Clerical
Darby	Keela	Ward Leader	Nursing and Midwifery Registered
Darraj	Eyad	Specialty Doctor	Medical and Dental
Das	Nivedita	Specialty Registrar Year 3+	Medical and Dental
Dave	Dhaval	Consultant	Medical and Dental
Davidson	Alison	Practice Development Matron	Nursing and Midwifery Registered
Davies	Kerry	Respiratory Nurse Specialist	Nursing and Midwifery Registered
Davies	Sophie	Clinical Nurse Educator	Nursing and Midwifery Registered
Davies	Alison	Consultant	Medical and Dental
Davis	Lucy	Senior Orthoptist	Allied Health Professionals
Davis	Emma	Registered Nurse	Nursing and Midwifery Registered
Davis	Cathryn	Quality Governance Facilitator	Nursing and Midwifery Registered
Dawkins	Emma	Speech & Language Therapy Lead	Allied Health Professionals
Dawoud	Amany	Specialty Doctor	Medical and Dental
Day	Hayley	Lead Clinical Educator	Nursing and Midwifery Registered
Day-Lascelles	Heather	Cons Clin Scientist/Head Of Audiology	Healthcare Scientists
Dazzi-Macedo	Kay-Dean	Sonographer	Allied Health Professionals
De Alwis	Wahala	Locum Consultant (P)	Medical and Dental
De La Mare	Elizabeth	Urology Practitioner	Nursing and Midwifery Registered
De Soysa	Jeewana	Specialty Doctor	Medical and Dental
Deakin	Cherie	Specialty Registrar Year 1-3	Medical and Dental
Dean	Sharon	Lead Nurse (Acute Oncology/CUP & Chemotherapy)	Nursing and Midwifery Registered
Dean	Roy	Chief Clinical Physiologist	Healthcare Scientists
Dean	Nicola	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Del Rosso	Eliana	Specialist Speech & Language Therapist	Allied Health Professionals
Dennis	Julie-Anne	Senior Soft FM Manager	Administrative and Clerical
Devine	Kirsty	Locum Fitness Instructor	Allied Health Professionals
Devlin	Jessica	Business Support Manager	Administrative and Clerical
Dewar	Amy	Specialist Midwife - Bereavement	Nursing and Midwifery Registered
Di Furia	Francesca	Matron	Nursing and Midwifery Registered
Dickinson	Carla	Ward Leader	Nursing and Midwifery Registered
Doherty	Megan	Registered Nurse	Nursing and Midwifery Registered
Dorairaj	Ina	Consultant	Medical and Dental
Doughty	Sarah	Assistant General Manager	Administrative and Clerical
Downer	Nicola	Consultant	Medical and Dental
Draycon	Simon	Finance and Performance Manager	Administrative and Clerical
Draycott	Alice	Administration Assistant	Administrative and Clerical
Dring	Tracy	Lead for Training & Clinical Advisor for Medical Equipment	Allied Health Professionals
Dube	Mukul	Consultant	Medical and Dental
Dube	Manas	Consultant	Medical and Dental
Dudley	Nicole	Registered Nurse	Nursing and Midwifery Registered
Duignan	Kathryn	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Dumancas-Foster	Kristah Marie	Trainee Advanced Practitioner	Nursing and Midwifery Registered
Dunkley	Colin	Consultant	Medical and Dental
Durant	Matthew	Higher Specialist Biomedical Scientist	Healthcare Scientists
Duro	Pamela	Assistant General Manager	Administrative and Clerical
Dwyer	Ashleigh	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Dykes	Dominique	Invasive Clinical Physiologist Lead	Healthcare Scientists
Earle	Gail	Senior Radiographer	Allied Health Professionals
Eastwood	Faye	Midwifery Practitioner	Nursing and Midwifery Registered
Ebueku	Osaretin	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Eccleshall	Helen	Specialist Therapist/Team Lead	Allied Health Professionals
Eche	Eric	Junior Doctor	Medical and Dental
Eddie	Rachel	Chief Operating Officer	Administrative and Clerical
Edmond	Daniel	Specialist	Medical and Dental
Edwards	Geraldine	Matron	Nursing and Midwifery Registered
Egan	Rebecca	Senior Programme Manager	Administrative and Clerical
Eid	Galal	Specialty Doctor	Medical and Dental
Ekins	Laura	Deputy Production Manager	Add Prof Scientific and Technic
Elakkary	Eiman	Locum Consultant (P)	Medical and Dental
Elamin	Elamin	Consultant	Medical and Dental
Elamin	Ghassan	Locum Consultant (P)	Medical and Dental
Elbayar	Fedaaeldin	Locum Consultant (P)	Medical and Dental
Eldesoki	Ahmed	Specialty Doctor	Medical and Dental
Elfakharany	Nazeh	Locum Consultant (P)	Medical and Dental
Elgharbawy	Mona	Specialist	Medical and Dental

Elgindy	Mostafa	Specialty Doctor	Medical and Dental
Elkadiki	Alia	Consultant	Medical and Dental
Elkhabiry	Mohab	Specialty Doctor	Medical and Dental
Elkhouly	Heba	Specialty Doctor	Medical and Dental
Ellis	Jane	Consultant	Medical and Dental
Elmahdy	Heba	Specialty Doctor	Medical and Dental
Else	Gary	Trainee Advanced Practitioner	Nursing and Midwifery Registered
Elsiddeg	Khider	Specialty Doctor	Medical and Dental
Etakewen	Paul	Specialty Doctor	Medical and Dental
Etches	Claire	Registered Nurse	Nursing and Midwifery Registered
Evans	Kerry	Lead Clinical Academic Research NMAHP	Nursing and Midwifery Registered
Exell	Daniel	Department Leader	Nursing and Midwifery Registered
Exell	Terri	Department Leader	Nursing and Midwifery Registered
Eyre	Joanne	Registered Nurse	Nursing and Midwifery Registered
Fagan	Cheryl	Matron	Nursing and Midwifery Registered
Falase	Mowaninola	Specialty Doctor	Medical and Dental
Fallon	Emma	IDAT Team Leader	Nursing and Midwifery Registered
Faraci	Vincenzo	Registered Nurse	Nursing and Midwifery Registered
Faraj	Sayed	Specialty Doctor	Medical and Dental
Farn	Debra	Department Leader	Nursing and Midwifery Registered
Farnsworth	Emma	Administration Assistant	Administrative and Clerical
Farrands	Angela	Deputy Risk and Assurance Manager	Administrative and Clerical
Farrow	Alexis	Head of Strategy and Transformation	Administrative and Clerical
Fatouta	Rawia	DE Middle Grade	Medical and Dental
Faulkner	Iain	Matron	Nursing and Midwifery Registered
Fawcett	Jonathan	Chief Clinical Physiologist	Healthcare Scientists
Featherstone	Leanne	People Promises Manager	Administrative and Clerical
Feek	Elizabeth	Sonographer	Allied Health Professionals
Fell	Rebecca	Therapy Assistant	Additional Clinical Services
Fenn	John	Emergency Nurse Practitioner/Senior Registered Nurse	Nursing and Midwifery Registered
Fergie	Neil	Consultant	Medical and Dental
Ferguson	Charlotte	Medical Examiner	Medical and Dental
Fernandes-Sarr	Tyrene	Department Leader	Nursing and Midwifery Registered
Fernando	Devaka	Consultant	Medical and Dental
Ferris	Ian	Tobacco Dependence Service Lead	Administrative and Clerical
Fewtrell	Ann	Service Improvement Lead	Administrative and Clerical
Field	Fiona	Specialty Registrar Core Trainee (ACCS)	Medical and Dental
Fischer-Orr	Nicola	Consultant	Medical and Dental
Fisher	Joanna	Lead Radiographer CT	Allied Health Professionals
Fisher	Laura	Head of Operational Change (EPR)	Administrative and Clerical
Fitzpatrick	Joanne	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Fitzpatrick	Rachel	Registered Nurse	Nursing and Midwifery Registered
Fletcher	Claire	Project Manager	Administrative and Clerical
Flint	Cheryl	Extended Scope Practitioner - Hands	Allied Health Professionals
Fofulit	Macy	Specialist Deputy Pharmacist - High Cost Drugs and Homecare	Add Prof Scientific and Technic
Ford	Rebecca	Recruitment Manager	Administrative and Clerical
Fort	Joanna	Divisional General Manager	Administrative and Clerical
Foster	Lisa	Matron	Nursing and Midwifery Registered
Foster	Rebecca	Consultant	Medical and Dental
Fowkes	Nichola	Professional Training and Education Support Nurse	Nursing and Midwifery Registered
Fox	Lee	Senior Hard FM Manager	Administrative and Clerical
Foxhall	Janine	Associate Director of Operational Performance	Administrative and Clerical
Franklin	Elizabeth	Lead Chaplain	Add Prof Scientific and Technic
Frederick	Matthew	Associate Chief AHP	Allied Health Professionals
Fuller	Laura	Department Leader	Nursing and Midwifery Registered
Furneaux	Holly	Imaging Assistant	Additional Clinical Services
Gallacher	Kevin	Deputy Director of Income and Contracts	Administrative and Clerical
Gambles	Marie	Specialist Nurse	Nursing and Midwifery Registered
Gamlin	Cheryl	Specialist Advanced Audiologist	Healthcare Scientists
Gammon	Rachel	Ward Leader	Nursing and Midwifery Registered
Gardner	Molly	Paediatric Respiratory Nurse Specialist	Nursing and Midwifery Registered
Garley	Janet	Consultant	Medical and Dental
Garner	Claire	Digital Workforce Development Manager	Administrative and Clerical
Garner	Toni	Receptionist	Administrative and Clerical
Garratt	Ali	Registered Nurse	Nursing and Midwifery Registered
Gelsthorpe	Gemma	Head of People Development	Administrative and Clerical
Gemmill	Elizabeth	Consultant	Medical and Dental
Gent	Sara	Senior Occupational Therapist	Allied Health Professionals
George	Samantha	Registered Nurse	Nursing and Midwifery Registered
Gibson	Jennifer	Reporting Radiographer	Allied Health Professionals
Gibson	Fern	Sonographer	Allied Health Professionals
Gilbert	Alys	Clinical Engineer	Healthcare Scientists
Gilbert	Rosemary	Head of Digital Programmes	Administrative and Clerical
Giles	Rachael	Deputy Head of Midwifery & Nursing	Nursing and Midwifery Registered
Gill	Victoria	Acute Care Practitioner	Nursing and Midwifery Registered
Gilliam	Francesca	Lead Clinical Pharmacist - Antimicrobial Therapy	Add Prof Scientific and Technic
Gillicker	Brent	Surgical First Assistant	Add Prof Scientific and Technic
Glendenning	John	Trust Lawyer	Administrative and Clerical
Glover	Susan	Lung Cancer Nurse Specialist	Nursing and Midwifery Registered
Glover	Barry	Surgical Bronze	Nursing and Midwifery Registered
Glover	Katie	Clinical Pharmacist	Add Prof Scientific and Technic
Goddard	Jason	Operating Department Practitioner	Add Prof Scientific and Technic

Goddard	Robyn	Highly Specialist Speech & Language Therapist	Allied Health Professionals
Goodall	Jacqueline	Senior Occupational Therapist	Allied Health Professionals
Goodman	Kathryn	Senior Registered Nurse	Nursing and Midwifery Registered
Goodwin	Sandra	Department Leader	Nursing and Midwifery Registered
Goodwin	Jordan	Nurse Endoscopist	Nursing and Midwifery Registered
Gopinathan	Vinodkumar	Consultant	Medical and Dental
Goralik	Suzanne	Mac Gyn Cancer Nurse Specialist	Nursing and Midwifery Registered
Goulding	Georgina	Registered Nurse	Nursing and Midwifery Registered
Gouldstone	Amy	People Wellbeing Lead	Administrative and Clerical
Goward	Julie	Practice Development Matron	Nursing and Midwifery Registered
Grainger	Stephen	Specialist Advanced Audiologist	Healthcare Scientists
Grainger	Jeffrey	Therapy Services Leader	Allied Health Professionals
Grainger	Alan	Registered Nurse	Nursing and Midwifery Registered
Grainger	Beverley	Team Leader	Allied Health Professionals
Gray	Phil	Therapy Team Leader- HCOP	Allied Health Professionals
Greasley	Sandra	Corporate Assurance Manager	Administrative and Clerical
Greasley	Gemma	Specialist Physiotherapist - Therapy Team Leader	Allied Health Professionals
Green	Lawrence	Chief Clinical Physiologist	Healthcare Scientists
Green	Karen	Deputy Ward Leader	Nursing and Midwifery Registered
Green	Deborah	Professional Training and Education Trainer	Nursing and Midwifery Registered
Green	Laura	Specialist Midwife - Clinical Governance	Nursing and Midwifery Registered
Gregory	Amy	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Gregory	Melanie	Consultant	Medical and Dental
Griffiths	Melanie	Consultant Clinical Scientist	Healthcare Scientists
Grover	Chevvy	MCA,DoLs,LPS Lead Practitioner	Nursing and Midwifery Registered
Grundy	Adam	Head Of Occupational Health/Lead Nurse	Nursing and Midwifery Registered
Grzelak	Rachel	Head of Orthoptics & Low Vision Service	Allied Health Professionals
Gunton-Day	Craig	Registered Nurse	Nursing and Midwifery Registered
Gupta	Navneet	Locum Consultant (P)	Medical and Dental
Gupta	Anindya	Consultant	Medical and Dental
Gupta	Neha	Consultant	Medical and Dental
Gurusinghe	Gurusinghalage	Consultant	Medical and Dental
Guzik	Irena	Consultant	Medical and Dental
Hackett	Simon	Database Administrator	Administrative and Clerical
Hafeez	Kamran	Specialty Doctor	Medical and Dental
Hague	Alexander	Project and Business Change Manager	Administrative and Clerical
Haikal	Sara	Specialty Doctor	Medical and Dental
Haines	Karen	Specialist Physiotherapist	Allied Health Professionals
Hakeem-Habeeb	Akinbode	Consultant	Medical and Dental
Hall	Matthew	Assistant Technologist	Additional Clinical Services
Hall	Alison	Specialist Pharmacist - Undergrad Med Stud't Teaching	Add Prof Scientific and Technic
Hallam	Kimberley	Specialist Clinical Occupational Health Nurse	Nursing and Midwifery Registered
Hallgarth	Emma	Family Liaison Coordinator	Administrative and Clerical
Halsall	Sarah	Mac Gyn Cancer Nurse Specialist	Nursing and Midwifery Registered
Hama	Shahnaz	Matron	Nursing and Midwifery Registered
Hamilton	Fiona	Safeguarding Practitioner - Think Family Safeguarding	Nursing and Midwifery Registered
Hamzpur	Shila	Lead Production and Clin Oncology Pharmacist	Add Prof Scientific and Technic
Handagala	Rangani Kamanitha	Specialty Doctor	Medical and Dental
Hannah-Hayes	Elizabeth	Ward Leader	Nursing and Midwifery Registered
Hanson	Emma	Department Leader	Nursing and Midwifery Registered
Hardwick	Laura	Medical Photographer	Healthcare Scientists
Hardy	Amber	People Operations Lead	Administrative and Clerical
Hariharan	Shankar	Associate Specialist	Medical and Dental
Haroon	Saroona	Locum Consultant (P)	Medical and Dental
Harper	Victoria	Administration Assistant	Administrative and Clerical
Harper	Kim	Programme Manager	Administrative and Clerical
Harriman	Colin	Surgical Care Practitioner	Add Prof Scientific and Technic
Harris	Gemma	Cardiac Physiologist	Healthcare Scientists
Harris	Sandra	Advanced Pharmacist - Education and Training	Add Prof Scientific and Technic
Harris	Emma	Head of Financial Services	Administrative and Clerical
Harris	Debbie	Lead Radiographer	Allied Health Professionals
Harrison	Rachel	Assistant General Manager	Administrative and Clerical
Harrison	Heather	Specialist Pharmacist - Undergraduate Med Student Teaching	Add Prof Scientific and Technic
Hart	Rachel	Snr Physiotherapist - Adult Inpatient Rehabilitation	Allied Health Professionals
Hartley	Mandy	Pharmacy Stores Distribution Manager	Add Prof Scientific and Technic
Harwood	Kenneth	Development Services Manager	Administrative and Clerical
Hashmat	Muhammad Zubair	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Hassan	Saad	Locum Consultant (P)	Medical and Dental
Hastings	Richard	Consultant	Medical and Dental
Hatfield	Jennifer	Macmillan End of Life Care Clinical Nurse Specialist	Nursing and Midwifery Registered
Hatton	Jacqueline	Lead Stoma Care Nurse Specialist	Nursing and Midwifery Registered
Havers	Catherine	Registered Nurse	Nursing and Midwifery Registered
Hawkins	Steven	Divisional Finance Manager	Administrative and Clerical
Hawley	Angela	Head of Technical Operations	Administrative and Clerical
Hawley	Jack	Physiotherapy Team Leader	Allied Health Professionals
Hayes	Lynsay	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Haynes	Samantha	Parkinsons Disease Senior Nurse	Nursing and Midwifery Registered
Haynes	Claire	Senior Divisional Finance Manager	Administrative and Clerical
Hayward	Georgina	Medical Education Nurse	Nursing and Midwifery Registered
Haywood	Clare	Ward Leader	Nursing and Midwifery Registered
Hazard	Kerry	Matron	Nursing and Midwifery Registered
Hearson	Jane	Health Care Support Worker	Additional Clinical Services

Heath	Louise	Midwife	Nursing and Midwifery Registered
Heath	Laura	Paediatric Diabetes Nurse Specialist	Nursing and Midwifery Registered
Heathcote	Karen	Registered Nurse	Nursing and Midwifery Registered
Heighway	Emma	MacMillian Colorectal Nurse Specialist	Nursing and Midwifery Registered
Hemmings	Alexander	Advanced Clinical Practitioner	Allied Health Professionals
Henning	Keith	Service Delivery and Performance Manager	Administrative and Clerical
Henshaw	Andrew	Senior Server and Storage Engineer	Administrative and Clerical
Henson	Stephen	Quality Assurance Support Officer	Administrative and Clerical
Herath	H M Sandaruwan Chinthaka	Specialty Doctor	Medical and Dental
Herrington	Helen	Clinical Lead Dietitian	Allied Health Professionals
Hewarathna	Ashani	Specialty Doctor	Medical and Dental
Hewitt	Heather	Senior Radiographer	Allied Health Professionals
Hickman	Hayley	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Hicks	Sara	Finance Manager	Administrative and Clerical
Higashi	Yutaro	Consultant	Medical and Dental
Higgins	Elaine	Diabetes Specialist Nurse	Nursing and Midwifery Registered
Hill	Hayley	Lead Midwife for Planned Care	Nursing and Midwifery Registered
Hills	Alicia	Specialty Registrar Year 3+	Medical and Dental
Hillsley	Sarah	Ward Leader	Nursing and Midwifery Registered
Hinchley	Claire	Deputy Director of Strategy and Partnerships	Administrative and Clerical
Hind	Carol	Lead Nurse	Nursing and Midwifery Registered
Hodges	Rhonda	Higher Specialist Biomedical Scientist	Healthcare Scientists
Hodgkinson	Sarah	Paediatric Diabetes Nurse Specialist	Nursing and Midwifery Registered
Hodgson	Mark	Respiratory Nurse Specialist	Nursing and Midwifery Registered
Hodgson	David	Consultant	Medical and Dental
Hodgson	Lucy	Haematology Manager	Healthcare Scientists
Hogg	Martin	Project and Business Change Manager	Administrative and Clerical
Hogg	Alison	Head of Communications (Digital Projects)	Administrative and Clerical
Hogg	Jacqueline	Admin Support Officer	Administrative and Clerical
Hollingworth	Georgina	Diabetes Specialist Nurse	Nursing and Midwifery Registered
Holmes	Michelle	Specialist Dietitian	Allied Health Professionals
Hopkinson	Deborah	Community Team Leader	Nursing and Midwifery Registered
Hossain	Ahmed	Senior Clinical Fellow	Medical and Dental
Hostler	Leanne	Specialist Transfusion Practitioner	Nursing and Midwifery Registered
Howard	Lauren	Administration Assistant	Administrative and Clerical
Howle	Lisa	Quality and Governance Manager	Allied Health Professionals
Hudson	Megan	Deputy Department Leader	Nursing and Midwifery Registered
Hunt	Alison	Reporting Radiographer	Allied Health Professionals
Hussain	Saghir	Specialist	Medical and Dental
Hussain	Kashif	Locum Consultant (P)	Medical and Dental
Hutchinson	John	Consultant	Medical and Dental
Idle	Richard	Named Nurse, Safeguarding Children	Nursing and Midwifery Registered
Imran	Muhammad	Clinical Development Fellow	Medical and Dental
Inbasekaran	Mahesh	Consultant	Medical and Dental
Inglesant	Kevin	Highly Specialist Divisional Lead Pharmacist - W&C	Add Prof Scientific and Technic
Ingleton	Tracy	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Innumerable	Ryan	Macmillan Clinical Nurse Specialist	Nursing and Midwifery Registered
Ip	Pikshun	Advanced Clinical Physiologist	Healthcare Scientists
Iqbal	Javed	Consultant	Medical and Dental
Irshad	Sadaf	Locum Consultant (P)	Medical and Dental
Irving	Stacy	Specialty General Manager - Paediatrics	Administrative and Clerical
Irwin	Richard	Trainee Advanced Critical Care Practitioner	Add Prof Scientific and Technic
Isaac	Rebecca	EMCA Aspirant Cancer Nurse Specialist Dev Programme Lead	Administrative and Clerical
Isle	Bethany	Radiography Clinical Educator	Allied Health Professionals
Itepu	Victor	Specialty Doctor	Medical and Dental
Jabbour	Sarah	Specialty Doctor	Medical and Dental
Jacklin	Andrew	Consultant	Medical and Dental
Jacks	Tracey	Department Leader (ODP)	Allied Health Professionals
Jackson	Mark	Director of Estates and Facilities	Administrative and Clerical
Jackson	Debbie	Department Leader	Nursing and Midwifery Registered
Jackson	Yisha	Triage Lead Midwife	Nursing and Midwifery Registered
Jackson	Fiona	Service Delivery and Performance Manager	Administrative and Clerical
Jahan	Mohammed	Consultant	Medical and Dental
Jain	Ajai	Locum Consultant (P)	Medical and Dental
James	Rebecca	Named Midwife Safeguarding Children	Nursing and Midwifery Registered
James	Deborah	Specialist Clinical Occupational Health Nurse	Nursing and Midwifery Registered
James	Olivia	Administration Assistant	Administrative and Clerical
Jarvis	Cally	Endoscopy Services Manager	Administrative and Clerical
Jayakumar	Delicia	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Jayan	Jeeno	Specialty Doctor	Medical and Dental
Jeffer	Laura	Dispensary Manager	Add Prof Scientific and Technic
Jenkins	Steven	Divisional General Manager	Administrative and Clerical
Jenkins	Gareth	Senior Divisional Finance Manager	Administrative and Clerical
Jenkins	Sarah	Ward Leader	Nursing and Midwifery Registered
Jevons	Sarah	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Jogja	Paresh	Electronic Prescribing & Medicines Admin Lead Pharmacist	Add Prof Scientific and Technic
Johal	Jagveer	Senior Business Insight Analyst	Administrative and Clerical
John	Rani	Gastroenterology Specialist Nurse (Liver)_	Nursing and Midwifery Registered
Johnson	Melanie	Midwife	Nursing and Midwifery Registered
Johnson	Kirsten	Children and Young People Epilepsy Nurse Specialist	Nursing and Midwifery Registered
Johnson	Rachel	Registered Nurse	Nursing and Midwifery Registered
Johnson	Linda	Sleep Science/Physiology Lead	Healthcare Scientists

Johnson	Gilda	Nurse Specialist in ASD/ADHD	Nursing and Midwifery Registered
Johnson	David	Urology Cancer Nurse Specialist	Nursing and Midwifery Registered
Johnson	Rachel	Research Nurse	Nursing and Midwifery Registered
Johnson	Primal	Medical Examiner	Medical and Dental
Jones	Mark	Senior Nurse Endoscopist	Nursing and Midwifery Registered
Jones	Charlotte	Buyer	Administrative and Clerical
Jones	Francesca	Ward Leader	Nursing and Midwifery Registered
Jones	Emma	Community Paediatric Specialist Nurse	Nursing and Midwifery Registered
Jones	Sophia	Advanced Neonatal Nurse Practitioner	Nursing and Midwifery Registered
Jones	Stephen	Consultant	Medical and Dental
Jordan	Katie	Project Manager	Administrative and Clerical
Joseph	Babin	Hospital Out of Hours Practitioner	Nursing and Midwifery Registered
Joseph	Theresa	Consultant	Medical and Dental
Kabia	Anne	Matron	Nursing and Midwifery Registered
Kadri	Muralidhar	Locum Consultant (P)	Medical and Dental
Kalogeri	Charikleia	Nurse Endoscopist	Nursing and Midwifery Registered
Kalsoom	Seika	Consultant	Medical and Dental
Kathaluwa Liyana Kankanamge	Pradeepa	Specialty Doctor	Medical and Dental
Kathirgamanathan	Aravindan	Consultant	Medical and Dental
Kaur	Harpreet	Divisional Finance Manager	Administrative and Clerical
Kay	Phaedra	Registered Nurse	Nursing and Midwifery Registered
Keane	Thomas	Consultant	Medical and Dental
Kearsley	Deborah	Deputy Director of People	Administrative and Clerical
Kearsley	Dawn	Lead EPMA Nurse	Nursing and Midwifery Registered
Kearsley	Charla	Senior Digital Business Partner	Administrative and Clerical
Keeling	Craig	Matron	Nursing and Midwifery Registered
Kellock	David	Consultant	Medical and Dental
Kelsey	Denise	Nurse Educator	Nursing and Midwifery Registered
Kemp	Claire	Higher Specialist BMS Histopathology Advanced Dissector	Healthcare Scientists
Kemp	Richard	Divisional Director of Nursing- Urgent and Emergency Care	Nursing and Midwifery Registered
Kenmuir	Lisa	Trainee Nursing Associate	Additional Clinical Services
Kenworthy	Alice	Team Leader - Paediatrics	Allied Health Professionals
Kerr	Grant	Advanced Clinical Practitioner	Allied Health Professionals
Kerry	Deborah	Senior Physiotherapist	Allied Health Professionals
Khalique	Abdul	Specialty Doctor	Medical and Dental
Khan	Muhammad	Locum Consultant (P)	Medical and Dental
Khan	Adnan	Consultant	Medical and Dental
Khan	Ahmad Jawad Ali	Specialty Doctor	Medical and Dental
Khan	Shahbaz	Clinical Development Fellow	Medical and Dental
Khan	Saqib	Specialty Doctor	Medical and Dental
Khan	Huma	GP Trainee	Medical and Dental
Khan	Khalid	Consultant	Medical and Dental
Khan	Mukarram	Specialty Doctor	Medical and Dental
Khan	Mohammed	People Organisational Development and Engagement Lead	Administrative and Clerical
Kimbley	Jayne	PAS & Data Quality Co Ordinator	Administrative and Clerical
King	Debbie	Corporate Matron - Quality Assurance	Nursing and Midwifery Registered
Kiran	Asha	Specialty Doctor	Medical and Dental
Kirk	Kimberley	Deputy Divisional General Manager	Administrative and Clerical
Kirkbride	Victoria	Registered Nurse	Nursing and Midwifery Registered
Kitchen	Corinne	People Wellbeing Specialist	Administrative and Clerical
Klafkowski	Gillian	Consultant	Medical and Dental
Knight	Stephanie	Matron	Nursing and Midwifery Registered
Knight	Claire	Night Team Leader	Nursing and Midwifery Registered
Knighton	Samantha	Clinical Specialist in Mammography	Allied Health Professionals
Knox	Zoe	Trainee ACP	Nursing and Midwifery Registered
Kooner	Sukjit	Finance Manager	Administrative and Clerical
Kossinnage	Chethana	Specialty Doctor	Medical and Dental
Kothari	Ritu	Specialist	Medical and Dental
Kothari	Paresh	Consultant	Medical and Dental
Krishnakumar	Nithya	Specialty Doctor	Medical and Dental
Kuczyńska	Agnieszka	Team Lead Occupational Therapist	Allied Health Professionals
Kulatunga	Aruna	Locum Consultant (P)	Medical and Dental
Kumar	Yashwant	Locum Consultant (P)	Medical and Dental
Kumar	Suneed	Specialty Doctor	Medical and Dental
Kuo	Kwlan	Specialty Doctor	Medical and Dental
Ladan	Saadatu	Specialty Doctor	Medical and Dental
Lafferty	Bruce	Digital Business Partner	Administrative and Clerical
Lake	Alan	Pathology IT Manager	Healthcare Scientists
Lakin	Hayley	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Lamb	Andrew	Senior Third Line Engineer - Server & Storage	Administrative and Clerical
Lamb	Alison	Registered Nurse	Nursing and Midwifery Registered
Lambert	Samantha	Department Leader	Healthcare Scientists
Lanckham	Pamela	Senior Radiographer	Allied Health Professionals
Lawler	Kim	Medicines Management Technician	Add Prof Scientific and Technic
Lawman	Kelly-Beth	Consultant Paediatrician	Medical and Dental
Lawrence	Kayleigh	Ward Leader	Nursing and Midwifery Registered
Leah	Jennifer	Deputy Chief Finance Officer	Administrative and Clerical
Lee	Peter	Consultant Scientist/Head of Service	Healthcare Scientists
Lee	Jonathan	Assistant Director - Business and Finance	Administrative and Clerical
Leivers	Vicki	Diabetes Specialist Nurse	Nursing and Midwifery Registered
Leslie	Paula	Deputy Department Leader	Nursing and Midwifery Registered
Leung	Richard	Specialist Pharmacist - High Cost Drugs	Add Prof Scientific and Technic



Lewis	Hannah	Specialist Midwife - Clinical Governance	Nursing and Midwifery Registered
Lewis	Lauren	Specialist Occupational Therapist	Allied Health Professionals
Liddell-Roberts	Tracy	Administration Assistant	Administrative and Clerical
Lilley	Gillian	Ophthalmic Nurse Specialist	Nursing and Midwifery Registered
Lilley	Nicola	Lead Radiographer CT	Allied Health Professionals
Lim	Siew Quen	Lead Clinical Pharmacist - Antimicrobial Therapy	Add Prof Scientific and Technic
Lincoln	Cornelia	Dietetics Service Manager & Clinical Lead for Diabetes	Allied Health Professionals
Lindstrom	Anna	Specialist Midwife Perinatal Mental Health	Nursing and Midwifery Registered
Ling	Jason	Deputy Divisional Lead Pharmacist - Surgery & Critical Care	Add Prof Scientific and Technic
Liptrot	Ruth	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Lisseman-Stones	Yvonne	Breast Care Nurse Specialist	Nursing and Midwifery Registered
Liston	Laura	Specialist Nurse	Nursing and Midwifery Registered
Litchfield	Susan	Specialist Nurse - Dermatology	Nursing and Midwifery Registered
Littler	Adam	Divisional General Manager	Administrative and Clerical
Lock	Marie	Specialist Nurse - Dermatology	Nursing and Midwifery Registered
Logue	Fiona	Lead Radiographer CT	Allied Health Professionals
Longden	Paula	Associate Director of Strategy & Partnerships	Administrative and Clerical
Lopez	Ma Lourdes Jr	Trainee Advanced Practitioner	Nursing and Midwifery Registered
Lord	Lynsey	Deputy Ward Leader	Nursing and Midwifery Registered
Lott	Rebecca	Head of Medical Workforce	Administrative and Clerical
Loughton	Joanne	Corporate Compliance Lead	Administrative and Clerical
Lounds	Sarah	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Loveridge	Rebecca	Specialist Clinical Occupational Health Nurse	Nursing and Midwifery Registered
Lovett	Paula	Ward Leader	Nursing and Midwifery Registered
Lowe	Morgan	Senior Physio/Team Leader for Women's Health	Allied Health Professionals
Lowe	Nicola	Quality Assurance Support Officer	Administrative and Clerical
Loy	Michelle	Registered Nurse	Nursing and Midwifery Registered
Luke	Alison	Lead Radiographer CT	Allied Health Professionals
Lwin	Nyi	Specialty Doctor	Medical and Dental
Lynam	Jacqueline	PAS Manager	Administrative and Clerical
Lyons	Kathryn	Therapy Services Leader	Allied Health Professionals
Maclean	Lisa	Non Executive Director	Administrative and Clerical
Madeley	Alexander	Pharmacist	Add Prof Scientific and Technic
Madon	Claire	Registered Nurse	Nursing and Midwifery Registered
Magham	Srinivas	Consultant	Medical and Dental
Magyar	Andrew	Procurement Business Partner	Administrative and Clerical
Mahapatune	Tulan	Specialty Doctor	Medical and Dental
Mahbub Abir	Q M	Specialty Doctor	Medical and Dental
Mahmoud	Hassan	Locum Consultant (P)	Medical and Dental
Mahmoud	Mahmoud	Specialty Doctor	Medical and Dental
Mahmoudzadeh	Nazanin	Sonographer	Allied Health Professionals
Majolagbe	Taofik	Specialty Doctor	Medical and Dental
Makani	Irvine	Department Leader	Nursing and Midwifery Registered
Makulukottunnage Dona	Ruvini	Specialty Doctor	Medical and Dental
Malia	Victoria	Divisional Lead for Operational Development and Engagement	Administrative and Clerical
Malik	Amna	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Malik	Uzair	Specialty Doctor	Medical and Dental
Mallick	Fatima	Specialty Doctor	Medical and Dental
Maltby	Chloe-Jaye	Project Manager	Administrative and Clerical
Maltby	Michael	Emergency Nurse Practitioner/Senior Registered Nurse	Nursing and Midwifery Registered
Mamadi	Ibrahim	Specialty Doctor	Medical and Dental
Mandac	Eleanor	Upper GI Nurse Specialist	Nursing and Midwifery Registered
Mannathukkaren	Bjorn	Consultant	Medical and Dental
Mariner	Donna	Associate Director of People	Administrative and Clerical
Markham	Kathryn	Project and Business Change Manager	Administrative and Clerical
Marriott	Stacey	Matron	Nursing and Midwifery Registered
Marriott	Sarah	Department Leader/Emergency Nurse Practitioner	Nursing and Midwifery Registered
Marsh	Emily	Rheumatology Specialist Nurse	Nursing and Midwifery Registered
Marsh	Helen	Paediatric Diabetes Nurse Specialist	Nursing and Midwifery Registered
Marshall	Scott	Endocrine Specialist Nurse	Nursing and Midwifery Registered
Marta	Daniele	Orthotic Team Leader	Allied Health Professionals
Martell	Kathryn	Personal Assistant	Administrative and Clerical
Martin-Porter	Melanie	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Maskhut	Osama	Locum Consultant (P)	Medical and Dental
Mason	John	Head of Financial Business Intelligence	Administrative and Clerical
Mason	Karen	Deputy Occupational Health Manager	Nursing and Midwifery Registered
Mather	Jason	Head of Strategy and Delivery	Administrative and Clerical
Mathukutty	Usha	Rheumatology Specialist Nurse	Nursing and Midwifery Registered
Mattison	Kim	Head of Rostering Services	Administrative and Clerical
Maxfield	Robert	Sonographer	Allied Health Professionals
Mayfield	Julie	Commercial Manager	Administrative and Clerical
McCartan	Catherine	Registered Nurse	Nursing and Midwifery Registered
McCluskey	Lauren	Higher Specialist Biomedical Scientist	Healthcare Scientists
McCormack	Patrick	Head of Regulation and Patient Safety	Administrative and Clerical
McCormack	Nicola	Project and Business Change Manager	Administrative and Clerical
McCormick	Stephen	Internal Business Process Analyst	Administrative and Clerical
McCubbin	Rachel	Operating Department Practitioner	Allied Health Professionals
McFee	Tracey	Diabetic Eye Screening Programme Manager	Administrative and Clerical
McGowan	Thomas	Consultant	Medical and Dental
McLean	Rachael	Registered Nurse	Nursing and Midwifery Registered
McMillan	Heidi	Lead Nurse Tissue Viability	Nursing and Midwifery Registered
McMinn	Kelly-Marie	Registered Nurse	Nursing and Midwifery Registered

McMullan	Lisa	Registered Nurse	Nursing and Midwifery Registered
Meakin	Francesca	Principal Clinical Scientist (PoCT) & Biochemistry	Healthcare Scientists
Meikle	Karen	Ward Leader	Nursing and Midwifery Registered
Mellers	Adrian	Senior Network & Telecommunications Engineer	Administrative and Clerical
Mellors	Karen	Project and Business Change Manager	Administrative and Clerical
Mercer	Lisa	Head of Discharge	Nursing and Midwifery Registered
Meredith	Elizabeth	Head of Estate Development	Administrative and Clerical
Miles	Shantell	Director of Nursing	Nursing and Midwifery Registered
Miles-Hammond	Christine	Resuscitation Training Manager	Nursing and Midwifery Registered
Millard	Kathleen	Laboratory Manager	Healthcare Scientists
Millard	Leanne	Deputy Director fo Nursing Quality Governance	Nursing and Midwifery Registered
Miller	Carl	Superintendent Radiographer	Allied Health Professionals
Miller	Nicola	Clerical Officer - General Office	Administrative and Clerical
Miller	Ayanna	Specialty Doctor	Medical and Dental
Millns	James	Associate Director of Transformation	Administrative and Clerical
Millward	Laura	Specialist Senior Physiotherapist	Allied Health Professionals
Milnes	Leanne	Higher Specialist BMS - Histopathology Training Officer	Healthcare Scientists
Minett	Leanne	Quality Governance Matron	Nursing and Midwifery Registered
Misra	Sharat	Consultant	Medical and Dental
Mohamed Samoon	Mohamed Zakeer	Senior Clinical Fellow	Medical and Dental
Mohankumar	Kayalvizhi	Specialist	Medical and Dental
Montgomery	Helen	Specialty Registrar Year 3+	Medical and Dental
Moody	Nicola	Specialist Nurse - Pain Management	Nursing and Midwifery Registered
Moore	Christopher	Principal Technologist - Medical Engineering	Healthcare Scientists
Moore	Gail	Heart Failure Nurse Specialist	Nursing and Midwifery Registered
Moore	Paul	Deputy Chief Digital Information Officer	Administrative and Clerical
Morgan	Louise	Ward Leader	Nursing and Midwifery Registered
Morley	June	Lung Cancer Nurse Specialist	Nursing and Midwifery Registered
Morley	Leslie	Section Leader	Healthcare Scientists
Moroney	James	Senior Physiotherapist	Allied Health Professionals
Morrell	Lynnette	Lung Cancer Nurse Specialist	Nursing and Midwifery Registered
Morris	Joseph	Highly Specialist Divisional Lead Pharmacist - Medicine	Add Prof Scientific and Technic
Morris	Kerry	Deputy Ward Leader	Nursing and Midwifery Registered
Morrison	Delrose	Department Leader	Nursing and Midwifery Registered
Mose	Kristell	Specialty Doctor	Medical and Dental
Moss	Michelle	ENT Nurse Specialist	Nursing and Midwifery Registered
Mossop	Keeley	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Mubashir	Fauzia	Consultant	Medical and Dental
Mukhtar	Muhammad	Consultant	Medical and Dental
Mulliss	Robert	Senior Biomedical Scientist	Healthcare Scientists
Munatsi	Shereen	Consultant	Medical and Dental
Munir	Mubashar	Specialty Doctor	Medical and Dental
Munks	Jane	Ward Leader	Nursing and Midwifery Registered
Munson	Terri-Ann	Booking Manager	Administrative and Clerical
Muntean	Brindusa	Specialty Doctor	Medical and Dental
Muraleedharan	Vakkat	Consultant	Medical and Dental
Murphy	Andrea	Macmillan Cancer Information and Support Service Lead	Administrative and Clerical
Musson	Samantha	Therapy Servs Operational Manager	Allied Health Professionals
Muthukumar	Babyshalini	Foundation Year 3 Doctor	Medical and Dental
Mwenya	Mwate	Specialist Clinical Pharmacist	Add Prof Scientific and Technic
Myers	Robyn	Specialist Nurse - Dermatology	Nursing and Midwifery Registered
Nama Kodhandram	Anushka	Specialty Doctor	Medical and Dental
Nanthambwe	Ruth	Spialist Midwife - Advocate & Perinatal Pastoral Supprt for	Nursing and Midwifery Registered
Naser	Mohamed	Consultant	Medical and Dental
Nassif	Yasar	Specialty Doctor	Medical and Dental
Natarajan	Manjunath	Specialty Doctor	Medical and Dental
Nawaz	Mohammed Shoaib	Locum Consultant (P)	Medical and Dental
Nettleship	Hayley	Registered Nurse	Nursing and Midwifery Registered
Newman	Hannah	Senior Occupational Therapist	Allied Health Professionals
Newton	Jessica	Deputy Matron	Nursing and Midwifery Registered
Newton	Nigel	Integra Team Leader	Administrative and Clerical
Ng	Yang	Specialty Registrar - Year 5	Medical and Dental
Ngwu	Ursula	Consultant	Medical and Dental
Nigam	Keshav	Consultant	Medical and Dental
Nilan	Melissa	Radiology Clerical Services Manager	Administrative and Clerical
Nix	Dawn	Chief Clinical Physiologist	Healthcare Scientists
Nixon	Lisa	Safeguarding Lead & Names Nurse - Children & Young People	Administrative and Clerical
Nnaike	Obiora	Senior Clinical Fellow	Medical and Dental
Noor	Qudisayah	Clinical Pharmacist	Add Prof Scientific and Technic
Norman	Roz	Staff Side Chair/Partnership Lead	Administrative and Clerical
North	Tracey	Project Manager	Administrative and Clerical
Ntlatleng	Kgothatso	Speech and Language Therapist	Allied Health Professionals
Nuttall	Kathryn	Matron	Nursing and Midwifery Registered
Oakes	Matthew	Head of Information Services	Administrative and Clerical
Odubiyi-Felix	Julie	Buying Team Manager	Administrative and Clerical
Odukale-Okuneye	Abosede	Specialty Doctor	Medical and Dental
Oghuvwu	Sunday	Specialist	Medical and Dental
Ohadike-Shepherd	Corah	Consultant	Medical and Dental
Okafor	Oluebube	Junior Doctor	Medical and Dental
Okeke	Cletus	Specialty Doctor	Medical and Dental
Okwuchi	Dumebi	Specialty Doctor	Medical and Dental
Oliver	Lydia	Consultant Paediatrician	Medical and Dental

Olukinni	Olumide	Specialist	Medical and Dental
Omololu	Ayanfe	Senior Clinical Fellow	Medical and Dental
Onyekwere	Blaise	Specialty Doctor	Medical and Dental
Orgill	Lee	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Osbon	Carly	High Volume Service Users Specialist Nurse Lead	Nursing and Midwifery Registered
Overland	Amanda	Registered Nurse	Nursing and Midwifery Registered
Overton	Jonathan	IDAT Team Leader	Nursing and Midwifery Registered
Owen	Samantha	Assistant General Manager	Administrative and Clerical
Oxley	Gabriella	Registered Nurse	Nursing and Midwifery Registered
Oyedirán	Oyetokunbo Abayomi	Income & Contracts Manager	Administrative and Clerical
Padmanabhan	Preetha	Specialty Doctor	Medical and Dental
Palissery	Raju	Specialty Doctor	Medical and Dental
Palmer	Lorraine	Acting Programme Director	Administrative and Clerical
Palmer	Thomas	Assistant Management Accountant	Administrative and Clerical
Pana	Mirela	Consultant	Medical and Dental
Parker	Jamie	Buyer	Administrative and Clerical
Parkes	Stephen	Data & Information Manager	Administrative and Clerical
Parkes	Robyn	Ward Leader	Nursing and Midwifery Registered
Parkinson	Joshua	Advanced Physiotherapist Practitioner	Allied Health Professionals
Parkinson	Elaine	Specialist Nurse - Dermatology	Nursing and Midwifery Registered
Parnell	Rebecca	Specialist Pharmacist - Undergrad Med Stud't Teaching	Add Prof Scientific and Technic
Parnham	Laura	Practice Development Matron	Nursing and Midwifery Registered
Parnham	Samantha	Information and Insights Manager	Administrative and Clerical
Parsons	Diane	Deputy Ward Leader	Nursing and Midwifery Registered
Parsons	Jenna	Nutritional Nurse Specialist	Nursing and Midwifery Registered
Partridge	Jane	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Pashley-Smith	Jonathan	Consultant	Medical and Dental
Patange Subba Rao	Sheethal	Consultant	Medical and Dental
Patel	Sachin	RIS/PACS Manager	Administrative and Clerical
Patel	Awani	Consultant	Medical and Dental
Patel	Tianna	Deputy Divisional Lead Pharmacist	Add Prof Scientific and Technic
Patil	Monish	Specialty Doctor	Medical and Dental
Patterson	Jane	Consultant	Medical and Dental
Paul	Tilly	Maternity Ward Sister	Nursing and Midwifery Registered
Pearce	James	Lead Radiographer - Nuclear Medicine	Allied Health Professionals
Pearson	Alison	People Equality and Inclusion Lead	Administrative and Clerical
Pearson	Megan	Trainee Advanced Practitioner	Nursing and Midwifery Registered
Pearson	Amanda	Medical Secretary	Administrative and Clerical
Pearson	Charlotte	Senior Physiotherapist	Allied Health Professionals
Peart-Roddiss	Lauren	Endoscopy Services Manager	Administrative and Clerical
Peddireddy	Jyothi	Specialty Doctor	Medical and Dental
Pembleton	Caroline	Consultant	Medical and Dental
Peternev	Ardaine Ann	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Peycke	Jennifer	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Philip	Sapna	Consultant	Medical and Dental
Phillips	Charlette	Lead Nurse - Quality, Safety and Improvement	Nursing and Midwifery Registered
Pidduck	Sonia	Midwifery Practitioner	Nursing and Midwifery Registered
Pinjala	Muni	Locum Consultant	Medical and Dental
Pinnick	Peter	Department Leader (ODP)	Allied Health Professionals
Pirmahomed	Maariya	Associate Audiologist	Additional Clinical Services
Plant	Jennifer	Specialty General Manager	Administrative and Clerical
Platts	Frances	Associate Clinical Lead	Allied Health Professionals
Pleasance	Ian	Specialist Advanced Audiologist	Healthcare Scientists
Podgorzec	Kirsty	Radiography Clinical Educator	Allied Health Professionals
Poisman	Natalie	Community Team Leader	Nursing and Midwifery Registered
Potter	David	Project Manager	Administrative and Clerical
Potter	Ann	Nurse Specialist Osteoporosis	Nursing and Midwifery Registered
Potts	Natalie	Midwifery Practitioner	Nursing and Midwifery Registered
Powell	Michael	Head of Financial Services	Administrative and Clerical
Prabu	Bhama	Associate Specialist	Medical and Dental
Press	Michael	Chief Technical Officer	Administrative and Clerical
Preudhomme	Daryl	Mass Vaccination General Support Role	Administrative and Clerical
Price	David	Estates Operations Officer	Administrative and Clerical
Pugh	Laura	Consultant	Medical and Dental
Purohit	Prashant	Consultant	Medical and Dental
Puthu	Devanand	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Pycroft	Thomas	Divisional Finance Manager	Administrative and Clerical
Qazi	Sumera	Specialty Doctor	Medical and Dental
Quiben	Ramon Jr	Trainee ACP	Nursing and Midwifery Registered
Radford	Kayleigh	Technician Team Leader - Safety and Governance	Add Prof Scientific and Technic
Radford	Grace	Patient Experience Manager	Administrative and Clerical
Rafiuldeen	Raiyees	Specialty Doctor	Medical and Dental
Ragsdale	Keeley	Ward Leader	Nursing and Midwifery Registered
Rahman	Haseeb	Income & Contracting Accountant	Administrative and Clerical
Rahn	Lisa	Breast Care Nurse Specialist	Nursing and Midwifery Registered
Raisbeck	Kelly	Registered Nurse	Nursing and Midwifery Registered
Rajapakshe	Rajapakshe Gedara	Specialty Doctor	Medical and Dental
Rajeswary	Jyothi	Consultant	Medical and Dental
Ramsay	Kerri	Consultant	Medical and Dental
Ramsdale	Carolyn	Screening Co-ordinator (Ante Natal/New Born)	Nursing and Midwifery Registered
Ramsden	Louise	Consultant	Medical and Dental
Ramsewak	Kalawatee	Deputy Medical Education & Quality Manager	Administrative and Clerical

Randall	Amanda	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Randall	Sarah	Chief Clinical Physiologist/Vasc Technologist/Sonographer	Healthcare Scientists
Rashid	Anila	Specialty Doctor	Medical and Dental
Rashid	Aly	Non Executive Director	Administrative and Clerical
Raza	Kasam	Trainee Sonographer	Allied Health Professionals
Read	Jacqueline	Head of People Partnering	Administrative and Clerical
Ready	Steven	Specialty Doctor	Medical and Dental
Rees	Sonja	Specialty Doctor	Medical and Dental
Reeves	Grant	Higher Specialist BMS - Histopathology Quality Officer	Healthcare Scientists
Rehan	Jahan	Consultant	Medical and Dental
Revill	Jayne	Matron	Nursing and Midwifery Registered
Rhodes	Simon	Consultant	Medical and Dental
Richards	Paul	Cyber Security Manager	Administrative and Clerical
Richardson	Michelle	Deputy Lead Cancer Nurse	Nursing and Midwifery Registered
Richardson	Anne	Consultant	Medical and Dental
Rigby	Joshua	Senior Physiotherapist	Allied Health Professionals
Riviere	Kimberley	Breast Care Nurse Specialist	Nursing and Midwifery Registered
Robbins	Karen	Registered Nurse	Nursing and Midwifery Registered
Roberts	Helen	Consultant	Medical and Dental
Robertson	Douglas	EPR Programme Management Office Lead	Administrative and Clerical
Robinson	Courtney	Diabetes Specialist Dietitian	Allied Health Professionals
Robinson	Wayne	Registered Nurse	Nursing and Midwifery Registered
Robinson	Charlene	Trainee Advanced Clinical Practitioner	Nursing and Midwifery Registered
Robinson	Caroline	Department Leader (ODP)	Allied Health Professionals
Robinson	Georgina	Information Security Officer	Administrative and Clerical
Robinson	Alexander	Registered Nurse	Nursing and Midwifery Registered
Robinson	Laura	Clinical Lead Dietitian	Allied Health Professionals
Roddy	Rosaleen	Matron	Nursing and Midwifery Registered
Rogers	Lisa	Chief Clinical Physiologist	Healthcare Scientists
Rollinson	Carly	Associate Corporate Director of Nursing	Nursing and Midwifery Registered
Romanova	Victoria	Colposcopy & Hysteroscopy Nurse Consultant	Nursing and Midwifery Registered
Roscoe	Hayley	Internal Medicine Trainee Year 1	Medical and Dental
Rose	Julia	Registered Nurse	Nursing and Midwifery Registered
Rose-Britton	Andrew	Non Executive Director	Administrative and Clerical
Rudkin	Abbie	Medical Laboratory Assistant	Additional Clinical Services
Ruffle	Luke	Head of Medical Education	Administrative and Clerical
Russo	Carl	Clinical Coding Manager	Administrative and Clerical
Rutter	Stephen	Consultant	Medical and Dental
Ryan	Lucy	Assistant General Manager	Administrative and Clerical
Sadassivame	Dinesh	Specialty Doctor	Medical and Dental
Saddington	Hazel	Upper GI Nurse Specialist	Nursing and Midwifery Registered
Sadrani	Payal	Clinical Pharmacist	Add Prof Scientific and Technic
Saeed	Mohammed	Consultant (P)	Medical and Dental
Saeed	Mohamed	Specialty Registrar Year 4+	Medical and Dental
Sagmeister	Varsha	Consultant	Medical and Dental
Saha	Avinandan	Specialty Doctor	Medical and Dental
Saigal	Raveen	Clinical Scientist	Healthcare Scientists
Sales	Susannah	Management Secretary	Administrative and Clerical
Salih	Ahmad	Sonographer	Healthcare Scientists
Sallam	Tarek	Associate Specialist	Medical and Dental
Salmon	Jennifer	Specialty Registrar Year 4+	Medical and Dental
Salt	Alan John	RIS/PACS Manager	Administrative and Clerical
Samson	Ma Cristina	Specialty Doctor	Medical and Dental
Samways	Eleanor	Assistant General Manager	Administrative and Clerical
San	Su	Specialty Doctor	Medical and Dental
Sands	Rebecca	Consultant	Medical and Dental
Sankey	Joanne	Head of Payroll and Pensions Services	Administrative and Clerical
Sannapareddy	Divija	Locum Consultant (P)	Medical and Dental
Sansom	Elizabeth	Macmillan End of Life Care Lead Nurse	Nursing and Midwifery Registered
Sanusi	Mutiat	Specialty Doctor	Medical and Dental
Sarjant	Sarah	Matron	Nursing and Midwifery Registered
Savanoor	Rajesh	Specialty Doctor	Medical and Dental
Saville	Rachel	Specialty Registrar Year 4+	Medical and Dental
Saxelby	Rachel	Deputy Ward Leader	Nursing and Midwifery Registered
Saxena	Rohit	Consultant	Medical and Dental
Scarborough	Jane	Head of Digital Programmes	Administrative and Clerical
Schreuder	Maria	Consultant	Medical and Dental
Scrimshaw	Amy	Outpatient Booking Support Officer	Administrative and Clerical
Seacroft	Helen	Corporate Lead for Advanced Clinical Practice	Nursing and Midwifery Registered
Searle	Kayleigh	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Senior	Joanne	Learning Disability Specialist Nurse	Nursing and Midwifery Registered
Sentance	Molly	Student Sonographer	Healthcare Scientists
Sentance	Sarah	Head of Radiology Services	Administrative and Clerical
Seston	Helen	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Sewell	Terri-Ann	Research Nurse	Nursing and Midwifery Registered
Shabir	Mohammad	Medical Engineering Section Manager	Healthcare Scientists
Shacklock	Karen	Practice Development Matron	Nursing and Midwifery Registered
Shadab	Faisal	Locum Consultant (P)	Medical and Dental
Shafique	Natasha	Locum Consultant (P)	Medical and Dental
Sharma	Geetu	Assistant General Manager	Administrative and Clerical
Sharples	Kelly	Nurse Specialist in ASD/ADHD	Nursing and Midwifery Registered
Shaw	Julie	Community Team Leader	Nursing and Midwifery Registered

Shaw	Millie	Lead Radiographer	Allied Health Professionals
Shehata	Ahmed	Specialty Doctor	Medical and Dental
Sheldon	Jane	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Shepherd	Jennifer	Consultant	Medical and Dental
Sheppard	Hayley	Registered Nurse	Nursing and Midwifery Registered
Sheriston	Greg	Financial Information Manager	Administrative and Clerical
Shonde	Anthony	Consultant	Medical and Dental
Shore	Paula	Risk Midwife (Ext Second)	Nursing and Midwifery Registered
Short	Craig	Audit and Improvement Lead	Administrative and Clerical
Shuttleworth	Holly	Patient Experience Officer	Administrative and Clerical
Sian	Tanvir	Consultant	Medical and Dental
Siddiq	Khawaja	Locum Consultant (P)	Medical and Dental
Siddiqua	Bushra	Senior Clinical Fellow	Medical and Dental
Silva	Sandaradura	Consultant	Medical and Dental
Silvester-Horvath	Conall -Eve	Leadership and Learning Development Lead	Administrative and Clerical
Simpson	Laura	Deputy Divisional Lead Pharmacist - Surgery & Critical Care	Add Prof Scientific and Technic
Simpson	Yvonne	Associate Corporate Director of Nursing	Nursing and Midwifery Registered
Simpson	Joy	Team Leader for the Professional Training & Education Team	Nursing and Midwifery Registered
Simpson	Jackie	Registered Nurse	Nursing and Midwifery Registered
Simpson	Kirsty	Senior Occupational Therapist	Allied Health Professionals
Singhal	Natalie	Higher Specialist BMS Histopathology Advanced Dissector	Healthcare Scientists
Singla	Ritu	Consultant	Medical and Dental
Sinkaiye	Bamidele	Specialty Doctor	Medical and Dental
Sissons	Marie	Deputy Divisional Lead Nurse	Nursing and Midwifery Registered
Siyal	Anisha	Locum Consultant (P)	Medical and Dental
Skelton	Lucy	Assistant General Manager	Administrative and Clerical
Slater	Jessica	Consultant Paediatrician	Medical and Dental
Slater	Jessica	Registered Nurse	Nursing and Midwifery Registered
Sleightholme	Jordan	Specialist Biomedical Scientist	Healthcare Scientists
Sleney	Clair	Laboratory Manager	Healthcare Scientists
Smart	Jessica	Specialist Nurse	Nursing and Midwifery Registered
Smart	Philip	Specialist	Medical and Dental
Smiley	Kathleen	Matron	Nursing and Midwifery Registered
Smith	Emma	Project and Business Change Manager	Administrative and Clerical
Smith	Louise	MacMillian Colorectal Nurse Specialist	Nursing and Midwifery Registered
Smith	Julie	High Volume Service Users Specialist Nurse Lead	Nursing and Midwifery Registered
Smith	Stephen	Urology Practitioner	Nursing and Midwifery Registered
Smith	Mark	Server & Storage Manager	Administrative and Clerical
Smith	Candice	Head of Clinical Governance	Nursing and Midwifery Registered
Smith	Josephine	Data & Information Manager	Administrative and Clerical
Smith	Elaine	Quality Governance Facilitator	Administrative and Clerical
Smith	Daryll	Lung Cancer Nurse Specialist	Nursing and Midwifery Registered
Smith	Melissa	Deputy Radiographer Services Manager	Allied Health Professionals
Smith	Cheryl	Medicines Management Technician	Add Prof Scientific and Technic
Smith	Susan	Senior Radiographer	Allied Health Professionals
Smith	Ruth	Specialty Registrar - Year 4 LTFT Trainee	Medical and Dental
Smith	Christopher	Vascular Access Practitioner	Add Prof Scientific and Technic
Smith	Colleen	Health Care Support Worker	Additional Clinical Services
Smith	Tracy	Department Leader	Nursing and Midwifery Registered
Smith	Lesley	Emergency Nurse Practitioner/Senior Registered Nurse	Nursing and Midwifery Registered
Smith	Daniel	Digital Business Partner Team Manager	Administrative and Clerical
Smithson	Jade	Pneumonia Nurse Specialist	Nursing and Midwifery Registered
Somes	Mark	Laboratory Manager	Healthcare Scientists
Soni	Prateek	Specialty Doctor	Medical and Dental
Southam	Amy	Physiotherapist Team Leader	Allied Health Professionals
Southgate	Andrew	Specialist MSK Physiotherapist- Hydrotherapy Team Lead	Allied Health Professionals
Spooner	Joseph	Specialist Biomedical Scientist	Healthcare Scientists
Sprigg	Amy	Department Leader - Theatres	Nursing and Midwifery Registered
Squirrell	Rachel	Divisional People Lead	Administrative and Clerical
Srivastava	Anand	Consultant	Medical and Dental
Stammers	Kelly	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Stanley	Micaela	Microbiology Service Manager	Healthcare Scientists
Stariradev	Milen Ivanov	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Staton	Barbara	Team Leader - Hand Team	Allied Health Professionals
Staves	Louise	Specialist Nurse - Pain Management	Nursing and Midwifery Registered
Steel	Adele	Registered Nurse	Nursing and Midwifery Registered
Steel	Alison	Head of Research and Innovation	Administrative and Clerical
Steele	Jane	Team Leader	Allied Health Professionals
Stevenson	Rachel	Lead Radiographer - CT & MRI	Allied Health Professionals
Stevenson	Lynne	Clinical Coding Auditor and Team Leader	Administrative and Clerical
Stewart	Nicola	Divisional Finance Manager	Administrative and Clerical
Stewart	Ian	Specialty Doctor	Medical and Dental
Stinchcombe	Simon	Consultant	Medical and Dental
Stinchcombe	Penny	Lead Radiographer & Screening Programme Manager	Allied Health Professionals
Stone	Mark	Resilience Adviser	Administrative and Clerical
Stonehouse	Anneliese	Chief Clinical Physiologist	Healthcare Scientists
Stones	Sarah	Library and Knowledge Services Manager	Administrative and Clerical
Street	Hilary	Community Paediatric Specialist Nurse	Nursing and Midwifery Registered
Street	Karen	Therapy Servs Operational Manager	Allied Health Professionals
Street	Emma	Highly Specialist Pharmacist - Urgent & Emergency Care	Add Prof Scientific and Technic
Stringer	Susan	Head & Neck Cancer Nurse Specialist	Nursing and Midwifery Registered
Stuart	Rebecca	Assistant General Manager	Administrative and Clerical

Stuart-Charlesworth	Nick	Senior Solution Developer	Administrative and Clerical
Stubbs	Duncan	Chief Clinical Physiologist	Healthcare Scientists
Sturman	Melanie	Registered Nurse	Nursing and Midwifery Registered
Subramani	Deepak	Consultant	Medical and Dental
Subramaniam	Srinivasan	Consultant	Medical and Dental
Sukumaran	Dhanya	Specialty Doctor	Medical and Dental
Summers	Katie	Specialist Therapist/Team Lead	Allied Health Professionals
Sunny	Nisha	Ward Leader	Nursing and Midwifery Registered
Sutcliffe	Nicola	Vascular and Non-Invasive Clinical Physiologist Lead	Healthcare Scientists
Sutton	Angela	PMO - Operations Manager	Administrative and Clerical
Sutton	Timothy	Specialty Registrar Year 3+	Medical and Dental
Sweeting	Paul	Senior Solution Developer	Administrative and Clerical
Syed	Kamran	Specialty Doctor	Medical and Dental
Symcox	Theresa	Duty Nurse Manager	Nursing and Midwifery Registered
Talbot	Vicky	Deputy Ward Leader	Nursing and Midwifery Registered
Tang	Pui-Shan	Senior Information Analyst	Administrative and Clerical
Tao	Sharon	Consultant	Medical and Dental
Taphouse	Joanna	Head of RTT	Administrative and Clerical
Taylor	Sarah	Ward Leader	Nursing and Midwifery Registered
Taylor	John	Senior BI Developer	Administrative and Clerical
Taylor	Jayne	Registered Nurse	Nursing and Midwifery Registered
Taylor	Jacqueline	Director of NHS	Administrative and Clerical
Taylor	Andrew	Management & Planning Accountant	Administrative and Clerical
Taylor	Jane	Business Intelligence Analyst	Administrative and Clerical
Taylor	Sheila	Ophthalmic Nurse Specialist	Nursing and Midwifery Registered
Taylor	Emily	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Taylor	Sally	Health Care Support Worker	Additional Clinical Services
Taylor Mesa	Danna	Reporting Radiographer	Allied Health Professionals
Tekle	Solomon	Consultant	Medical and Dental
Temple	Suzanne	Senior Physiotherapist	Allied Health Professionals
Tennegedara	Asanka	Specialty Doctor	Medical and Dental
Terry	Anna	Sonographer	Allied Health Professionals
Thanigasalam	Morgan	Operating Department Practitioner	Add Prof Scientific and Technic
Thant	Moe	Specialist	Medical and Dental
Theaker	Kay	Head of Decontamination	Administrative and Clerical
Thodhlana	Liberty	Safeguarding Practitioner - Think Family Safeguarding	Administrative and Clerical
Thomas	William	Senior Business Insight Analyst	Administrative and Clerical
Thomas	Laura-Lee	Rotational Midwife	Nursing and Midwifery Registered
Thomas	Aron	Specialty Doctor	Medical and Dental
Thompson	Debbie	Admissions/Discharge Facilitator	Nursing and Midwifery Registered
Thompson-Butler	Kerry	Senior Registered Nurse	Nursing and Midwifery Registered
Thomson	Deborah	Hospital Out of Hours Practitioner	Nursing and Midwifery Registered
Thomson	Michael	Registered Nurse	Nursing and Midwifery Registered
Thomson	Maria	Trainee ACP	Nursing and Midwifery Registered
Thornley	Joanne	Community Involvement Manager	Administrative and Clerical
Thorpe	Linda	Trauma and Orthopaedic Nurse Specialist	Nursing and Midwifery Registered
Thurman	Simon	Deputy Divisional General Manager	Administrative and Clerical
Thwaites	James	Advanced Clinical Practitioner	Allied Health Professionals
Tibbs	Gary	Estates Operations Officer	Administrative and Clerical
Tideswell	Sarah	Quality Governance Facilitator	Nursing and Midwifery Registered
Tilbrook	Vicky	Specialist Nurse	Nursing and Midwifery Registered
Tindall	Penelope	Lead Cancer Nurse	Nursing and Midwifery Registered
Tinney	Jessica	Assistant Digital Business Partner	Administrative and Clerical
To	Dong Quang	Clinical Pharmacist	Add Prof Scientific and Technic
Tomlinson	Leonie	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Toplis	Sarah	Pharmacist	Add Prof Scientific and Technic
Toplis	Mandy	Deputy Divisional Director of Nursing	Nursing and Midwifery Registered
Toth	Jozsef	Specialty Doctor	Medical and Dental
Townsend	Katie	Dietetics - Advanced Clinical Practitioner	Allied Health Professionals
Truswell	Robert	Strategic Head of Procurement	Administrative and Clerical
Tsirevelou	Paraskevi	Consultant	Medical and Dental
Tucker	Kirsti	Registered Nurse	Nursing and Midwifery Registered
Turner	Zoe	Ward Leader	Nursing and Midwifery Registered
Turner	Helena	Ward Leader	Nursing and Midwifery Registered
Turner	Sharon	Rheumatology Specialist Nurse	Nursing and Midwifery Registered
Turner	Jessica	Duty Nurse Manager	Nursing and Midwifery Registered
Tyler	Samantha	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Ul Islam	Shahzad	Specialty Registrar Core Trainee (ACCS)	Medical and Dental
Ulikova	Slavka	Specialist	Medical and Dental
Unwin	Nikki	Digital Business Support Officer	Administrative and Clerical
Upton	Stephen	Senior Operations Manager	Administrative and Clerical
Usmani	Hassam	Senior Clinical Fellow	Medical and Dental
Uwagboe	Omoruyi Ayodeji	Specialty Doctor	Medical and Dental
Vardy	Rachel	Divisional People Lead	Administrative and Clerical
Varley	Jacqueline	Pathology Quality Manager	Healthcare Scientists
Varley	Elaine	Head of Elective Recovery	Administrative and Clerical
Varley	Elizabeth	Senior Physiotherapist	Allied Health Professionals
Verma	Poonam	Specialty Doctor	Medical and Dental
Vickers	Adam	Matron	Nursing and Midwifery Registered
Villatoro	Eduardo	Consultant	Medical and Dental
Vindla	Srinivas	Consultant	Medical and Dental
Viswanathan	Vaisakh	Specialty Doctor	Medical and Dental

Vithanage	Bandara	Locum Consultant (P)	Medical and Dental
Vo	Quoc Anh	Advanced Clinical Practitioner	Allied Health Professionals
Vyas	Abhishek	Acting Consultant	Medical and Dental
Waheed	Mohammad	Specialty Doctor	Medical and Dental
Waite	Claire	Clinical Integration Manager	Administrative and Clerical
Wake	Matthew	BI Development Manager	Administrative and Clerical
Wakefield	Natalie	Specialist Advanced Audiologist	Healthcare Scientists
Walker	Lisa	Deputy Divisional General Manager	Administrative and Clerical
Walker	Helen	Senior Registered Nurse	Nursing and Midwifery Registered
Wallace	Paris	Ward Leader	Nursing and Midwifery Registered
Wallace	Amy	Duty Nurse Manager	Nursing and Midwifery Registered
Wallace	Sheena	Specialty Doctor	Medical and Dental
Walpole	Hannah	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Walters	Rosie	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Walton	Ashley	Trainee ACP	Nursing and Midwifery Registered
Ward	Chloe	Operations Manager	Administrative and Clerical
Ward	Sophie	Deputy Ward Leader	Nursing and Midwifery Registered
Ward	Lesley	Practice Development Matron	Nursing and Midwifery Registered
Ward	Natalie	Advanced Practitioner	Allied Health Professionals
Ward	Anne	Deputy Clinical Coding Manager	Administrative and Clerical
Ward	Karen	Diabetes Specialist Nurse	Nursing and Midwifery Registered
Ward	Jodie	Health Care Support Worker	Additional Clinical Services
Ward	Rhianne	Specialist Midwife for Diabetes	Nursing and Midwifery Registered
Ward	Lauren	Emergency Planning & Business Continuity Officer	Administrative and Clerical
Ware	Alice	Labour Ward Co-ordinator	Nursing and Midwifery Registered
Waring	Neil	Project and Business Change Manager	Administrative and Clerical
Warren	Natalie	Duty Nurse Manager	Nursing and Midwifery Registered
Warren	Rebecca	Breast Care Nurse Specialist	Nursing and Midwifery Registered
Warren	Julian	Consultant	Medical and Dental
Warren	Kirsty	Vascular Access Clinical Nurse Specialist	Nursing and Midwifery Registered
Warrilow	Matthew	Divisional General Manager	Administrative and Clerical
Waterhouse	Jessica	Clinical Supervisor - Immunisation	Nursing and Midwifery Registered
Watson	William	Senior Physiotherapist	Allied Health Professionals
Watson	Charlotte	Trainee Sonographer	Allied Health Professionals
Weaver	Kaye	Community Team Leader	Nursing and Midwifery Registered
Webster	Rachel	Registered Nurse	Nursing and Midwifery Registered
Webster	Laura	Midwife	Nursing and Midwifery Registered
Wells	Lucy	Registered Nurse	Nursing and Midwifery Registered
Welsh	Rebecca	Midwifery Practitioner	Nursing and Midwifery Registered
West	Hannah	Ward Leader	Nursing and Midwifery Registered
West	Carmel	Lead Medical Examiner Officer & Bereavement Manager	Administrative and Clerical
Westwell	Helen	Department Leader	Nursing and Midwifery Registered
Wharmby	Denise	Deputy Divisional Director of Nursing	Nursing and Midwifery Registered
Wharton	Gemma	Senior Pharmacy Technician (Education & Training)	Add Prof Scientific and Technic
Whetstone	Mary	Clinical Business Analyst	Administrative and Clerical
White	Julie	Decontamination Services Manager	Administrative and Clerical
White	Clair	Head of Procurement	Administrative and Clerical
Whitehead	Stephen	Agency Contracts, Systems and Compliance Manager	Administrative and Clerical
Whitehead	Joanne	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Whitehead	Lucy	Highly Specialist Speech & Language Therapist	Allied Health Professionals
Whitford	Hazel	Macmillan End of Life Care Clinical Nurse Specialist	Nursing and Midwifery Registered
Whitney	Michelle	Histopathology Biomedical Scientific Supervisor	Healthcare Scientists
Whittlestone	Sally	Associate Director of Nursing Patient Experience/Complaints	Nursing and Midwifery Registered
Whysall	Kimberley	Respiratory Nurse Specialist	Nursing and Midwifery Registered
Wickremasinghe	Indumini	Specialty Doctor	Medical and Dental
Widdowson	Jacqueline	Head of Data Security and Privacy	Administrative and Clerical
Wigglesworth	Katy	Reporting Radiographer	Allied Health Professionals
Wight	Nicholas	Consultant	Medical and Dental
Wijayasingam	Giridharan	Locum Consultant (P)	Medical and Dental
Wijeyawardena	Kotawila Withanage Supun	Specialty Doctor	Medical and Dental
Wile	Alyson	Outreach Physiotherapist	Allied Health Professionals
Wilkinson	Neil	Risk & Assurance Manager	Administrative and Clerical
Wilkinson	Clare	Consultant	Medical and Dental
Wilkinson	Andrea	Department Leader	Nursing and Midwifery Registered
Willcox	Romy	Specialist Midwife Perinatal Mental Health Substance Misuse	Nursing and Midwifery Registered
Willey	Caroline	Senior Occupational Therapist	Allied Health Professionals
Williams	Christopher	Senior Physiotherapist	Allied Health Professionals
Williams	Megan	Corporate Matron	Nursing and Midwifery Registered
Williams	Patience	Sonographer	Nursing and Midwifery Registered
Williams	Beverley	Cardiac Rehab Specialist Nurse	Nursing and Midwifery Registered
Williams	Rachel	Paediatric Diabetes Nurse Specialist	Nursing and Midwifery Registered
Williams	Nicola	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Williams	Kristoffer	Speciality Doctor	Medical and Dental
Wilson	Emma	Matron	Nursing and Midwifery Registered
Wilson	Rebecca	Highly Specialist Speech & Language Therapist	Allied Health Professionals
Wilson	Christopher	Operational Performance Manager	Administrative and Clerical
Wood	Julie	Cardiac Rehab Specialist Nurse	Nursing and Midwifery Registered
Wood	Hayley	Critical Care Outreach Nurse	Nursing and Midwifery Registered
Wood	Victoria	Chief Clinical Physiologist	Healthcare Scientists
Wood	Louise	Tissue Viability Nurse Specialist	Nursing and Midwifery Registered
Woodhead	Jill	Consultant	Medical and Dental
Woodhouse	Amanda	Hospital Out of Hours Practitioner	Nursing and Midwifery Registered



Woodward	Simon	PMO Senior Insights Analyst	Administrative and Clerical
Wooltorton	Andrea	Specialist Nurse	Nursing and Midwifery Registered
Worboys	Tina	Moving and Handling Co-ordinator	Nursing and Midwifery Registered
Worrall	Olivia	Senior People Development Trainer	Administrative and Clerical
Wray	Diane	Falls Prevention Practitioner	Nursing and Midwifery Registered
Wren	Joanne	Blood Transfusion Manager	Healthcare Scientists
Wright	Joanne	Divisional General Manager	Administrative and Clerical
Wright	Katharine	Therapy Servs Operational Manager	Allied Health Professionals
Wright	Tina	Department Leader	Nursing and Midwifery Registered
Wright	Kelvin	Specialist	Medical and Dental
Wright	Nicola	Midwife	Nursing and Midwifery Registered
Wright	Stephen	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Wyatt	Justin	Virtual Ward Leader	Nursing and Midwifery Registered
Wynter	Inez	Research Nurse	Nursing and Midwifery Registered
Xavier	Solly	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Yanney	Michael	Consultant	Medical and Dental
Yates	Joanne	Department Leader	Nursing and Midwifery Registered
Young	Rachel	Clinical Governance Co-ordinator	Nursing and Midwifery Registered
Younger	Holly	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Yousef	Pierce	Locum Consultant (P)	Medical and Dental
Zewdu	Abeselom	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental

Register of Interest (2024 - 2025) as of 24th March 2025

Date From	Date To	Last Name	First Name	Position Name	Type of Benefit	Company Name	Benefit Details	Value
2024 / 2025	2024 / 2025	Kurian	Jomy	Consultant	Clinical Private Practice	No benefits or gifts.	I do private practice on Mondays which is job planned. At Park hospital and Woodthorpe hospital. No conflict of interest. Job planned.	BMI the park hospital on monday mornings and Woodthorpe hospital monday afternoon twice a month.
2024 / 2025	2024 / 2025	Desai	Vikram		Clinical Private Practice	BMI The Park Hospital	In my non NHS time on Friday and Saturday	N/A
2024 / 2025	2024 / 2025	Vanjari	Jayant	Consultant	Clinical Private Practice	Heart Lung Health Ltd	Insured Low dose lung cancer screening CT chest reporting outside NHS commitment.	N/A
2024 / 2025	2024 / 2025	Anthony	Deborah	Specialist Clinical Lead for Ortho Inpatients & Outpatients	Clinical Private Practice	The Nottingham Road Clinic	Self pay private patients and patients from private healthcare companies.	N/A
2024 / 2025	2024 / 2025	John	Joby		Clinical Private Practice	BMI Park Hospital	list and clinic	NA
2024 / 2025	2024 / 2025	John	Joby		Clinical Private Practice	Onehealth	clinic & list	na
2024 / 2025	2024 / 2025	John	Joby		Clinical Private Practice	Woodthorpe Hospital	list adhoc clinic every week	na
2024 / 2025	2024 / 2025	John	Joby		Clinical Private Practice	premex & Mobile doctors	Medicolegal reporting for personal injuries	na
2024 / 2025	2024 / 2025	Sharma	Priyanka	Consultant	Clinical Private Practice	British Medical Expert	Shareholder of the company dealing with expert witness statement.	N/A

2024 / 2025	2024 / 2025	Laiyemo	Raphael	Consultant	Clinical Private Practice	YMS	do occasional insourcing on adhoc basis only when on annual leave or weekends off.	N/A
2024 / 2025	2024 / 2025	Srinivasan	Sreebala	Consultant	Clinical Private Practice	Circle health, Park hospital	These sessions are recorded in my Job plan as Private days / Non working days	varies
2024 / 2025	2024 / 2025	Srinivasan	Sreebala	Consultant	Clinical Private Practice	Insourcing	This has not happened for the last 2 years	varies
2024 / 2025	2024 / 2025	Chidambaram	Alagappan	Consultant	Clinical Private Practice	AC ENT SERVICES LIMITED	I continue to do Clinical Private Practice at The Park Hospital in Nottingham. My private practice mirror my NHS practice. It doesn't impact my NHS duties and responsibilities. This is included in my annual job plan.	N/A
2024 / 2025	2024 / 2025	Hyde	Victoria	Sonographer	Clinical Private Practice	Globe Locums	Locum Sonographer	NA
2024 / 2025	2024 / 2025	Thompson	Owain	Consultant	Clinical Private Practice	OCJT Anaesthesia Services Ltd.	Anaesthesia in independent sector	N/A

2024 / 2025	2024 / 2025	Burrows	Helen	Team Leader for Rheumatology	Clinical Private Practice	The Physio Office	One evening per month, private practice offering Ortho/msk therapy. Previous area of interest Rheumatology- no conflict. I now work in operational management.	0
2024 / 2025	2024 / 2025	Morgan	George	Consultant	Clinical Private Practice	Morgan Gynaecology Ltd.	I stated Private Practice at the Woodthorpe Hospital, Nottingham on 30/03/2024 For now, I do a clinic every other Tuesday morning.	No compulsory.
2024 / 2025	2024 / 2025	Veemarajan	Balasubramanian	Consultant	Clinical Private Practice	None	Private practice through a limited company in which I am one of the directors. to Private practice through a limited company in which I am one of the directors and practising at Woodthorpe, Park, Spire hospitals and communit	None

2024 / 2025	2024 / 2025	Paul	Pulak	Consultant	Clinical Private Practice	PMeeta Ltd	Work at Park Hospital & Spire Nottingham Hospital as consultant Anaesthesia & Critical care through Partnership and my Limited company "PMeeta Ltd.	N/A
2024 / 2025	2024 / 2025	Bhojwani	Ashok	Consultant	Clinical Private Practice	Park Hospital/ Nottingham Road Clinic	Do Private Practice( See NHS and Private patients) at Park Hospital and Nottingham Road clinic on Thursday ( 1st week : 2 to 6 pm ). Week 2 :Thursday 6 to 8 pm, clinics. Do ad hoc operating sessions for the trust patients at Park Hospital.	N/A
2024 / 2025	2024 / 2025	Bhojwani	Ashok	Consultant	Clinical Private Practice	Rosewood PCN c/o Primary Integrated community services limited	Do Private Practice( See NHS and Private patients) at Park Hospital and Nottingham Road clinic on Thursday ( 1st week : 2 to 6 pm ). Week 2 :Thursday 6 to 8 pm, clinics. Do ad hoc operating sessions for the trust patients at Park Hospital.	N/A

2024 / 2025	2024 / 2025	Bhojwani	Ashok	Consultant	Clinical Private Practice	Lincoln Primary care	will do additional sessions for Vasectomy under LA for Lincoln primary care (from my company Nottinghamshire Urology limited)	N/A
2024 / 2025	2024 / 2025	Blacknall	James	Extended Scope Practitioner	Clinical Private Practice	farnsfield physiotherapy clinic	I do a small amount of physiotherapy private practice work for non-NHS patients. These amounts to about 1 hour per week.	n/a
2024 / 2025	2024 / 2025	Duffy	John	Lead Optometrist - Retinopathy Screening Programme	Clinical Private Practice	East Midlands Medical Services Ltd	Director and shareholder EMMS Healthcare Ltd, providing community NHS commissioned eye care services	NA
2024 / 2025	2024 / 2025	Tilbrook	Sean	Specialised Physiologist	Clinical Private Practice	DVLA	I complete forms on behalf of the DVLA regarding patients fitness to drive. These forms are completed in my own time and I am compensated on a per form basis by direct payment from the DVLA to my trust salary,N/A	N/A

2024 / 2025	2024 / 2025	Tilbrook	Sean	Specialised Physiologist	Clinical Private Practice	occupatio nal health departme nts and / or insurance companie s	I am from time to time approache d by various external entities (occupatio nal health departme nts and / or insurance companie s) to provide medical reports for patients under the care of my NHS sleep clinic. I prepare these reports in	N/A
2024 / 2025	2024 / 2025	Bahl	Remy	Consultant	Clinical Private Practice	I do private work through a Limited Company-- Remy Bahl Ltd. In the long term the Company plans to address the matter of Expert Reports for various healthcare situations and settings.	I work with Leeds Communit y Health NHS Trust doing On call clinical work in secure and detained settings. I do medical assessme nts, medical prescribin g, and review of difficult cases where the Nurses, ANPS's and other	30000 to 50000
2024 / 2025	2024 / 2025	Gale	Michael	Consultant	Clinical Private Practice	Ramsay Healthcar e	I see NHS C&B, and private, patients on alternate Thursdays at the Nottingha m Woodthor pe Hospital. 2 Sessions per day.	n/a
2024 / 2025	2024 / 2025	Fazal	Iftikhar	Consultant	Clinical Private Practice	Nottingha m Road Clinic	Ad hoc private practice at Nottingha m Road Clinic, Mansfield	N/A

2024 / 2025	2024 / 2025	Fazal	Iftikhar	Consultant	Clinical Private Practice	Spire Nottingham Hospital	Private practice at Spire Nottingham Hospital	N/A
2024 / 2025	2024 / 2025	Fazal	Iftikhar	Consultant	Clinical Private Practice	BMI The Park Hospital	Private practice at BMI Park Hospital, Arnold, Nottingham	N/A
2024 / 2025	2024 / 2025	Narra	Srikant	Consultant	Clinical Private Practice	N/A	I am registered with various private hospitals and organisations. These include BMI the Park, Nottingham Woodthorpe, Spire and Glanso. I provide these services through an intermediary, although my provision	N/A
2024 / 2025	2024 / 2025	Smith	Amber	Senior Physiotherapist	Clinical Private Practice	AMS Physio Massage and Wellbeing Services	Amber Smith Role in Organisation - Senior Physiotherapist Part time Self-Employed Private Predominantly Sports Massage Therapy / Physiotherapy Located in Newark Nottinghamshire - working from home and mobile	N/A



2024 / 2025	2024 / 2025	Reza	Mostafa	Bank Higher Specialty Trainee and SAS Rota	Clinical Private Practice	Jackson and Rigby Dental Practice, Mansfield	I work in a Dental Practice in Mansfield on sessional basis Monday and Wednesday PM and some Saturdays Details of practice : Jackson and Rigby Dental Practice, Mansfield	N/A
2024 / 2025	2024 / 2025	Jagdale	Ranjeet	Consultant	Clinical Private Practice	Lung health check	I undertake Telereporting for a private company outside my routine NHS working hours.	N/A
2024 / 2025	2024 / 2025	Milligan	Lisa	Consultant	Clinical Private Practice	Variable - private practice	Small amount of Private Practice at The Park Hospital, Nottingham. Approximately one half-day per month in own time (Saturdays or Tuesday or Friday mornings)	N/A
2024 / 2025	2024 / 2025	Thomas	James	Deputy Medical Director	Clinical Private Practice	Spire Hospital Tollerton	Spire Hospital Nottingham, once weekly	N?A
2024 / 2025	2024 / 2025	Haydock	Catharine	Senior Physiotherapist	Clinical Private Practice	Southwell Physiotherapy and Sports Injury Clinic	Treat patients as required on ad hoc basis	N/A

2024 / 2025	2024 / 2025	Salem-Saqer	Hatem	Consultant	Clinical Private Practice	N/A	I work at Spire Hospital, Nottingham outside of working hours and commitments with Kings Mill hospital	N/A
2024 / 2025	2024 / 2025	Nasr	Mohamed	Consultant	Clinical Private Practice	East Midland Radiology Consortium AKA EMRAD	Insourcing reporting for EMRAD radiologists employed by one of the Trusts in the emrad consortium who provide a remote reporting service for their Trust or on behalf of another emrad Trust.	Payment According to contract
2024 / 2025	2024 / 2025	Nasr	Mohamed	Consultant	Clinical Private Practice	Teleradiology private company	Reporting for Teleradiology company outside NHS working hours	variable
2024 / 2025	2024 / 2025	Clark	Andrew	Senior Physiotherapist	Clinical Private Practice	Andy Clark Physiotherapy Limited	Andy Clark is the sole Physiotherapist for this organisation, working 3 days per week, treating private patients with Musculoskeletal disorders in a clinical setting.	N/A
2024 / 2025	2024 / 2025	Bidwai	Amit		Clinical Private Practice	na	Private Medical Services provided for BMI healthcare	na

2024 / 2025	2024 / 2025	Anantharamakrishnan	Krishnan	Consultant	Clinical Private Practice	Nottingham Ramsay Woodthorpe Hospital	Nottingham Ramsay Woodthorpe Hospitals - Consultant Urological Surgeon - Attends outpatient clinics, Conduct theatres, for both Choose and Book patients and private patients - Practice on Mondays and Fridays only -	N/A
2024 / 2025	2024 / 2025	Elsahn	Ahmad	Consultant	Clinical Private Practice	The Park Hospital	I'm registered with The Park Hospital to start seeing patients soon but have not started yet	N/A
2024 / 2025	2024 / 2025	Kulkarni	Sushrut	Consultant	Clinical Private Practice	Park Hospital	Work in Park Hospital	N/A
2024 / 2025	2024 / 2025	Kulkarni	Sushrut	Consultant	Clinical Private Practice	Nottingham Woodthorpe Hospital	Work in Nottingham Woodthorpe Hospital	n/A
2024 / 2025	2024 / 2025	Ahmad	Naeem	Consultant	Clinical Private Practice	I have not received any benefit from anyone. I get cases from Carter Brown, and Stream Line Forensic companies. They also collect my fee for the cases they give me. Medserv also collects my fee.	Work as Expert Witness for Courts and see patients privately. Expert witness work involves cases relating to safeguarding, ASD, ADHD and develop mental delay. I get some cases from Carter Brown, and Stream Line	N/A

2024 / 2025	2024 / 2025	Khan	Asif	Consultant	Clinical Private Practice	DVLA	DVLA ad hoc request for fitness to drive for Trust's cardiology patient.	220Â£
2024 / 2025	2024 / 2025	Fazal	Iftikhar	Consultant	Clinical Private Practice	DVLA	DVLA Fitness to Drive Assessments for SFH patients - ad hoc	N/A
2024 / 2025	2024 / 2025	Fazal	Iftikhar	Consultant	Clinical Private Practice	Insurance companies	Insurance company reports for SFH patients - ad hoc	N/A
2024 / 2025	2024 / 2025	Gill	Muhammad	Consultant	Clinical Private Practice	BMI, Nottingham road clinic, Source Bioscience, other providers	Clinical diagnostic reporting for Non-NHS private work and other providers carried out on-site, random, through the year.	N/A
2024 / 2025	2024 / 2025	Gill	Muhammad	Consultant	Clinical Private Practice	Other NHS organisations	Postmortem work with other NHS hospitals	Not Applicable
2024 / 2025	2024 / 2025	Mitra	Aveek	Consultant	Clinical Private Practice	circle health	Aveek Mitra. Private practise: sessional, outside contracted hours from NHS. 11th PA already delivering to the employer prior to consideration of this.	n/a

2024 / 2025	2024 / 2025	Harris	Matthew	Consultant	Clinical Private Practice	The Air Ambulance Service	I have been on a career break doing a fellowship with the Air Ambulance Service as a Helicopter Emergency Medical Service Doctor. This commenced in on 15 November 2023 and my 12-month fixed term contract ends on 14 November	N/A
2024 / 2025	2024 / 2025	Williams	Samantha	Team Leader - Paediatrics	Clinical Private Practice	N/A	My name is Samantha Williams. I am the Acute Paediatric Therapy Team Leader. I work as a mobile massage therapist privately. I practise this outside of my usual working hours (evenings and weekends) . I provide massage therapy for	N/A

2024 / 2025	2024 / 2025	Thomson	Julie	Consultant	Clinical Private Practice	Lancashire Eye Clinic	Julie Thomson Consultant Ophthalmologist Oculoplastic Consultant at Lancashire Eye Clinic Ad hoc during non working time First session June 2024 Not local so no conflicts with SFH role	N/A
2024 / 2025	2024 / 2025	Mahida	Nikunj	Consultant	Clinical Private Practice	Spire Hospitals	Infection Control and Microbiology advice as needed	N/A
2024 / 2025	2024 / 2025	Mahida	Nikunj	Consultant	Clinical Private Practice	Nuffield Hospitals	Microbiology advice as needed	N/A
2024 / 2025	2024 / 2025	Critchley	Samuel	Senior Physiotherapist	Clinical Private Practice	Mansfield Neuro Physio	Mansfield Neuro Physio. I deliver private Neuro physio within peoples homes.	0
01/04/2023	01/04/2025	Andrew	Julia	Specialist Midwife - Clinical Governance	Donations	See above	I have set up a Not-for-profit organisation in my home town Newark. The organisation is a support and social group for parents who wish to learn about/already using/experiencing problems with using Reusable Nappies. I have set up a nappy	n/a

11/09/2019	31/12/2024	Fleming	Robert	Specialty Doctor	Gifts & Hospitality	Association of Anaesthetists	As an elected board member, and officer at a national organisation, the "Association of Anaesthetists" I am required to attend regular meetings in London, and be faculty and present at large national and international	£1500 per year (approximately)
17/11/2022	18/11/2024	Maharajan	Prema	Bank Higher Specialty Trainee and SAS Rota	Gifts & Hospitality	ROCHE	Travel reimbursement for educational event with CPD	98
16/05/2024	17/05/2024	Tansley	John	Clinical Director for Patient Safety	Gifts & Hospitality	South West Anaesthetists Conference	I have been invited as a guest speaker at the South West Anaesthetists Conference for which they will pay travel and accommodation for one night at the venue (Saunton Sands Hotel)	Travel expenses (car) + accommodation (ca £130 for one night from venue website)

01/11/2022	30/11/2024	Boxall	Natalie	Infant Feeding Co-ordinator	Gifts & Hospitality	Unicef	Free ticket to Unicef Baby Friendly Conference as Regional Lead for National Infant Feeding Network Received online free place in Nov 2022 (?£75 value) - did not declare - apologies Received an in person ticket for free in nov 2023	£210 £75
09/04/2024	09/04/2024	Jaiswal	Amit	Consultant	Gifts & Hospitality	RCEM	Expenses - RCEM examiner	215.53
24/04/2024	24/04/2024	Freeman	Joanna	COVID Pharmacist	Gifts & Hospitality	Healthcare Conferences UK	I presented at the Nurse Prescribing Summit in Feb 24. In return, as opposed to receiving payment, they gave me a free ticket for future events. My deputy attended a virtual conference on incidents and patient safety for	to pay it would have been in excess of £300 but the ticket was free and a colleague attended
10/07/2024	10/07/2024	Henton	David	Lead Cardiac Physiologist	Gifts & Hospitality	Abbott	Accommodation and Evening meal	~ £150
10/10/2024	12/10/2024	Bidwai	Amit		Gifts & Hospitality	exactech	Planning to attend a course in 2025 for Exactech in Italy 2024 October	unknown
10/11/2023	11/05/2024	Elsahn	Ahmad	Consultant	Gifts & Hospitality	Thea	Travel and accommodation support to attend scientific meetings	250



21/11/2023	23/05/2024	Elsahn	Ahmad	Consultant	Gifts & Hospitality	Elios	Travel and accommo dation support to attend scientific meetings	400
23/04/2024	24/04/2024	Yassin	Abdallah	Bank Higher Specialty Trainee and SAS Rota	Gifts & Hospitality	HERAEUS MEDICAL UK LTD , OXFORD HOUSE , RG14 1JB	KNEE ARTHROP LASTY COURSE BY PALACAD EMEY IN 23/24TH APRIL 2024	FOR FREE
01/01/2024	31/12/2024	Gill	Muhammad	Consultant	Gifts & Hospitality	Various healthcare and education at organisati ons	I am invited speaker at various organisati ons in Pakistan and other countries 2-3 times a year which also sometime s provide hospitality	Not known
01/01/2024	31/12/2024	Gill	Muhammad	Consultant	Gifts & Hospitality	Various pharmace utical organsiati ons	I attend education al events sponsored by pharmace utical companie s which also sometime s provide hospitality	N/A
01/05/2024	01/05/2024	Whitehead	Peter	Bank Higher Specialty Trainee and SAS Rota	Gifts & Hospitality	University of Warwick	Paid travel expenses for Principle Investigato r meeting for Airways3 clinical trial.	70
01/04/2023	01/04/2024	Poduval	Ashok	Medical Director/Lead GP	Gifts & Hospitality	AstraZene ca	Hospitality meetings ( meal out )with primary care teaching session Â£40/ meeting x 3 over last 12 months	Â£40/ meet

10/07/2024	11/07/2024	Ambalkar	Shrikant		Gifts & Hospitality	Biomerieux	I have attended UK Stewardship Summit in Manchester ( 10th-11th July 25) which was organised by Biomerieux Ltd . The organisers provided hotel accommodation for 1 night ( 10th July 25) and three meals .	Approximately Â£175 in total
16/10/2024	17/10/2024	Turner	Nikki	Volunteer used for Self Service	Gifts & Hospitality	<p>           Lunch provided by PA Consulting as part of networkin g lunch on 16 and 17 October 2024         </p> <p>           Dinner . As part of the First-evening of 16 October 2024, funded by Nervecent re         </p> <p>           Accommodation for aspiring or newly appointed Board-Level CDIOs, the following         </p>	I wish to declare that I will be accepting/ have accepted the following hospitality . As part of the First-Board-Level CDIO programme, designed for	350
22/10/2024	22/10/2024	Hutchinson	Joanne	Head of EPR Applications	Gifts & Hospitality	Channel 3 Consulting	<p>           Paid for a evening meal as part of team building with EPR team and Channel 3         </p>	20

11/02/2025	12/03/2025	Hutchinson	Joanne	Head of EPR Applications	Gifts & Hospitality	Healthcare Innovation Consortium	Travel expenses and overnight hotel paid for as part of presenting at the EPR Summit on 12 February.	130
04/03/2025	05/03/2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Gifts & Hospitality	Worshipful Company of Needlemakers, City of London	Dinner and overnight accommodation	Â£100 (notional)
2024 / 2025	2024 / 2025	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Resident within Newark and Sherwood (Non Financial Professional Interest)	N/A
2024 / 2025	2024 / 2025	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Registered patient of Southwell Medical Centre (Non-Financial Professional Interest)	N/A
2024 / 2025	2024 / 2025	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Previous GP Partner - Lombard Medical Centre, Newark (Surgery within catchment of SFHT) 2004-2012	N/A
2024 / 2025	2024 / 2025	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Mansfield GP Vocational Training Scheme (VTS)-trainee and course organiser (SFHT as base hospital) 2001-2004	N/A

2024 / 2025	2024 / 2025	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Brother in Law is Plastic Surgeon (Consultant) working at Leeds Hospitals NHS Trust and also has a Private Practice. Sister is a named director of the Private Company concerned .(Family / Indirect Interest)	N/A
2024 / 2025	2024 / 2025	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Wife is a Teaching Assistant at local Secondary School (The Minster School, Southwell, Notts).	N/A
2024 / 2025	2024 / 2025	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Member- Riverside Church, Southwell, Notts	N/A
2024 / 2025	2024 / 2025	Marshall	Nigel	Consultant	Loyalty Interests	National Medical Examiner Service	Part of my role within SFHT is as a Medical Examiner- This role is seen as "independent" and covers scrutiny of deaths within the hospital and community. The ME office is hosted by SFHT but is subject to the regulations and guidance set out by the	0

2024 / 2025	2024 / 2025	Ferreira	Jane	Head of MSK	Loyalty Interests	Notts Healthcare	Husband remains employed by NHT working in MSK. I am not involved in line management or any decision making.	N/A
2024 / 2025	2024 / 2025	Selwyn	David		Loyalty Interests	N/A	Spouse is Head of Safeguarding, Nottingham University Hospital	Nil
2024 / 2025	2024 / 2025	Roberts	Mark	Consultant	Loyalty Interests	British Thoracic Society	BTS Pleural Guideline lead.	N/A
2024 / 2025	2024 / 2025	Roberts	Mark	Consultant	Loyalty Interests	UK Pleural Society	UK Pleural Society founder member. Runs sponsored courses. No personal gain	N/A
2024 / 2025	2024 / 2025	Walker	Victoria	Consultant	Loyalty Interests	N/A	Dr V Walker, Consultant Paediatrician Officer for safeguarding at RCPCH, responsibility for safeguarding education and looked after children. (voluntary role) From March 2024 member of government advisory committee	N/A
2024 / 2025	2024 / 2025	Gill	Manjit	Non Executive Director	Loyalty Interests	Chameleon Commercial Services Ltd. Coaching Services	Coaching Executive leaders	N/A

2024 / 2025	2024 / 2025	Tansley	John	Clinical Director for Patient Safety	Loyalty Interests	NHSE	This group is currently on hold pending a review of ICB, regional and national LFD structures . The desire to create an ICB level LFD process has been a disruptor and will potentially make lines of reporting more complicat	None
2024 / 2025	2024 / 2025	Palmer	Sally	Nurse Consultant - Infection Prevention & Control	Loyalty Interests	Infection Prevention Society, Company Reg No: 6273843. Charity Reg No: 1120063	I am the National Deputy Secretary of the Infection Prevention Society, this is a voluntary position that lasts until October 2026. As part of this role I am required to attend the National 3 day Infection Prevention Society Annual Conferenc	£2000
2024 / 2025	2024 / 2025	Lloyd	Ruth	Head of Corporate and Business Support	Loyalty Interests	N/A	Family member employed in the Trust	N/A

2024 / 2025	2024 / 2025	Kennedy	Adam	Orthotic Team Leader	Loyalty Interests	Thuasne	Half sister works as a clinical specialist for Thuasne. Orthotic department occasionally orders products from Thuasne. Line manager Matt Frederick (mattfrederick@nhs.net) aware and has no concerns.	N/A
2024 / 2025	2024 / 2025	Dewhurst	Jonathan	COVID Pharmacist	Loyalty Interests	UNITE the Union and the Guild of Healthcare Pharmacists	UNITE the union workplace representative and the Guild of Healthcare Pharmacists East Midlands regional representative	N/A
2024 / 2025	2024 / 2025	Orgill	Kay	Department Leader	Loyalty Interests	N/A	I am declaring an indirect interest however this category is not included within the drop down menu. I have therefore been advised to complete it within this category. I have close family members working within the same speciality	N/A

2024 / 2025	2024 / 2025	Mills	Richard		Loyalty Interests	N/A	Partner works for NHS England as a Retention Lead in the People Directorate. This shouldn't cause any direct conflict of interest.	N/A
2024 / 2025	2024 / 2025	Carlin	Elizabeth	Consultant	Loyalty Interests	British Association for Sexual Health and HIV (BASHH)	I am a past president of BASHH and provide advice and support to the current president and officers. The system is not allowing me to enter dates but I anticipate this work continuing throughout the year. BASHH is an incorporat	N/A
2024 / 2025	2024 / 2025	Carlin	Elizabeth	Consultant	Loyalty Interests	Royal College of Physicians (RCP)	I am a member of the RCP Advisory Committee on Health Inequalities. This committee is focussed in identifying and seeking to reduce health inequalities in society. I am involved in all aspects of the work but have a particular	N/A



2024 / 2025	2024 / 2025	Wilson	Deborah	Registered Health Care Professional - Immunisation	Loyalty Interests	Mansfield Hospital Theatre Troupe (MHTT)	I am the chairperson of Mansfield Hospital Theatre Troupe, (MHTT) we are a local theatre group that meet weekly from August to January, we rehearse and then we put together a PANTO at the Palace theatre Mansfield at the end	N/A
2024 / 2025	2024 / 2025	Boxall	Natalie	Infant Feeding Co- ordinator	Loyalty Interests	Priority Setting Partnershi p (PSP) on LGBT perinatal healthcare Illana Levene	Priority Setting Partnershi p (PSP) on LGBT perinatal healthcare . You were interested in being part of the steering group and/or taking on the role of informatio n specialist. At this stage we will be meeting as a 'pre- steering group' to get	0
2024 / 2025	2024 / 2025	McDonald	Neil	Non Executive Director	Loyalty Interests	West Notts College	Governor of West Notts College. Unremune rated	Unremunerated
2024 / 2025	2024 / 2025	Dudill	William	Consultant	Loyalty Interests	Royal College of Obststeric ians and Gynaecolo gists	Member of Council of the Royal College of Obstetrici ans and Gynaecolo gists	nil

2024 / 2025	2024 / 2025	Singh	Clare	Senior Physiotherapist - Amputee Service	Loyalty Interests	N/A	Dr Carter Singh (husband) GP Partner - Willowbrook Medical Practice National Council Member - Royal College of General Practitioners GP Council Member on the Governance & Nominations Committee - Royal College of General	N/A
2024 / 2025	2024 / 2025	Seddon	Sarah	Senior Maternity Services Advocate	Loyalty Interests	N/A	I sit on the advisory group for the Harmed Patients Alliance (a campaign working to increase understanding of the impact of healthcare harm on patients and families). I give my time voluntarily for this role and participate as a patient rather	N/A

2024 / 2025	2024 / 2025	Seddon	Sarah	Senior Maternity Services Advocate	Loyalty Interests	Open University / Manchester Metropolitan University	I sit on the patient and family advisory group for the 'Witness to Harm, holding to account' study in my capacity as a patient. I give my time voluntarily and am occasionally paid for attending a meeting.	N/A
2024 / 2025	2024 / 2025	Bownes	Rachel	Finance Manager	Loyalty Interests	N/A	Sharon Muress - Staff Nurse, I wanted to make you aware that my mum works in urgent care at Newark Hospital, this would fall under indirect interests	0
2024 / 2025	2024 / 2025	Smith	Arron	Assistant General Manager	Loyalty Interests	SFH	In a relationship with Louise Morgan (Cancer Pathways Nurse) who works in Pre-Operative Assessment. The role is a secondment on a trial basis and may be turned permanent which would usually fall to me to justify and seek approval. I	0

2024 / 2025	2024 / 2025	Morgan	Louise	Pre-Op Cancer Practitioner	Loyalty Interests	SFH	I am in a personal relationship with Arron Smith, speciality general manager for surgery, anaesthetics and critical care which is the division I am employed in. Currently my role is a secondment within pre op. I am not	N/a
2024 / 2025	2024 / 2025	Downen	Claire	Project Manager	Loyalty Interests	Ada Health	Since 01 July 2021 my husband has worked for Ada Health, a company specialising in AI for diagnosis	N/A
2024 / 2025	2024 / 2025	Fleming	Robert	Specialty Doctor	Loyalty Interests	SAS Collective	I am a founding member of a national lobbying group called the "SAS Collective", seeking to support the career of, and improve retention of doctors working in the NHS.	0
2024 / 2025	2024 / 2025	Yemm	Julia	Sonographer	Loyalty Interests	N/A	My husband, Steve Yemm is the Member of Parliament for the Mansfield Constituency	N/A

2024 / 2025	2024 / 2025	Wilson	Patrick	Chief Pharmacist and Clinical Director of Medicines	Loyalty Interests	University of Nottingham	Honorary Associate Professorship from 01/08/24 for 3 years (unpaid position)	N/A
2024 / 2025	2024 / 2025	Ambalkar	Shrikant		Loyalty Interests	Acute & General Medicine conference	I have received £300 from the organisers of Acute & General Medicine conference ( 14 Nov 2023) as speaker's fees for delivering a talk at this conference.	£300
2024 / 2025	2024 / 2025	Yemm	Kathryn	Quality Control Section Leader	Loyalty Interests	N/A	Father is the Member of Parliament for Mansfield.	0
2024 / 2025	2024 / 2025	Graham	Andrew	Deputy Chief Finance Officer	Loyalty Interests	N/A	Spouse is an employee at University Hospital of Derby and Burton	N/A
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Loyalty Interests	Lincolnshire Football Association	Chair	unpaid
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Loyalty Interests	Boston United Football Club Ltd.	Lifelong supporter	unpaid

01/04/2000	31/03/2019	McDonald	Neil	Non-Executive Director	Loyalty Interests	Sherwood Forest Hospitals NHS Foundation Trust	Following my acceptance of the Maternity Board Champion role I will now undertake a significant level of face to face, regular engagement with the service. I would like it noted on the Register of Interests that my wife was employed	0
2024 / 2025	2024 / 2025	Anantharamakrishnan	Krishnan	Consultant	Outside Employment	N/A	GMC associate - not contracted as an employment by the GMC just they use our services and pay ad-hoc for the time spent	N/A
2024 / 2025	2024 / 2025	Anantharamakrishnan	Krishnan	Consultant	Outside Employment	N/A	perform expert witness reports during my non committed times to woodthorp e or the NHS - variable work on average about 2 hours per week and get paid as per the technical difficulty of the case; do conference calls and condition and	N/A

2024 / 2025	2024 / 2025	Selwyn	David		Outside Employment	Royal College of Anaesthetists	National Director, Centre of Perioperative Care to drive patient quality and innovation and improvement across whole perioperative care pathway. Co-opted to Royal College of Anaesthetists Council, member of number of Royal Colleges	Backfil to SFH of 2 PA's
2024 / 2025	2024 / 2025	Garment	Donna	Head/Director of Breast Screening Programme	Outside Employment	United Lincolnshire Hospitals NHS Trust	Bank role as Consultant Mammographer at United Lincolnshire Hospitals NHS Trust on days off or during annual leave.	N/A
2024 / 2025	2024 / 2025	Ahmad	Saqib	Consultant	Outside Employment	endocare /medinet	Insoroucina g endoscopy lists	
2024 / 2025	2024 / 2025	Thomas	Ricky	Head of Pathology Operations	Outside Employment	UKAS	Head of Pathology operation. Previously employed here at SFH as Quality Manager when I was approached and support to complete UKAS technical assessor training. As Head of Pathology i have now reached the final stages of assessment and i am paid by	minimal
2024 / 2025	2024 / 2025	Shipman	Ross	Digital Business Partner	Outside Employment	North East Derbyshire District Council	Councillor Allowance	6201.48

2024 / 2025	2024 / 2025	Shipman	Ross	Digital Business Partner	Outside Employment	Tupton Parish Council	Unpaid Role	0
2024 / 2025	2024 / 2025	Shipman	Ross	Digital Business Partner	Outside Employment	Wingerworth Parish Council	Unpaid Role	0
2024 / 2025	2024 / 2025	Morgan	Montio	Consultant	Outside Employment	Medinet	One weekend ENT clinic a month ( all day Saturday and Sunday ) to help with NHS waiting list Done through my company Dr Montio Morgan Ltd Only similar patients to regular NHS practice Covered with Indemnity insurance	N/A
2024 / 2025	2024 / 2025	Shipman	Ross	Digital Business Partner	Outside Employment	Liberal Democrats	I am the Chair of my local Liberal Democrat party which covers the districts of North East Derbyshire and Bolsover. I don't receive funding directly, but the party, via donations from our members and supporters, contribute towards	0



2024 / 2025	2024 / 2025	Slater	Scott	Deputy Resuscitation Training Manager	Outside Employment	Emergency Response Training Solutions	Scott Slater - freelance Advanced adult and paediatric life support instructor. Providing teaching on European Resuscitation Council Advanced adult and paediatric life support courses in India for Emergency Response Training	N/A
2024 / 2025	2024 / 2025	Hudson	Sharon	Consultant Nurse Endoscopist	Outside Employment	The Endoscopy Group	Sharon Hudson, Clinical Endoscopist. Ad hoc agency work	N/A
2024 / 2025	2024 / 2025	Smith	Daniel	Consultant	Outside Employment	NHS England	I am seconded to NHS England for 2 PAs per week.	n/a
2024 / 2025	2024 / 2025	Hudson	Sharon	Consultant Nurse Endoscopist	Outside Employment	Remedy Healthcare Solutions	Sharon Hudson, Clinical Endoscopist. Ad hoc agency work	N/A
2024 / 2025	2024 / 2025	Gill	Manjit	Non Executive Director	Outside Employment	CQC	Helps learning for improvement governance	Nil
2024 / 2025	2024 / 2025	Gill	Manjit	Non Executive Director	Outside Employment	Bedford, Luton and Milton Keynes ICB	NED role helps with system understanding for this Trust role	£16,000

2024 / 2025	2024 / 2025	Robinson	Paul	Chief Executive	Outside Employment	Nottingham and Nottinghamshire Integrated Care Board	Partner member of the Nottingham and Nottinghamshire Integrated Care Board representing NHS Trusts and Foundations Trusts. This appointment was supported by the Sherwood Forest Hospitals Board of Directors, is a commitment	0
2024 / 2025	2024 / 2025	Roe	Simon		Outside Employment	Nottingham University Hospitals NHS Trust	Consultant Nephrologist - NUH	N/A
2024 / 2025	2024 / 2025	Noor	Muhammad	Consultant	Outside Employment	NHS England	NHSE Appraiser	N/A
2024 / 2025	2024 / 2025	Daniel	Matija	Consultant	Outside Employment	Nottingham University Hospitals	ENT consultant	national salary scale
2024 / 2025	2024 / 2025	Daniel	Matija	Consultant	Outside Employment	Mat Daniel Consulting	Private coaching and leadership /career development practice	n/a
2024 / 2025	2024 / 2025	Daniel	Matija	Consultant	Outside Employment	EUROPEAN BOARD EXAMINATION ORL-HNS (EBEORL-HNS)	Examiner on their exam.	Expenses covered
2024 / 2025	2024 / 2025	Vizzard	Julie	Practice Development Midwife	Outside Employment	Nottingham University Hospitals	Bank for NHSP at NUH	Bank shift payments
2024 / 2025	2024 / 2025	Badhe	Sachin	Consultant	Outside Employment	Woodthorpe hospital and Park hospital	clinics and theatre	Ad hoc
2024 / 2025	2024 / 2025	Tansley	John	Clinical Director for Patient Safety	Outside Employment	HC-UK Conferences Ltd	Lecturing	Payment is either Â£100 per lecture or a free place on an event hosted by the company. I have opted for the latter.

2024 / 2025	2024 / 2025	Scothern	Paul	Advanced Physiotherapist Practitioner	Outside Employment	PICS - Primary Integrated Communit y Services Ltd	Employed by PICS as a First Contact Physiother apist. Working 7.5 hours weekly, with a salary of £9446 per annum. Currently working Mondays only and approved by Clinical directors of PICS and the Sherwood PCN and notified line	£9446 per annum for outside employment
2024 / 2025	2024 / 2025	Barnett	Alison	Chief Caridac Physiologist	Outside Employment	British Society of Echocardi ography	Examiner for British Society of Echocardi ography - practical examinati ons held 4 times per year at various NHS Trusts. This is held on a weekend outside my NHS contracte d hours. It is a voluntary position.	N/A
2024 / 2025	2024 / 2025	Hastings	Kimberley	Senior Registered Nurse	Outside Employment	UNICEF UK (Baby friendly initiative team)	Employed by UNICEF UK Baby Friendly Initiative team on a casual basis (like bank) as part of their assessor team. Job role Profession al Officer.	N/A

2024 / 2025	2024 / 2025	Kennedy	Sally	Senior Physiotherapist	Outside Employment	DCC Adult Ed	Yoga Tutor, one weekly class during term times evenings	£0-200
2024 / 2025	2024 / 2025	Banks	Stephen		Outside Employment	The Tinnitus Clinic Ltd	Chair with minor shareholding, no NHS business	N/A
2024 / 2025	2024 / 2025	Banks	Stephen		Outside Employment	Zenobia Partners LTD.	Director of dormant property company that was used for renting property. Awaiting closure of company	N/A
2024 / 2025	2024 / 2025	Banks	Stephen		Outside Employment	Nottingham High School	Volunteer chair of governors of independent school. No payment, no conflict	N/A
2024 / 2025	2024 / 2025	Lobo	Benjamin	Consultant	Outside Employment	NHS E	work for NHS england	Executive and Senior Manager pay scale
2024 / 2025	2024 / 2025	Sathi	Navtej	Consultant	Outside Employment	Maine Peak Consulting	This is my consulting company that I run at present. It is for private work outside the trust. I am director of the company.	N/A
2024 / 2025	2024 / 2025	Sathi	Navtej	Consultant	Outside Employment	Intersource Medical Services	I work with Intersource Medical Services to my company arrange Rheumatology Support at other trusts.	N/A
2024 / 2025	2024 / 2025	Bakhtyari-Nejad-Esfahani	Arash	Locum Consultant (P)	Outside Employment	NUH via locum agency	I work with locum sessions for NUH reporting PET/CT studies.	n/a

2024 / 2025	2024 / 2025	Bakhtyari-Nejad-Esfahani	Arash	Locum Consultant (P)	Outside Employment	Teleradiology company	Adhoc teleradiology work	n/a
2024 / 2025	2024 / 2025	Pearce	Martin	Registered Health Care Professional - Immunisation	Outside Employment	Emergency Response Training Solutions Ltd	Shareholder and director of Emergency Response Training solutions LTD. company has never worked for the trust, but has purchased small amounts of training manuals (under Â£300) over the last 5-6 years	0
2024 / 2025	2024 / 2025	Dewhurst	Jonathan	COVID Pharmacist	Outside Employment	UHBW NHS FT	UK Medicines Information and UHBW external educational supervisor for AMITTS MMT training course	NA
2024 / 2025	2024 / 2025	Al-Samarrai	Susanna	Consultant	Outside Employment	NHS England	Work undertaken as Regional Lead Obstetrician for NHS England (Midlands) 4 PAs/week since April 2022 New role as National Maternity Improvement Advisor for NHS England (Maternity Transformation Programme) commencing	n/a

2024 / 2025	2024 / 2025	Webster	Dianne	Highly Specialist Speech & Language Therapist	Outside Employment	University of Sheffield	I also work part time (7 hrs per week) as a University Teacher, Health Sciences School, University of Sheffield.	N/A
2024 / 2025	2024 / 2025	Gueffaf	Ahmed	Pharmacist	Outside Employment	Circle Health Group	Bank Clinical Pharmacist	N/A
2024 / 2025	2024 / 2025	Ward	Claire	Chairman	Outside Employment	Groupe Eurocom Ltd	Non Executive Director	N/A
2024 / 2025	2024 / 2025	Ward	Claire	Chairman	Outside Employment	Institute for Collaborative Working	Non Executive Director of Institute for Collaborative Working. This is a not for profit , membership organisation and professional business institute working across a number of different sectors to promote collaborative working	N/A
2024 / 2025	2024 / 2025	Ward	Claire	Chairman	Outside Employment	ALLIANCE healthcare Ltd /Amerisource Bergen	Member of the Advisory Board to Alliance Healthcare Ltd	N/A
2024 / 2025	2024 / 2025	Ward	Claire	Chairman	Outside Employment	Pharmacists Defence Association Ltd	Director of Pharmacists Defence Association Ltd	N/A

2024 / 2025	2024 / 2025	Bentley	Joanne	Senior Physiotherapist	Outside Employment	Health and Care Professions Council	Joanne Bentley Band 6 Physiotherapist 0.4 WTE (15 hours per week) I work in a partner role as a CPD assessor for the Health and Care Professions Council (HCPC). I assess a large sample of CPD profiles submitted every 2 years prior	varied
2024 / 2025	2024 / 2025	Boxall	Natalie	Infant Feeding Coordinator	Outside Employment	White Ribbon Alliance	Unpaid volunteer role as Trustee for White Ribbon Alliance Starting November 2023	n/a
2024 / 2025	2024 / 2025	Rogers	Samuel	Specialist Nurse	Outside Employment	St John Ambulance	I am a volunteer with St John Ambulance. Within the organisation I am the National Clinical Audit and Effectiveness Lead with the responsibility for the development of clinical care bundles, and audits associating to the care bundles. I	£0.00
2024 / 2025	2024 / 2025	Sahota	Jaskaran	End User Device Support Manager	Outside Employment	Security	Part time weekend security work. Usually 2 shifts a month.	N/A

2024 / 2025	2024 / 2025	Armstrong	Nicola	Digital Midwife	Outside Employment	NHS Professionals	zero hours contract with NHS Professionals agency. occasional 6-11.5 hour shifts worked during weeks with SFH rostered annual leave or less than 3 long shifts. No shifts planned for the current financial/tax year at this time	0
2024 / 2025	2024 / 2025	Yusuf	Fatima	Consultant	Outside Employment	Nottingham University hospital	I am registered with external bank at Nottingham University hospitals as of April 2020. I am doing sporadic locum work when my schedule allows. I work as bank Emergency medicine Consultant at Queens medical centre.	N/A



2024 / 2025	2024 / 2025	Dixon	Katharine	Senior Physiotherapist	Outside Employment	Kate Dixon Physiotherapy	Kate Dixon (Senior Physiotherapist, Outpatient s Byron House, Newark Hospital). I work as a private physiotherapist at Kate Dixon Physiotherapy. I work four days a week in my own clinic. This started October Oct 2023 to present day. I was given	NA
2024 / 2025	2024 / 2025	Gunarathne	Dhamindra	Consultant	Outside Employment	4WAYS	Teleradiology reporting for 4Ways in outside NHS working hours.	N/A
2024 / 2025	2024 / 2025	Barker	Rebecca	Consultant	Outside Employment	Association of Anaesthetists	Elected board member/director and trustee for Association of Anaesthetists as of September 2023	N/A
2024 / 2025	2024 / 2025	Barker	Rebecca	Consultant	Outside Employment	Nottingham & Nottinghamshire ICB	Clinical Lead for Personalised Care, Long Term Conditions and MSK in Notts ICB	N/A

2024 / 2025	2024 / 2025	Hibberd	Joanne	Senior Radiographer	Outside Employment	MYM	I have a zero hours contract with a private baby scanning company where I occasionally work a weekend 9-11 if needed . To keep up my clinical skills for my ultrasound qualification I have as it is only a focussed course I am unable to scan as a	N/A
2024 / 2025	2024 / 2025	Burks	Janet	Specialist Senior OT - Hand Specialist	Outside Employment	JB Stylesavvy	I am self employed as a Personal Stylist with the Company Colour Me Beautiful. This is completely independent of my current role within the Trust as an Occupational Therapist and I see my role as a Personal Stylist as a hobby rather	N?A
2024 / 2025	2024 / 2025	Arnold	Paula	Specialist Nurse	Outside Employment	Arnold Investment Holdings LTD	Arnold Investment - Director of property - non shareholding director	NA

2024 / 2025	2024 / 2025	Arnold	Paula	Specialist Nurse	Outside Employment	MA Motor Company LTD	Husband owns M A Motor Company Limited to which I am the company secretary- no financial payment receivedL owMoor Court Vehicles repairs LTD is a dormant company and operates in name only and is part of M A Motor Company	NA
2024 / 2025	2024 / 2025	Owens	Benjamin	Consultant	Outside Employment	NHSE and ECIST	working for NHSI and ECIST on secondment3 days a monthann ualisedagreed in job planon contract with themvisiting sites, on national committee and assisting with policy	expenses only - trust paid for time
2024 / 2025	2024 / 2025	Owens	Benjamin	Consultant	Outside Employment	Achademi c Health Solutions	Working for consultancy firm Academic Health Solutions doing work appraising UEC pathways, and estates	N/A
2024 / 2025	2024 / 2025	Shrubsole	Paula	Clinical Supervisor - Immunisation	Outside Employment	Emergency Response Training Solutions Ltd	Tutor and instructor. No conflict of interest with NHS work.	NA

2024 / 2025	2024 / 2025	Dulson	Harriet	Senior Physiotherapist	Outside Employment	Harriet Alicia Physiother apy	Group Pilates classes 1:1 Physiother apy and Sports Massage clients	N/A
2024 / 2025	2024 / 2025	Atif	Muhammad	Consultant	Outside Employment	Nil	I do odd locums at Birmingham University Hospital and Royal Stoke University Hospital.	PAYE
2024 / 2025	2024 / 2025	Thomas	James	Deputy Medical Director	Outside Employment	Oxford University Press	Book Royalties - Oxford Handbook of Clinical Examination	NA
2024 / 2025	2024 / 2025	Bownes	Rachel	Finance Manager	Outside Employment	Sherwood Oaks Gymnastics	On an adhoc basis I help out at the children's gymnastics club as a coach to cover classes or help at competitions.	0
2024 / 2025	2024 / 2025	Levers	Maria	Senior Physiotherapist	Outside Employment	Mode Physiother apy	Maria Levers Senior Physiother apist at Mode Physiother apy Works on a Monday (3- 4 hours) in a private clinic. Only started April 2024	N/A

2024 / 2025	2024 / 2025	Molyneux	Andrew	Consultant	Outside Employment	National Institute for Health and Care Excellence	Co-Chair for NICE/BTS/ SIGN Asthma Guideline Update Committee from January 2022 to date. I receive travel expenses, but no other payments currently. Honoraria are directed into the Trust Respiratory Study/Tra	£1500 estimated
2024 / 2025	2024 / 2025	Ward	Graham	Non Executive Director	Outside Employment	Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Non-Executive Director	N/A
2024 / 2025	2024 / 2025	Straker	Jennifer	AHP Faculty Fellowship	Outside Employment	Chartered Society of Physiotherapy	I work for the CSP 3 days a week as a professional advisor for the West Midlands. Due to covering the West Midlands it limits any conflict of interest in my role for SFH (which I work in 2 days a week) as this is in the East Midlands.	N/A

2024 / 2025	2024 / 2025	Milton	Joanne	Therapy Team Leader- HCOP	Outside Employment	Derby Rugby Football Club	Joanne Milton: Therapy Team Leader for Elderly Care at KMH: Outside employment: Working with Derby Rugby Football Club as club physiotherapist covering match day game cover and injury management with players	N/A
2024 / 2025	2024 / 2025	Haynes	Andrew		Outside Employment	Academic Health Solutions	Clinical Advisor for Academic Health Solutions consultancy	N/A
2024 / 2025	2024 / 2025	Haynes	Andrew		Outside Employment	Faculty of Medical Leadership and Management (FMLM)	Advisor	N/A
2024 / 2025	2024 / 2025	Haynes	Andrew		Outside Employment	University Hospitals and Non Leicester NHS Trust	Vice Chair and Non Executive Director	N/A
2024 / 2025	2024 / 2025	Anantharamakrishnan	Krishnan	Consultant	Outside Employment	expert witness TMLEP	I perform written expert witness reports for the external company on clinical negligence cases and personal injury. I do this in my spare time and had confirmed no clash with the NHS work. I invoice appropriately and get duly paid and show them in my company	N/A

2024 / 2025	2024 / 2025	Bains	Kirandeep	Bank Higher Specialty Trainee and SAS Rota	Outside Employment	Pastest	20 hours a month of work as Pastest Director of MRCPCH. Known to team, MD and appraiser. Review of MRCPCH revision content on Pastest, as well as creating new content and checking other writers work. No conflict with teaching	N/A
2024 / 2025	2024 / 2025	Ward	Claire	Chairman	Outside Employment	East Midlands Regional Mayor	I was elected as the East Midlands Regional Mayor on 2nd May 2024. I took up office on signing of the declaration on the 7th May. This is an elected office holder role. I will continue to balance my responsibilities whilst I complete	n/a
2024 / 2025	2024 / 2025	Maddock Khan	Leena	Consultant	Outside Employment	Health Education England	Training Programme Director for Education	.

2024 / 2025	2024 / 2025	Horsley	Leanne	Senior Programme Manager	Outside Employment	Sheffield hallam University/ University of Lincoln/University of Central Birmingham	Leanne Horsley - Clinical Educator in Respiratory Physiotherapy. Works 'casually' for local universities to provide education to the physiotherapy students. This is very variable, there can be many months with no work done	NA
2024 / 2025	2024 / 2025	Horsley	Leanne	Senior Programme Manager	Outside Employment	The University of Coventry	Leanne Horsley - Physiotherapy and OT Practice Development Lead and AHP Faculty Chair for the Notts ICS (SFHT hosted post) - Return to practice tutor for University of Coventry. This is a 'casual' role in which I support physiotherapy	NA
2024 / 2025	2024 / 2025	Pembleton	Christina	Registered Nurse	Outside Employment	Beau-T Aesthetics	I am the owner of a small aesthetics business. This business is carried out during weekend and evening hours. Full insurance is in place.	N/A
2024 / 2025	2024 / 2025	Parker	Sharon	Recruitment & Retention Midwife	Outside Employment	Derby University	Temporary Associate Lecturer	N/A



2024 / 2025	2024 / 2025	Andrew	Julia	Specialist Midwife - Clinical Governance	Outside Employment	Birthrights	I am an Associate Trainer for the charity Birthrights . I am invited to lead 2 or 3 training sessions per year. I can choose to accept payment and/or expenses. I either arrange bookings on a day off or I take annual leave.	Payment is Â£125 half day session or Â£250 for a full day.
2024 / 2025	2024 / 2025	Andrew	Julia	Specialist Midwife - Clinical Governance	Outside Employment	Charity: Foundation of Nursing Studies (FoNS)	I have recently become a facilitator to undertake training and supervision for the charity FoNS. I have not yet accepted any bookings.	freelance 80 p/hr
2024 / 2025	2024 / 2025	Andrew	Julia	Specialist Midwife - Clinical Governance	Outside Employment	Sitters.co.uk	I am registered child carer for Sitters.co.uk, a professional babysitting agency. Any bookings are via the agency and are for weekends and evenings only.	11.50 p/hr

2024 / 2025	2024 / 2025	Yusuf	Fatima	Consultant	Outside Employment	NUH	From August 2023, I am working 1 day/week with major trauma team at NUH. This is part of my sub speciality development. This secondment has been approved by clinical director UEC at SFH DR Ben Owens and Clinical director	1day/week- 2 PA
2024 / 2025	2024 / 2025	Gbolade	Taiwo	Specialist Clinical Pharmacist - Admission & Discharge	Outside Employment	Spire Healthcare	Taiwo Gbolade - Spire Healthcare - Bank Pharmacist - ward and dispensary duties - bank contract - as and when required when not working with the NHS	N/A
2024 / 2025	2024 / 2025	Gbolade	Taiwo	Specialist Clinical Pharmacist - Admission & Discharge	Outside Employment	General Pharmaceutical Council	Taiwo Gbolade - Associates and Partners with the GPhC - Pharmacist - Question writer role- no fixed time commitment -as and when required if available	n/a

2024 / 2025	2024 / 2025	Lawrence-Newcombe	Olivia	Stroke Assistant Practitioner	Outside Employment	Reach care	Support worker in a supported living property. Required to support with personal care, meet basic needs, drive and so sleep ins (This does not include waking nights) 1 shift and one sleepover per week.	N/A
2024 / 2025	2024 / 2025	Dodd	Theyvanai	Consultant	Outside Employment	Orchard Medical Practice	GP partner Orchard Medical Practice, Stockwell Gate, Mansfield. 2.5days per week Business partner. See, assess and treat patients. Refer some patients to SFH	0
2024 / 2025	2024 / 2025	Symcox	Louise	Specialist Mental Health Practitioner	Outside Employment	Nottinghamshire Health Care Trust	Street Triage Bank Nurse with Nottinghamshire Police. This is a bank post and just on a ad-hoc basis with approximately 2-4 7.5 hours per month if and when required. This is my old role and I am staying on bank with them so I can keep	£16.00 ph

2024 / 2025	2024 / 2025	Ambalkar	Shrikant		Outside Employment	Chesterfield Royal Hospital NHS Trust	I have agreed to support Chesterfield Royal Hospitals NHS Trust for Microbiology out of hour on call service from august 2024-August 2025 ( 1: 4 on call rota and some ad-hoc work) . This work won't affect my contractual work at	N/A
2024 / 2025	2024 / 2025	Guille	Peter	Trust Senior Legal Advisor	Outside Employment	St John Ambulance	Bank paramedic with St John Ambulance	N/A
2024 / 2025	2024 / 2025	Van der Heijden	Ludovicus	Specialist	Outside Employment	MSV and Mansfield Town Football club	Ad Hock earnings as motorsport and or crowd doctor	variable due to ad hock nature. will only be able to determine in retrospect after end of tax year
2024 / 2025	2024 / 2025	Haughton	Melanie	Chief Clinical Physiologist/Vascular Technologist/Sonographer	Outside Employment	The Park Hospital, Nottingham	I have a contract as a Bank Cardiac Physiologist on an ad hoc basis to cover Cardiac Catheter Lab work, Cardiac Device Implants and Follow-up, EP and Ablation. Contract commenced end of January 2022.	N/A
2024 / 2025	2024 / 2025	Scott	Zoe	Midwife	Outside Employment	NHS Professionals	NHSP Professionals working mainly at Bassetlaw Hospital Community Midwifery	outside employment

2024 / 2025	2024 / 2025	Cheruparambil	Kevin	Medical Photographer	Outside Employment	Tales of Time	Kevin Cheruparambil - Medical Photographer. Photography business: covering events, weddings, portraits and commercial photography requests.	5000
2024 / 2025	2024 / 2025	Mehta	Aditya	Locum Consultant (P)	Outside Employment	Revise radiology	Revise Radiology educator	Freelance work around 1000 gbp for one project
2024 / 2025	2024 / 2025	Shaw-Yeoman	Louisa	Head & Neck Cancer Nurse Specialist	Outside Employment	Nottinghamshire Hospice/NHS Professionals.	Band 5 registered nurse - BANK position held with NHS Professionals working at Nottingham University Hospitals. Band 5 registered nurse - BANK at Nottinghamshire Hospice. There is minimal commitment required. I work on the bank	N/A
2024 / 2025	2024 / 2025	Bekir	Oral	Consultant	Outside Employment	Calderdale NHS Trust/Atholna locum agency	I do locum NHS work for other NHS trusts when I am on annual leave or at times over week ends or in my free days. Currently I am doing locum NHS sessions on some Fridays for Calderdale NHS Trust. I do not work in the private health sector.	paid via locum agency per hour of work: about 100 pounds per hour: working all day on Fridays.

2024 / 2025	2024 / 2025	Simcox	Robert	Director of People	Outside Employment	Vision West Notts College	From September 2024 I was appointed to a non-salaried role at Vision West Notts College (Governor)	0
2024 / 2025	2024 / 2025	Dhokia	Vishal	Consultant	Outside Employment	Learna Ltd	Ad hoc online tutor for Critical Care Msc. Work done remotely, in own time, 15-30 min per day during module periods.	n/a
2024 / 2025	2024 / 2025	Pillai	Shikha	Consultant	Outside Employment	University hospitals leicester	I work at University Hospital Leicester as a consultant full time since March 2024	Full time consultant
2024 / 2025	2024 / 2025	Smyth	Jonathan	Speech & Language Therapy Lead	Outside Employment	University of Sheffield	Jonathan Smyth University Teacher 15 hrs per week (Monday and Tuesday) Start date 1st October 2024	N/A
2024 / 2025	2024 / 2025	Smyth	Jonathan	Speech & Language Therapy Lead	Outside Employment	Derbyshire Community Health Services	Bank Speech and Language Therapist As/ when required	N/A

2024 / 2025	2024 / 2025	Webster	Dianne	Highly Specialist Speech & Language Therapist	Outside Employment	Aphasia Support charity	I work self-employed on a consultancy basis for Aphasia Support as a consultant Speech & Language Therapist. Approx 2 days per week.	N/A
2024 / 2025	2024 / 2025	Murfitt	Christopher	IBD Specialist Nurse	Outside Employment	IBD Bioresource	Chris Murfitt - IBD Nurse Specialist Self employment with IBD Bioresource and Sherwood Forest Hospitals research department. Inputting data into REDCAP from July to September 2024. Approximately 18 hours outside of my normal	N/A
2024 / 2025	2024 / 2025	Henton	David	Lead Cardiac Physiologist	Outside Employment	Abbott	Paid to Teach on Abbott ICM Course 1 - 2 days per year	NA
2024 / 2025	2024 / 2025	Birkin	Stacey	Chief Cardiac Physiologist	Outside Employment	SET Healthcare	SET Healthcare Working at Nottingham CDC via NUH doing ad hoc sessions, 2-3 days per month - performing echocardiography clinics.	N/A
2024 / 2025	2024 / 2025	Sebastian	Blessy	Team Leader	Outside Employment	Circle Health Group	Blessy Sebastian-Registered Nurse	N/A

2024 / 2025	2024 / 2025	Sebastian	Blessy	Team Leader	Outside Employment	Ramsay Healthgro up	Blessy Sebastian registered nurse	N/A
2024 / 2025	2024 / 2025	Sarmad	Ambreen	Locum Consultant (P)	Outside Employment	Spa Medica and CHEC	I work with different independent providers working for NHS . Those days are my days off and are not in my job plan at Kingsmill hospital.	NA
2024 / 2025	2024 / 2025	Barnett	Alison	Chief Caridac Physiologist	Outside Employment	British Society of Echocardi ography	Volunteer as examiner for BSE practical exams. Held at NHS Trusts around the country. Overnight hotel and meals paid for by BSE.	NA
2024 / 2025	2024 / 2025	Harrison	James	Deputy Head of Audiology	Outside Employment	DMC Healthcare	James Harrison Lead Audiologis t Outsourci ng of NHS Audiology work for other Trusts within the country. Providing clinical and leadership for Audiology within the company.	N/A
2024 / 2025	2024 / 2025	Mahida	Nikunj	Consultant	Outside Employment	Journal of Hospital Infection/ Healthcare Infection Society	Editor-In-Chief. Journal of Hospital Infection. Ends August 2025	N/A



2024 / 2025	2024 / 2025	Mahida	Nikunj	Consultant	Outside Employment	Care Quality Commission	Specialist advisor (Microbiology) to Maternity Investigations team	N/A
2024 / 2025	2024 / 2025	Vizzard	Julie	Practice Development Midwife	Outside Employment	Nottingham University Hospitals	Bank at NUH band 6 occasional shift last worked January 2025	Bank shift payments
2024 / 2025	2024 / 2025	Ali	Ahmed	Consultant	Outside Employment	MDCare	weekends insourcing endoscopy lists	n/a
2024 / 2025	2024 / 2025	Ali	Ahmed	Consultant	Outside Employment	frontline health care professionals	weekends insourcing endoscopy lists	n/a
2024 / 2025	2024 / 2025	Cotton	Richard	Non Executive Director	Outside Employment	Novumgen Ltd.	Independent Financial Adviser	Â£60,000 pa
2024 / 2025	2024 / 2025	Cotton	Richard	Non Executive Director	Outside Employment	Spectral AI Inc	NED	\$120,000 pa
2024 / 2025	2024 / 2025	Cotton	Richard	Non Executive Director	Outside Employment	AOT Inc.	NED	Â£80,000 pa
2024 / 2025	2024 / 2025	Cotton	Richard	Non Executive Director	Outside Employment	Gemina Laboratories Ltd	NED	Â£52,000 pa
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	5654 & Company Ltd	Paid consultancy	Significant
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	StablePharma Ltd.	Paid consultancy	Modest
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Vietnam Vaccines Corporation, Vietnam	Paid consultancy	Significant
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	JLA Speakers Ltd	Public speaking engagements	Significant
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Chartwell Speakers Ltd	Paid speaking engagements	Significant
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Sanofi	Paid Consultancy	Modest
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Seqirus	Paid consultancy	Significant
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Pulseight Analytics Inc.	Paid consultancy	Modest
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	S.C. Johnson (part of DEB IP)	Paid consultancy	Modest
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Gilead Ltd	Paid consultancy	Modest
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Shionogi B.V.	Paid consultancy	Modest

2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Novavax UK Ltd	Paid consultancy	Modest
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Government of the Kingdom of Saudi Arabia	Paid consultancy	Modest
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	SAI Med Partners LLC, USA	Paid consultancy	Low
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Gerhson Lehrman Inc. USA	Paid consultancy	Low
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	TechExpert I.O. Ltd	Paid consultancy	Low
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Simon Kucher and Partners Ltd	Paid consultancy	Low
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Windrose Consulting Ltd	Paid consultancy	Low
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Aventis Pharma Ltd.	Paid lecture	Modest
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Social Research Association Ltd	Paid speaking	Low
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Queens Nursing Institute	Paid lecture	Low
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Outside Employment	Amber And Black (Notts) Limited	Owner and Company Director	Significant
01/10/2021	31/03/2025	Parry-Payne	Hannah	People Digital Lead	Outside Employment	Healthwatch	Vice Chair for Healthwatch Derbyshire from Oct 2021 Date inputted to 31/03/25 to cover this financial year.	N/A
01/07/2023	31/03/2025	Parry-Payne	Hannah	People Digital Lead	Outside Employment	Amber Valley Community	Board Member for Amber Valley Community Voluntary Service from July 2023 to present Date inputted to 31/03/2025 to cover this financial year.	N/A

01/04/2024	31/03/2025	Walsh	David	Professor of Rheumatology	Outside Employment	University of Nottingham	Honorary consultant at the Trust (Employed by the University of Nottingham) Primary employer = University of Nottingham No personal pecuniary interests outside of primary employment	N/A
2024 / 2025	2024 / 2025	Bakhtyari-Nejad-Esfahani	Arash	Locum Consultant (P)	Patents	n/a	patents on vascular access and drug delivery devices	n/a
2024 / 2025	2024 / 2025	Haigh	Steven	COVID Pharmacist	Shareholdings and Ownership Interests	Hospital Pharmacy Software	Supplies Scriptlog software to other hospitals	£1500pa
2024 / 2025	2024 / 2025	Hammond	Trevor	Head of Nursing - Surgery	Shareholdings and Ownership Interests	The Physio	My Wife runs a private Physio practice in Grantham	0
2024 / 2025	2024 / 2025	Thomson	Julie	Consultant	Shareholdings and Ownership Interests	GlaxoSmit hKline	Owned GSK shares approx 7 years	N/A
2024 / 2025	2024 / 2025	Kirkham	Emily	Trainee Advanced Practitioner	Shareholdings and Ownership Interests	Nottinghamshire Healthcare NHS Foundation Trust	bank RMN complete Memory Assessment clinics throughout nottinghamshire	nil
2024 / 2025	2024 / 2025	Daniel	Matija	Consultant	Shareholdings and Ownership Interests	Aventamed	Share options in this start up company manufacturing a grommet insertion device. I do not use their device clinically	n/a

2024 / 2025	2024 / 2025	Tilley	Helena	Consultant	Shareholdings and Ownership Interests	Hockerton Housing Project Trading LTD	Director of Hockerton Housing Project Trading LTD Not for profit organisation. Husband is also a Director. We offer tours , consultancy and education and have a resource room. Occasionally used for health related work. I do not get direct	Nil
2024 / 2025	2024 / 2025	Menon	Achyuth		Shareholdings and Ownership Interests	AMenon LTD	park hospital as per job plan. do not do any procedures which i dont offer on the nhs	N/A
2024 / 2025	2024 / 2025	Khandelwal	Puran	Consultant	Shareholdings and Ownership Interests	Purank Limited	Dr Puran Khandelwal Director and Shareholder	40%
2024 / 2025	2024 / 2025	Bakhtyari-Nejad-Esfahani	Arash	Locum Consultant (P)	Shareholdings and Ownership Interests	AstraZeneca	AZ shares	n/a
2024 / 2025	2024 / 2025	Duffy	John	Lead Optometrist - Retinopathy Screening Programme	Shareholdings and Ownership Interests	Duffy Optometrists Ltd	I am founder of the independent optometry practice and now director and senior shareholder.	NA
2024 / 2025	2024 / 2025	Gale	Michael	Consultant	Shareholdings and Ownership Interests	A & M Gale Medical Ltd	Own ltd co through which I do private and NHS C&B work	n/a

2024 / 2025	2024 / 2025	Herring	Rebecca	Lead Nurse for Safe Staffing	Shareholdings and Ownership Interests	Inspire Medical Services Ltd	Silent Partner in business. Husband also a partner. He works as an ACP and Aesthetics Practitioner	NA
2024 / 2025	2024 / 2025	Ward	Claire	Chairman	Shareholdings and Ownership Interests	Capewells limited	Owner of consultancy company in which I act for a number of pharmacy and pharmaceutical companies and organisations. This includes providing public affairs advice to the Pharmacists Defence Association which has members	N/A
2024 / 2025	2024 / 2025	Fazal	Iftikhar	Consultant	Shareholdings and Ownership Interests	IAF Medical Ltd	Director of IAF Medical Ltd	N/A
2024 / 2025	2024 / 2025	Bardgett	Lucy	Specialist Senior Physiotherapist	Shareholdings and Ownership Interests	Creation Floors Ltd	Lucy Bardgett, Team Leader Oncology Therapy service. Shareholder in Creation floors Ltd, commercial flooring company.	N/A

2024 / 2025	2024 / 2025	Narra	Srikant	Consultant	Shareholdings and Ownership Interests	N/A	In November 2020 I took an active leadership interest in Glanso UK as their Northern Lead to expand their services to Trusts beyond SFH (Glanso UK was already working with SFH since November 2019). The intermediary	N/A
2024 / 2025	2024 / 2025	Jagdale	Ranjeet	Consultant	Shareholdings and Ownership Interests	Aarav Healthcare Pvt Ltd	I am a shareholder and owner of a small private company	N/A
2024 / 2025	2024 / 2025	Nasr	Mohamed	Consultant	Shareholdings and Ownership Interests	Maezy Radiology Solutions Limited	Shareholder in Maezy Radiology Solutions Limited Soloman House Caxton Road, Fulwood, Preston, PR2 9PL	N/A
2024 / 2025	2024 / 2025	Ward	Graham	Non Executive Director	Shareholdings and Ownership Interests	GLJ Consulting Limited	50% shareholder and director	N/A
2024 / 2025	2024 / 2025	Ward	Graham	Non Executive Director	Shareholdings and Ownership Interests	Mission Room Limited	7% shareholder and director	N/A
2024 / 2025	2024 / 2025	Kulkarni	Sushrut	Consultant	Shareholdings and Ownership Interests	Kulkarni Healthcare Ltd	Shareholder & Director for Kulkarni Healthcare Ltd	N/A
2024 / 2025	2024 / 2025	Bragg	Damian	Consultant	Shareholdings and Ownership Interests	Astrazene ca	3.03 shares in Astrazene ca	N/A

2024 / 2025	2024 / 2025	Bishop	John	Trust Senior Legal Advisor	Shareholdings and Ownership Interests	n/a	I hold two directorships in non-trading companies: J P Bishop Ltd and Brightman's Professional Development Ltd.J P Bishop Ltd has not actively traded since, to my recall, 2016, which was prior to the date of my employment in October	n/a
2024 / 2025	2024 / 2025	Moore	Karen	ICS Technical and Cyber Programme Lead	Shareholdings and Ownership Interests	Generated Health Ltd	I have unvested share options with a final vesting date/expiry date of 30/06/2024 from my previous employer Generated Health. Generated Health engaged in digital health services (patient self management service via sms) commissioned in	N/A

2024 / 2025	2024 / 2025	Horsley	Leanne	Senior Programme Manager	Shareholdings and Ownership Interests	Evans Property Ltd	Leanne Horsley (Practice development lead for Physio and OT/ICS AHP Faculty Chair) - Director of company 'Evans property Ltd' - Letting and operating of real estate. No conflict of interest with my role in organisation.	N/A
2024 / 2025	2024 / 2025	Mehta	Aditya	Locum Consultant (P)	Shareholdings and Ownership Interests	ADM teleradiology and health pvt ltd	I am the Founder and Director of ADM radiology and health pvt ltd. It is having head office in India and deals in teleradiology , radiology education and artificial intelligence. It started in Oct 2020.	500000 INR per month
2024 / 2025	2024 / 2025	Paulson	Kuttu	Digital Nurse	Shareholdings and Ownership Interests	naalukettu ltd	Kuttu Paulson. digital nurse. I am share holder for a catering company registered as naalukettu ltd.	n/a
2024 / 2025	2024 / 2025	Mahida	Nikunj	Consultant	Shareholdings and Ownership Interests	NINIRA Limited	Director	N/A
2024 / 2025	2024 / 2025	Mahida	Nikunj	Consultant	Shareholdings and Ownership Interests	Keshavanil Limited	Director	N/A
2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Shareholdings and Ownership Interests	PharmaJet Inc.	Share Options and paid consultancy	N/A



2024 / 2025	2024 / 2025	Nguyen-Van-Tam	Jonathan	Non Executive Director	Shareholdings and Ownership Interests	Boston Grammar School	Director and Deputy Chair of Trustees	unpaid
2024 / 2025	2024 / 2025	Haigh	Steven	COVID Pharmacist	Shareholdings and Ownership Interests	Hospital Pharmacy Software	Supply software to 2 hospital sites via Hospital Pharmacy Software	£1500pa
23/11/2024	24/11/2023	Ahmad	Saqib	Consultant	Sponsorship	boston scientific	EUS HOT AXIOS day course at Madrid sponsored by Boston scientific	500
28/09/2023	29/09/2024	Mohamed	Atef	Bank Higher Specialty Trainee and SAS Rota	Sponsorship	Ferring pharmaceutical, Janssen	1- I attended meeting sponsored by Ferring pharmaceutical who booked me a room for one night stay in Forest of Arden hotel and country club on 28/9/2023 as meeting was over 2 days. I attended a IBD meeting sponsored by Janssen WHO	As above, not sure of value
19/09/2024	22/09/2024	Yap	Yew	Consultant	Sponsorship	Roche	Euretina 2024 Roche provided hotel accommodation, meals, reimbursed conference fees, flight tickets and parking	1800

19/09/2024	22/09/2024	Dhar-Munshi	Sushma	Consultant	Sponsorship	ROCHE	I was sponsored by ROCHE to attend the EURETINA Annual meeting in Barcelona in September 2024. My registration fees, flights and accommodation was paid by the company. This was important for me to learn about newer retinal imaging	Â£1000
22/11/2024	23/11/2024	Dhar-Munshi	Sushma	Consultant	Sponsorship	ROCHE	I was sponsored to attend the OCULUS Meeting in London . This was an excellent Medical Retina meeting where there were a lot of National level and international level speakers on the current and trending topics of Medical	Â£200

**Non-Compliant Staff Band 7+ as of 24th March 2025**

<b>Last Name</b>	<b>First Name</b>	<b>Position Name</b>	<b>Division</b>	<b>Department</b>	<b>Job Staff Group</b>
Madduma Arachchige	Gimhani	Specialty Doctor	214 Clinical Support, Therapies and Outpatients - L2	214 CP17400 Consultants Histopathology - L6	Medical and Dental
Zaitoun	Abdul	Consultant	214 Clinical Support, Therapies and Outpatients - L2	214 CP17400 Consultants Histopathology - L6	Medical and Dental
Chari	Raymond	Consultant	214 Corporate - L2	214 TC32637 Undergraduate Education - L6	Medical and Dental
Abdelrahman	Hagar	Speciality Doctor	214 Medicine Division - L2	214 EH17076 Sconce Ward Medical - L6	Medical and Dental
Alupothagamage	Vindya	Locum Consultant (P)	214 Medicine Division - L2	214 EG17062 Diabetics Medical - L6	Medical and Dental
Jayawickrama	Dinoosha	Specialty Doctor	214 Medicine Division - L2	214 EN17071 Haematology Medical - L6	Medical and Dental
Okeke	Theodore	Specialty Doctor	214 Medicine Division - L2	214 EG17063 Gastroenterology Medical - L6	Medical and Dental
Quigley	James	Speciality Doctor	214 Medicine Division - L2	214 EH17076 Sconce Ward Medical - L6	Medical and Dental
Sadoma	Ahmed	Specialty Doctor	214 Medicine Division - L2	214 EG17063 Gastroenterology Medical - L6	Medical and Dental
Salama	Mansour	Consultant	214 Medicine Division - L2	214 EC17057 Cardiology Medical - L6	Medical and Dental
Ali	Asfar	Specialty Doctor	214 Surgery Division - L2	214 PG17262 General Surgery - Medical Staff - L6	Medical and Dental
Dewhurst	Sarah	Extended Scope Practitioner	214 Surgery Division - L2	214 PO17273 Medical Staff - T&O - L6	Allied Health Professionals
Watson	Nicholas	Consultant	214 Surgery Division - L2	214 PG17262 General Surgery - Medical Staff - L6	Medical and Dental
Kailasam	Senthil	Locum Consultant (P)	214 Urgent & Emergency Care Division - L2	214 UE17063 Acute Physicians - L6	Medical and Dental
Thazhathuveedu	Arun	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental

## Board of Directors - Cover Sheet

<b>Subject:</b>	Maternity and Neonatal Safety Champions Report				<b>Date:</b>	3 April 2025
<b>Prepared By:</b>	Sarah Ayre, Head of Midwifery, and Rachael Giles Deputy Divisional Director of Nursing, Women's and Children's Division					
<b>Approved By:</b>	Philip Bolton, Executive Chief Nurse					
<b>Presented By:</b>	Paula Shore, Director of Midwifery/Divisional Director of Nursing, Women and Childrens, Philip Bolton, Executive Chief Nurse					
<b>Purpose</b>						
To update the Board of Directors on our progress as maternity and neonatal safety champions					<b>Approval</b>	
					<b>Assurance</b>	X
					<b>Update</b>	X
					<b>Consider</b>	
<b>Strategic Objectives</b>						
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	
<b>Principal Risk</b>						
<b>PR1</b>	Significant deterioration in standards of safety and care					
<b>PR2</b>	Demand that overwhelms capacity					
<b>PR3</b>	Critical shortage of workforce capacity and capability					
<b>PR4</b>	Insufficient financial resources available to support the delivery of services					
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation					X
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b>	Major disruptive incident					
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where items have been presented before</b>						
<ul style="list-style-type: none"> <li>Perinatal Assurance Committee</li> <li>Divisional Governance Meeting</li> <li>Maternity and Gynaecology Clinical Governance</li> <li>Paediatric Clinical Governance</li> <li>Service Line</li> <li>Divisional Performance Review</li> <li>Perinatal Forum (formally Maternity Forum)</li> <li>Divisional People Committee</li> <li>Senior Management Team weekly meeting</li> </ul>						
<b>Acronyms</b>						
<ul style="list-style-type: none"> <li>MNSC Maternity and Neonatal Safety Champion</li> <li>MNVP Maternity and Neonatal Voice Champion</li> <li>PAC Perinatal Assurance Committee</li> <li>LMNS Local Maternity and Neonatal System</li> <li>NICU Neonatal Intensive Care Unit</li> <li>HoM Head of Midwifery</li> <li>DDoN Deputy Director of Nursing</li> <li>NED Non-Executive Director (NED)</li> <li>SBLCBV3 Saving Babies' Lives Version Three: A care bundle for reducing perinatal mortality</li> </ul>						
<b>Executive Summary</b>						

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.

## **Maternity and Neonatal Safety Champion (MNSC) oversight February 2025**

### **Maternity**

#### **1. Staff Engagement**

##### **1.1 Safety Champions Walk arounds**

The planned monthly MNSC Safety Champions Walk around took place on Friday 7<sup>th</sup> March 2025. Neil McDonald (NED) has now completed a full tour of the perinatal pathway our women, birthing individuals and their families experience here at SFH, as such the Safety Champions will now undertake their monthly walk arounds in focused areas. This month they reviewed Triage where they had the opportunity to see the newly improved Telephone Triage system, launched on 28<sup>th</sup> February, in action. They spoke with the Triage team members on the day who reflected that they have felt the changes are working well, but there is still work to complete which primarily led to a conversation around the movement of Triage away from SBU and how this would improve both staff and service user experience. This prompted a visit to potential areas within the Divisional footprint which could support such a relocation plan. An option appraisal paper has been requested to be presented at PAC for discussion. The Safety Champions also spent time talking to the teams which support Triage within the early pregnancy services and how the Triage task and finish group has included them to ensure, for example, the new phone service is seamless for the women and the staff working in those areas. The Task and Finish group continues fortnightly and is led by Intrapartum Services Matron Nicole Bulley.

##### **1.2 Perinatal Services Forum**

The Maternity Forum has been remodelled and relaunched from April 2025 as our new Perinatal Forum. An updated and more inclusive agenda and meeting series will be shared across all stakeholders and an update from the Perinatal Services Forum will return to PAC from May 2025.

#### **2. Service User Feedback**

##### **2.1 Patient Experience Committee**

From 21<sup>st</sup> March 2025 Maternity and Neonatal representatives from the senior team will be attending the Trust wide Patient Experience Committee. We will share outcomes and learning from our attendance via this paper from April 2025.

##### **2.2 Maternity and Neonatal Voices Partnership**

The MNVP Quarterly Highlight Report (Dec 2024 – Feb 2025) was presented and discussed at MNVP Board meeting held on Teams on Wednesday 12<sup>th</sup> March 2025. This presented an acknowledgement of improvements in Trust wide MNVP Board attendance but a continuing concern around the team awaiting national confirmation of direction and finances for 2025/2026. The MNVP Team are actively engaging across the MDT and attend varying Divisional meetings to

ensure collaboration and communication is open and transparent, and support service user engagement with all QI projects underway and anticipated.

### 2.3 Friends and Family Test

The FFT report for SFH demonstrated for February 2025 a 16.1% response rate from 48752 eligible patients, a total of 7825 responses. Divisionally our response rates also remain proportionally low and we are working with our MNVP to understand why and how best we can work with our women and birthing individuals to support improvements in completing the tool.

Hospital Site Details			Total responses received via each mode of collection								
Division	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	Maternity Ward (Touch Point 3)	3	1	0	1	0	0	221	5	2%
Womens and Childrens	Kings Mill Hospital	Community Midwives (Postnatal) (Touch Point 4)	4	1	0	1	0	0	263	6	2%
Womens and Childrens	Kings Mill Hospital	Obstetrics	11	3	0	3	2	0	1273	19	2%
Womens and Childrens	Kings Mill Hospital	Antenatal Clinic (Touch Point 1)	6	0	0	0	1	0	258	7	3%
Womens and Childrens	Kings Mill Hospital	Sherwood Birthing Unit (Touch Point 2)	24	6	0	1	2	0	229	33	14%

## 3. Quality Improvements

### 3.1 Planned Care

Planned Care Lead Midwife Hayley Hill and Intrapartum Services Matron Nicole Bulley are leading an MDT approach to embedding quality improvements in the care and experience our women, birthing individuals and their families have during planned caesarean sections. They are working closely with our Surgery colleagues on identifying space in main theatres to support equity and equality in the planned care experienced by our service users at SFH. The emergency theatre provision on SBU is not adequate to accommodate the rising rate of planned caesarean sections we are currently experiencing, with minimal dedicated recovery space, and varying concerns around privacy and dignity preoperative for our service users. Progress will continue to be reported via PAC.

### 3.2 Telephone Triage

The new centralised midwifery Triage Telephone system was launched at the end of February 2025. Existing lines have been merged to one number to make it easier for service users to know who to call. If the other numbers are called, a recorded message will signpost callers to the centralised number. All Triage staff have received training on utilising the new hardware and we have been able to improve calls being directed to the right service i.e. early pregnancy and Ward 14. The impact and progress of this service improvement will be monitored via the fortnightly Triage Task and Finish group led by Intrapartum Services Matron Nicole Bulley.

### 3.3 Security Overview

A report at RAC in January 2025 from Mark Stone Emergency Planning Officer made 7 initial recommendations to support improvements in security across the Maternity setting. HoM Sarah Ayre, working closely with DDoN Rachael Giles, is now leading a Task and Finish group that will assess, review and lead on these improvements, noting that security improvements divisionally are in scope of this working group; this will include Ward 25 on level 2 and the whole of the divisional footprint on level 1. An initial scoping exercise has been completed with Wesley Burton, Professional Lead Security Management & Violence Reduction and the first MDT is planned for early April 2025.

## 4. National Programmes

### 4.1 NHSE Perinatal Culture and Leadership Programme (QUAD+3)

The programme concludes on 15<sup>th</sup> March 2025 and a paper around what we have learnt and what we have and are achieving will be presented through PAC by the end of April 2025. On going work will now focus on relaunching the Maternity Forum as the Perinatal Services Forum and how all staffing groups have a voice at Executive level – to ensure communication Ward to Board and Board to Ward is open and transparent.

### 4.2 CQC Action Plan

The Should Do Action plan based on the CQC visit 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 as identified. Quality and Safety Lead Midwife SS has oversight for this action plan.

### 4.3 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. Once the LMNS formally request our evidence for meeting the 4 main themes, we will fix an agenda item at PAC to share our status and provide assurance against the plan.

**The 4 main themes of the delivery plan are summarised below:**

**Theme 1:** Listening to women and families with compassion which promotes safer care.

**Theme 2:** Supporting our workforce to develop their skills and capacity to provide high-quality care.

**Theme 3:** Developing and sustaining a culture of safety to benefit everyone.

**Theme 4:** Meeting and improving standards and structures that underpin the national ambition.

Overall, our current benchmarking demonstrates we are working well to meet each of the themes and the 12 objectives, with a Maternity and Neonatal Digital Improvement Programme (MNDIP) being led by Clare Madon Chief Nursing Information Officer which will support objective 12.

### 4.4 NHSR

The Task and Finish group for the Maternity Incentive Scheme (MIS) worked successfully to meet each of the 10 Safety Actions for Year 6, led by Speciality General Manager Sam Cole in collaboration with Operations Manager Jess Devlin. We now await the actions for Year 7 and the technical guidance from NHS Resolution. NHS Resolution, working in partnership with a range of key organisations are hosting a free online event launching Year 7 of the Maternity Incentive Scheme (MIS) on 28<sup>th</sup> April and this half-day session will provide a crucial update on the scheme's changes and feature a range of expert speakers dedicated to supporting perinatal safety.

<https://www.eventbrite.co.uk/e/maternity-and-perinatal-incentive-scheme-year-7-launch-event-tickets-1242022575959?aff=ebdsoporgprofile>

### 4.5 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. The plan is to revisit the maternity self-assessment tool created by NHSE in May 2025 led by HoM Sarah Ayre, to be presented at PAC once completed.

#### 4.6 National Survey - CQC

The results from the survey conducted in 2024 have this month been published. The Trust saw higher than average scores in most areas, coming in at number 2 out of 34 Trusts surveyed for antenatal care, and scoring highly in questions relating to mental health support. We have shared these results with our teams. The 2025 Maternity survey will be launched April 2025 and those who gave birth in January or February of this year will be invited to give feedback.

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

### 5. Maternity Perinatal Quality Surveillance scorecard

Areas of note on the scorecard for February 2025 data which record us scoring higher than the national predictors:

**PPH<1500mls (5.5%)** – all cases report and investigated through DATIX, escalated to Triggers for an MDT wider review as required. Initial findings of a previous recent review noted an increase in secondary PPH and a return to theatre.

**3<sup>rd</sup> and 4<sup>th</sup> Degree Tears (6%)** – OASI Care Bundle implemented, detection and repair improvements embedded. Current focus will now concentrate on element one of the care bundle:

- 1 During the antenatal period, discuss OASI with women and what can be done to reduce the risk of it occurring during birth
- 2 Manual perineal protection while communicating with the woman to encourage a slow and guided birth.
- 3 If clinically indicated, mediolateral **episiotomy** should be performed at an angle of 60 degrees from the midline at crowning.
- 4 Systematic examination of the vagina and ano-rectum even if the perineum appears intact

**Still birth (4.7/1000 ytd)** – all families supported and cases reported appropriately for February 2025. Early theme identified as preterm birth however further wider review underway with system support.

#### Saving Babies' Lives Version Three – Element Three compliance

In January 2025 Governance Lead Midwife Hannah Lewis completed a manual audit which demonstrated improved data from 56% to 83%. Clinical information not recorded accurately affects the data reported, for example those who attended with RFM but were in labour on arrival will skew the data. Element 3 is marked based on two interventions, for 3.1 we are fully compliant, for 3.2 we are partially compliant. 3.2's evidence is made up from 4 separate process indicators and we have passed 3 of them. The indicator we need to address is 3b, proportion of women who attend with recurrent RFM who had an ultrasound scan by the next working day to assess fetal growth. The LMNS set target is 80% and we will work with our Digital Lead Midwife Nicola Armstrong to improve data collection and analysis.

### Neonatal Services

#### 5.1 Workforce - Nursing Staffing Update

NICU has seen an improvement in sickness and from 1st April 25 we forecast a drop in sickness from 3.5% to 1.9%. We have successfully recruited into the vacant band 6 post and have no true



vacancies in NICU – waiting start dates and induction period for new start. In the interim we continue to review and in reach support model currently in place with the transitional care team.

## **5.2 QIS compliance**

Currently 63% - BAPM requirement 70%

2 band 6 QIS staff joining NICU, going through recruitment process and when in post will make us compliant.

3 staff planned to qualify by Sept 2025- making us 74%

3 staff will complete the Sept 25-Aug 26 QIS course- resulting in a total of 82% by Sept 2026

## **5.3 Neonatal Clinic Educator**

ODN recognise the number of staff we are supporting through the QIS training and the gap in clinical educator support for the trust. Offered support through funding availability for initially 12 months to embed QIS training into unit.

Band 6 education hours for a neonatal educator to support staff on the clinical floor to embed training and knowledge following completion of the QIS course

£19k to fund 0.6 wte Band 6 educator.

Recognise the increase skill set, and knowledge required to nurse a critical ill neonatal baby. The additional education support to gain staff confidence, embed and consolidate theory into practice will support staff through challenging times and provide emotional support and ensure around practice. This may also support sickness as often following a difficult situation, staff go off sick as they feel unsupported and are apprehensive about returning to work.

## **5.4 Neonatal Transitional Care Service**

On track for full implementation June 2025, actions to date:

- Daily huddles to discuss each TC baby to ensure the babies are in a suitable place for the care they need, using a multi-disciplinary approach.
- Recruitment of nurse to meet establishment needs.
- Recruitment of support workers to meet establishment needs.
- Training process in place to train all core midwives to complete neonatal IV antibiotics.
- Clinical office now allocated and set up.
- Excellent links and relationships the maternity staff, the Neonatal Unit and medical teams.
- Family and Friends feedback survey in place.
- Hearing screen team and NIPE team involvement to ensure efficient and timely practice.
- Homecare presence each morning at the huddle for referrals.
- Reviewing term admissions to the Neonatal Unit, for appropriateness.
- QI project in process. To prevent term admissions being admitted to the Neonatal Unit using an educational bundle.

Ongoing:

- Deployment of TC staff to NICU to be re-deployed back to TC – review of this model April 25
- TC Lead has recruited 3 FTE (4 staff members) to the TC service, which will put TC at full establishment for nurse.
- QI Project - Measures to reduce term admissions to NICU. Themes identified from the ATTAIN data, was low saturations at birth, resulting in NICU admission, often resulting in sort term monitoring and returning the parents. Visual aids placed on all resuscitators' on SBU and theatres, identifying acceptable pre-ductal saturations at 2,5 and 10 minutes after birth, as advised by the Resuscitation Council 2017.

## **5.4 3D tours**

Confirmation from ODN that this has been signed off and approved by all stakeholders and we will receive the QR codes and link week commencing 17<sup>th</sup> March (hopefully will have to showcase in this meeting)

## Safer Sleep week – 10-16 March 2025

NICU staff had been promoting and supporting the safer sleep week to educate families on the importance of safe sleep and what this looks like.

They displayed very visual examples with clear explanation and provided literature for families to take home and share.



Maternity Perinatal Quality Surveillance Model for March 2025 (February 2025 data)

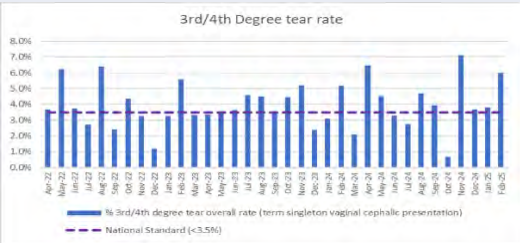


Sherwood Forest Hospitals  
NHS Foundation Trust

Exception report based on highlighted fields in monthly scorecard using Feb 2025 data (Slide 2)

3rd/4th Degree Tear – 6.0% Feb 25

- Increase in cases noted this month
- MDT review and system plan for review



Postpartum Haemorrhage 5.5% (Feb 25)

- Increase in cases noted this month
- MDT review and MDT review and system plan for review



Stillbirth Rate Feb 2025

- 4 cases in February 2025
- MDT review and system plan for review



Patient Experience (Feb 25)

- 2 complaints received in Feb 25 – theme standards of care and communication experienced on Maternity Ward

Friends and Family Test (FFT 83% positive)

Trust had overall response rate of 16.1% for Feb. Proportionally continuing low response rate for Maternity. Lead Advocate and MNVP will support Ward Leads and Matrons to address response rate improvements.

Workforce

Maternity

- 1 Obstetric Consultant vacancy – recruitment underway
- Midwifery B6 vacancy due to increased headroom from 1<sup>st</sup> April 25 - advertised
- Maternity Support Workers – band 2 to band 3 project to be completed early in 2025. B3 vacancy advertised early March 2025 to support additional B3 for Triage in new staffing model

Neonatal

- Significant nursing challenges due to staff absence through maternity and sickness. Local plan enacted to support.
- No Neonatal Consultant vacancy.

Staffing Red Flags (Feb 25)

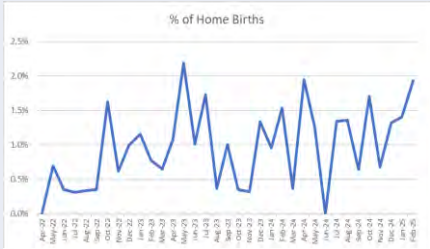
Suspension of Maternity Services

1 suspension of service in February 2025 due to increased acuity

Home Birth Service

5 homebirths in February – (YTD 1.3%)

HB Service suspended once in February due to staff short term sickness. DW218120 04.02.25



Saving Babies Lives Care Bundle (SBLCB v3)

Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LAMS Validation)	% of Interventions Fully Implemented (LAMS Validation)	NPS Resolution: Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Partially implemented	80%	Partially implemented	80%	CNST Met
Element 2	Fetal growth restriction	Partially implemented	95%	Partially implemented	95%	CNST Met
Element 3	Reduced fetal movements	Partially implemented	50%	Partially implemented	50%	CNST Met
Element 4	Fetal monitoring in labour	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 5	Preterm birth	Partially implemented	95%	Partially implemented	95%	CNST Met
Element 6	Diabetes	Partially implemented	88%	Partially implemented	88%	CNST Met
All Elements	TOTAL	Partially implemented	91%	Partially implemented	91%	CNST Met

Maternity Assurance

NHSR

- Year 6 MIS completed and achieved
- Planning for Year 7 underway – awaiting technical guidance.

National Reporting

- Ockenden - Initial 7 IEA- 100% compliant
- 3 yr. delivery plan – system plan in development

Incidents reported Feb 2025: 107 (105 no/low harm, 2 moderate or above\*)

MDT reviews

Triggers x 14

Comments

No themes identified

- \*2 incidents under MDT review for level of harm:
- DW219227 3<sup>rd</sup>/4<sup>th</sup> degree tear
  - DW 218764 PPH



# Maternity Perinatal Quality Surveillance scorecard March 2025



**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		

Quality Metric	Standard	Running Total/ average	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Trend
1:1 care in labour	>95%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			56%	49%	49%	48%	48%	46%	48%	46%	44%	54%	51%	52%	51%	
3rd/4th degree tear overall rate	<3.5%	3.50%	5.00%	2.10%	6.00%	4.50%	3.00%	2.80%	4.70%	3.90%	0.70%	7.10%	3.70%	3.80%	6.00%	
3rd/4th degree tear overall number		79	8	3	11	8	4	4	7	6	1	12	6	6	6	
Obstetric haemorrhage >1.5L number		127	6	9	9	9	11	9	15	12	7	5	16	9	14	
Obstetric haemorrhage >1.5L rate	<3.5%	3.90%	2.60%	3.40%	2.60%	2.90%	4.70%	3.10%	5.10%	3.90%	2.40%	1.70%	5.40%	3.20%	5.50%	
Term admissions to NICU	<6%	3.10%	2.80%	3.80%	2.60%	4.00%	2.90%	4.70%	4.00%	3.90%	3.60%	3.30%	1.90%	1.10%	1.95%	
Stillbirth number		10	2	1	0	1	1	0	2	2	1	3	0	1	4	
Stillbirth rate	<4.4/1000			3.100			2.300			4.400			4.500		4.700	
Rostered consultant cover on SBU - hours per week	60 hours	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	
Midwife / band 3 to birth ratio (establishment)	<1:28		1:27	1:27	1:27	1:27	1:27	1:22	1:22	1:23	1:22.18	1:22.10	1:22.10	1:22.10	1:22.10	
Midwife/ band 3 to birth ratio (in post)	<1:30		1:29	1:29	1:29	1:29	1:29	1:23	1:23	1:24	1:22.75	1:22.18	1:22.10	1:22.18	1:22.19	
Number of compliments (PET)		38	3	4	5	4	1			1	2	1	1	2	3	
Number of concerns (PET)		9	1	1	0	0	4			4	0	1	0	0	1	
Complaints		6	0	0	1	1	0			0	0	0	0	0	0	
FFT recommendation rate	>93%		90%	90%	90%	91%	91%			84%	89%	84%	83%	82%	83%	

External Reporting	Standard	Running Total/ average	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Trend
Maternity incidents no harm/low harm		1339	102	102	95	130	102	125	169	115	159	142	131	89	107	
Maternity incidents moderate harm & above		0	0	0	0	0	0	2	1	0	0	0	0	2	0	
MNSI/CQC/NHSR with a concern or request for action		Y/N	N	N	N	N	N	N	N	N	N	N	N	N	N	
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	1	1	0	0	0	0	0	0	0	
Progress in Achievement of MIS YEAR 6		<4 <7 & above														

Findings of review of all perinatal deaths using the real time monitoring tool	Feb-25	We reviewed 3 internal cases and one external case. External case not returned as of yet as needing neonatal comment.
Findings of review all cases eligible for referral to MNSI	Feb-25	One case eligible for reporting to MNSI: interviews have commenced w/c 10/03/25. A further case still awaiting outcome re whether taken on by MNSI; based on MRI results/ no consent from family.
Service user voice feedback	Feb-25	FFT RESPONSE RATE - remains poor / collaboration with MNVP to address
Staff feedback from Safety Champions and walk-about	Feb-25	MNSC walk arounds continue and Staff Council formed and working with Trust wide Shared Governance Council. Focus on possible Triage relocation for Safety Champions in February

## Board of Directors Meeting in Public

<b>Subject:</b>	Learning From Deaths		<b>Date:</b>	3 <sup>rd</sup> April 2025	
<b>Prepared By:</b>	John Tansley, Chair Learning from Deaths Group				
<b>Approved By:</b>	Dr Simon Roe, Acting Medical Director				
<b>Presented By:</b>	Dr Simon Roe, Acting Medical Director				
<b>Purpose</b>					
The purpose of this paper is to present a Summary of Mortality intelligence reviewed by the Learning from Deaths group and the ongoing resultant work to both respond to and improve that intelligence.				<b>Approval</b>	
				<b>Assurance</b>	<b>X</b>
				<b>Update</b>	<b>X</b>
				<b>Consider</b>	
<b>Strategic Objectives</b>					
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
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>
<b>Identify which Principal Risk this report relates to:</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				<b>X</b>
<b>PR2</b>	Demand that overwhelms capacity				<b>X</b>
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				<b>X</b>
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
None					
<b>Acronyms</b>					
<ul style="list-style-type: none"> <li>• <b>SFH</b> Sherwood Forest Hospitals</li> <li>• <b>HES</b> Hospital Episode Statistics</li> <li>• <b>HSMR</b> Hospital Standardised Mortality Ratio</li> <li>• <b>HSMR+ Hospital Standardised Mortality Ratio plus</b> (Telstra's new HSMR metric)</li> <li>• <b>SHMI</b> Summary Hospital-Level Mortality Indicator</li> <li>• <b>CuSUM</b> Cumulative Sum</li> <li>• <b>ICB/S</b> Integrated Care Board/ System</li> <li>• <b>SJR</b> Structured Judgement Review</li> <li>• <b>MCCD</b> Medical Certificate of Cause of Death</li> <li>• <b>ME</b> Medical Examiner</li> <li>• <b>PSC</b> Patient safety Committee</li> <li>• <b>SPC</b> Statistical Process Control</li> <li>• <b>MHA</b> Mental Health Act</li> <li>• <b>LD/ LeDeR</b> Learning Disabilities/ Learning Disabilities Mortality Review</li> <li>• <b>ReSPECT</b> Recommended Summary Plan for Emergency Care and Treatment</li> </ul>					

- **PSIRF** Patient Safety Incident Response Framework
- **NUH** Nottingham University Hospitals

## Executive Summary

This report provides an overview of mortality intelligence reviewed by the Learning from Deaths Group, detailing progress on actions to enhance data quality, clinical practices, and system-wide collaboration. It seeks assurance on current performance and outlines future priorities.

### Key Metrics

- **SHMI** (Summary Hospital-Level Mortality Indicator): Stable at 106.15 ("as expected").
- **HSMR+** (Hospital Standardised Mortality Ratio+): Stable at 102.2 ("within expected"), reflecting improved alignment with national benchmarks. This is Telstra's new metric, adopted following independent consultation, which they believe to be more representative of the National mortality picture and more equitable.

The report provides an update of a number of areas of work described in previous reports:

- Analyse and understand the effects of changes in adjusted mortality rates.
- Continue work on accuracy of records and coding
- System working around place of death.
- Complete tender and contracting process for provision of Mortality Intelligence either independently or as part of a system approach.
- Report on findings of visit to The Dudley Group NHS Foundation Trust.
- Continue to develop our in-house mortality intelligence capacity.

### Clinical Reviews & Learning

- **Diagnosis Groups:** Alcohol-Related Liver Disease, Intestinal Infection, and Anaemia outliers now resolved. Clinical reviews highlighted coding limitations particularly when coding is based on initial diagnosis.
- **Structured Judgement Reviews (SJRs):** 6.4% of deaths reviewed, with plans to standardize outputs for governance.
- **LeDeR Reviews:** Five reviews received; LD Nurse supports system-wide learning.

**Coronial Cases:** Five inquests concluded, improvements identified.

**The Board is also asked to note our plans for the next year:**

- Continue to work with clinical colleagues to improve accuracy of clinical documentation to enable effective diagnosis, treatment and coding.
- Agree arrangements for provision of benchmarking and analysis which will be of best value to the Trust.
- Continue to work towards pivoting to clinically-led, closer to real time learning supported by quantitative and qualitative data.

# 1 Mortality Surveillance Data

## 1.1 Crude and adjusted mortality rates

The most up-to-date high-level Trust mortality data is shown in figure 1.1.1 below.

Fig 1.1.1 Crude and adjusted SFH mortality rates



HSMR+ (Hospital Standardised Mortality Ratio), SHMI (Summary Hospital-level Mortality Indicator)

As we have reported to the Board previously, adjusted mortality rates all rely on quality of documentation and coding and they are produced by models based on a number of assumptions. Each model differs by more than one parameter which makes comparison difficult although we feel we have a robust approach triangulating outliers in HSMR, CuSUM and SHMI reports. Dr Foster (Telstra) have launched their new model (HSMR+)

- The average difference across trusts is +1.8pts (Jul23 - Jun24), with SFH having seen the second largest decrease of all trusts (-23.5pts) and to be 1 of 9 trusts reporting a lower banding (i.e. from “higher” to “within expected”). A retrospective comparison is shown in figure 1.1.2 below
- Peer Relative Risk analysis now sees SFHT placed within the middle of a funnel-plot distribution and towards the centre of a Relative Risk Peer Ranking chart (Figure 1.1.3)

Figure 1.1.2 Retrospective comparison of HSMR and HSMR+

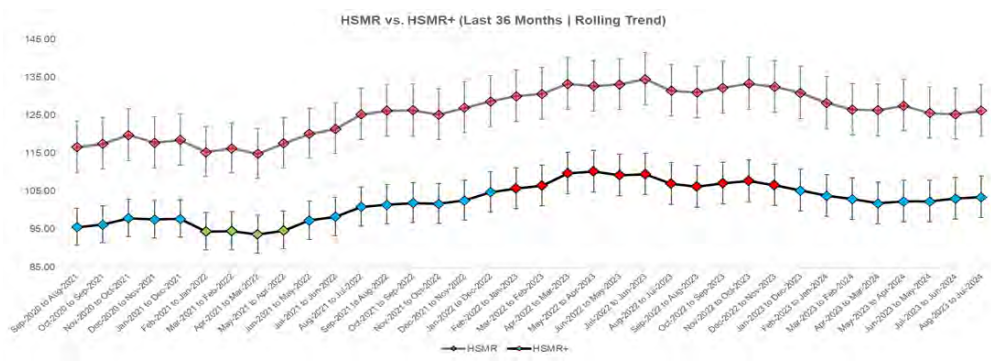
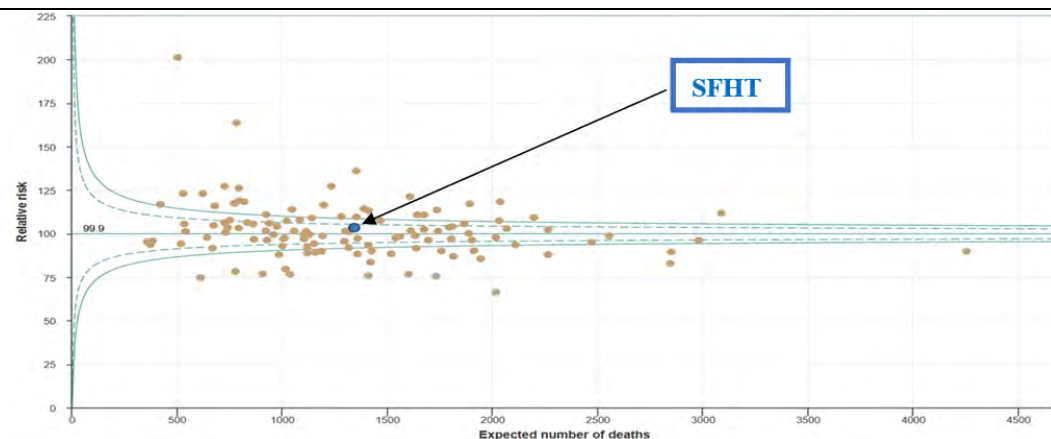


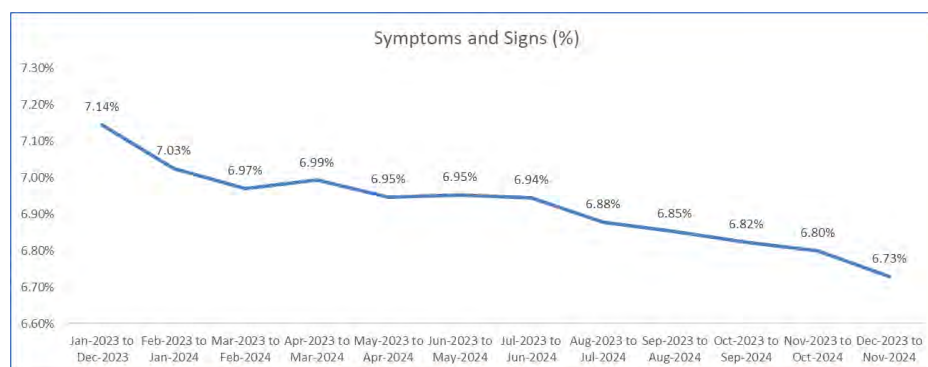
Figure 1.1.3 Funnel plot showing Trust’s mortality relative to peers



Amongst other changes, this new model removes palliative care which appears to confirm our longstanding interpretation of our outlier status against this measure and, we believe, a significant contributor to the difference between HSMR and SHMI (which does not account for palliative care coding).

One focus of improvement continues to be a wide-ranging educational approach emphasising the importance of good documentation and coding at Grand Rounds, meetings for governance leads, Medical Managers and Clinical Chairs. A marker of good documentation is the percentage of episodes which are coded as symptoms and signs rather than diagnoses (e.g. chest pain vs. angina)- lower is better. Figure 1.1.4 shows a continuing improvement in the form of trend in this measure for HSMR data over the last year.

Fig 1.1.4 Percentage of Spells in Symptoms & Signs Chapter (Last 12 Months | Rolling Trend)



Looking at our SHMI data in Figure 1.1.5, the depth of coding (the mean number of additional codes above the acute diagnosis) had been showing a decline. Over this reporting period there has been further improvement for elective cases and the more-modest improvement for non-elective cases has been maintained despite unprecedented pressures on Urgent and Emergency Care.

Fig 1.1.5 Depth of coding for Elective and Non-elective deaths (3 year trend)

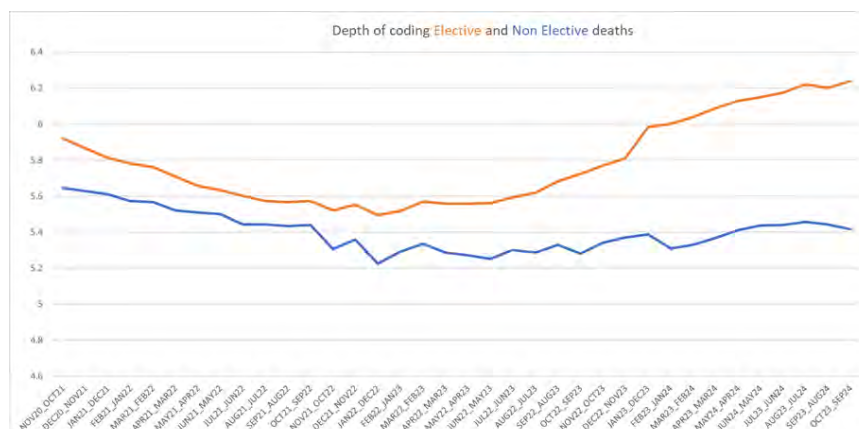




Figure 1.1.4 Trends for HSMR (in-Month), HSMR+ (rolling 12-month) and SHMI (rolling 12-month). Note that whilst the graphs below are titled HMSR the metric reported is the new HSMR+.



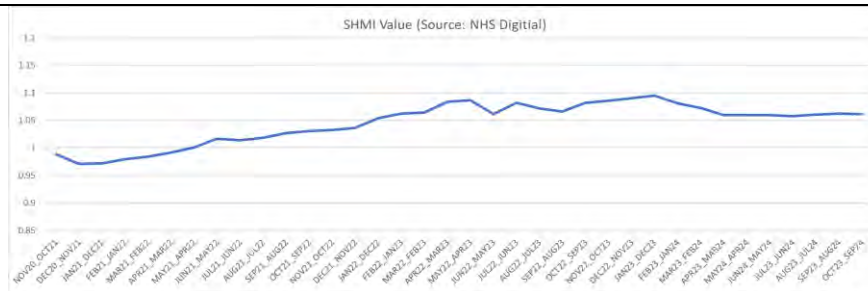


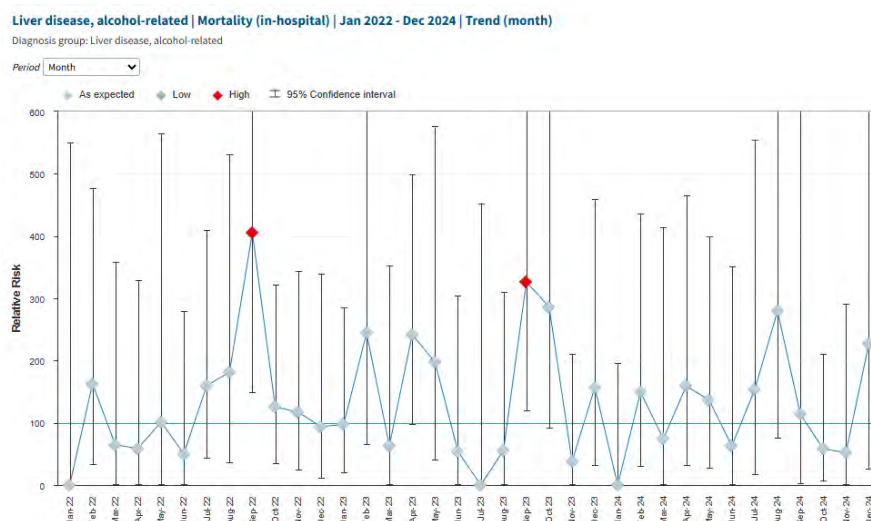
Figure 1.1.4 shows that HSMR+ and SHMI 12 month rolling data are now more closely aligned over short and longer term timescales. Both measures are “as expected” and appear to be stable.

## 1.2 Clinical review of outlying diagnosis groups and progress on actions

### 1.2.1 Alcohol Related Liver Disease (ARLD) update

No further outlier alters since the last report as shown in Figure 1.2.1 below

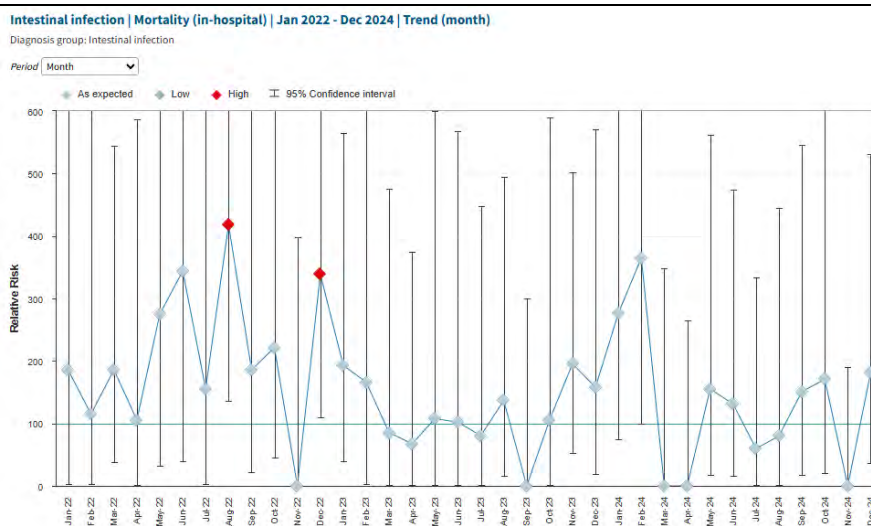
Figure 1.2.1 Relative Risk Alcohol Related Liver Disease



### 1.2.2 Intestinal Infection-

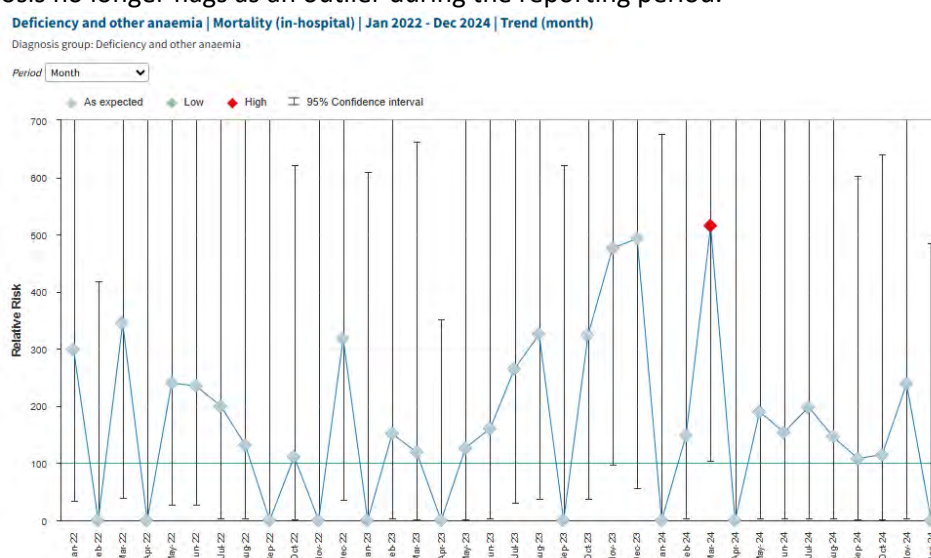
- This diagnosis alert highlighted a cohort of elderly, frail patients with a background of multiple episodes of care, high co-morbidity scores and with a length of stay (LOS) greater than 1 week. However, a small number of deaths were also reported with zero-comorbidity.
- Clinical review of these cases has revealed a range of alternative, non-infective diagnoses, including bowel obstruction which would present with non-specific abdominal symptoms.
- There have been no further alerts in this diagnosis group in this reporting period.

Figure 1.2.2 Relative Risk Intestinal infection



### 1.2.3 Deficiency and Other Anaemia

- A spike in recent HSMR, with similar trend in 2021-2, has led to targeted review of both time periods and cohorts.
- As with intestinal infection a range of alternative diagnoses were returned on clinical review. In many of these cases anaemia was a result of chronic diseases (e.g. malignancies) which are associated with a higher mortality.
- This diagnosis no longer flags as an outlier during the reporting period.

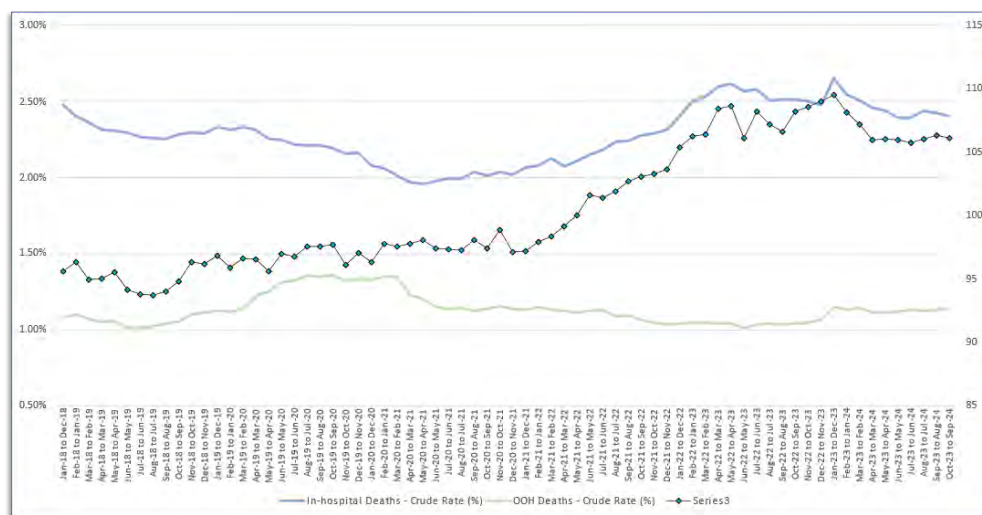


The two most recent clinical reviews illustrate one of the disadvantages of both national-level mortality comparators that we have access to (HSMR and SHMI) which is that they report based on what clinicians believed the patient came in with rather than what they died of. Coding at an early stage, prompted by the first transfer of care may result in a significant change in admission diagnosis once additional information becomes available. We believe, from our Telstra consultant, that other Trusts retrospectively adjust their submissions based on clinical review of the coding data to account for this. We have explored with our colleagues whether this is a possibility but at the moment the Trust coding team, and likely clinical teams, do not have capacity for this work.

### 1.2.4. Place of death

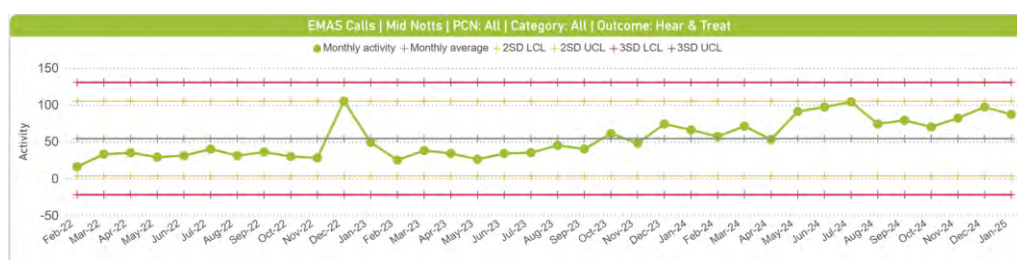
We reported previously that there had been a significant (18%) reduction locally in the number of deaths registered from care homes. This was accompanied by a picture of a widening gap in the number of deaths occurring in hospital and after discharge. As many patients express a preference for dying at home it is reassuring to see that this gap has begun to narrow (Figure 1.2.4.1)

Figure 1.2.4.1 In hospital, out of hospital SHMI deaths and Relative Risk (series 3)



Work from elsewhere in the ICB on admission avoidance highlighted to the group shown in 1.2.4.2 also gives encouraging signs of effective system working.

Figure 1.2.4.2 EMAS calls where admission has been appropriately avoided



### 1.2.5 End of Life Care (EoLC)

We have reported to the Board previously that although we are a low outlier in terms of Specialist Palliative Care coding (due to strict inclusion requirements) we believe we provide good care to patients at or nearing the end of life. We are able to report that over the last quarter;

- We have received no EoLC related complaints,
- Only one concern related to recognition of dying and
- 6 compliments that referenced high standard of care, compassionate staff and the memory making trolleys.

There is always room for improvement. The National Audit of Care at the End of Life (NACEL) 2022 results for Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) identified that we need to:

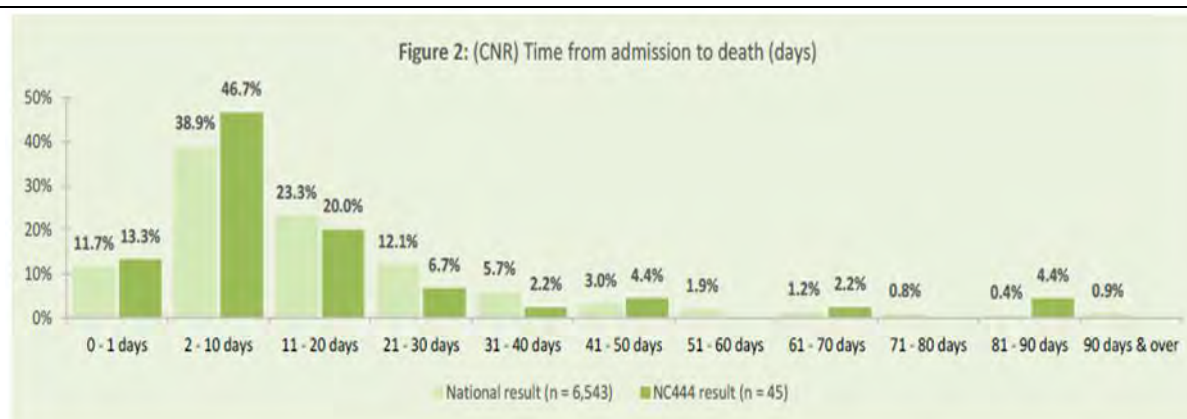
- Improve the recognition of patients who are at risk of deterioration with an uncertain outcome
- Prompt advanced care planning/completion of ReSPECT plans to identify patients' wishes and preferences in a timely way if appropriate

We are able to report that roll-out of the Amber Care bundle (for this specific group of patients where outcome is uncertain, but death is a possibility) has been agreed in Health Care of the Older Patient and the digital documentation has been built and approved in preparation for roll out. We will bring information around changes resulting from this to the Board in future reports when data becomes available from NACEL.

We have received a specific query regarding deaths in the early period after admission. Information from the NACEL 2022 report does indicate that SFH has a higher than average number of patients dying within 0-1 days and 2-10 days of admission as shown in Figure 1.2.5.1 below

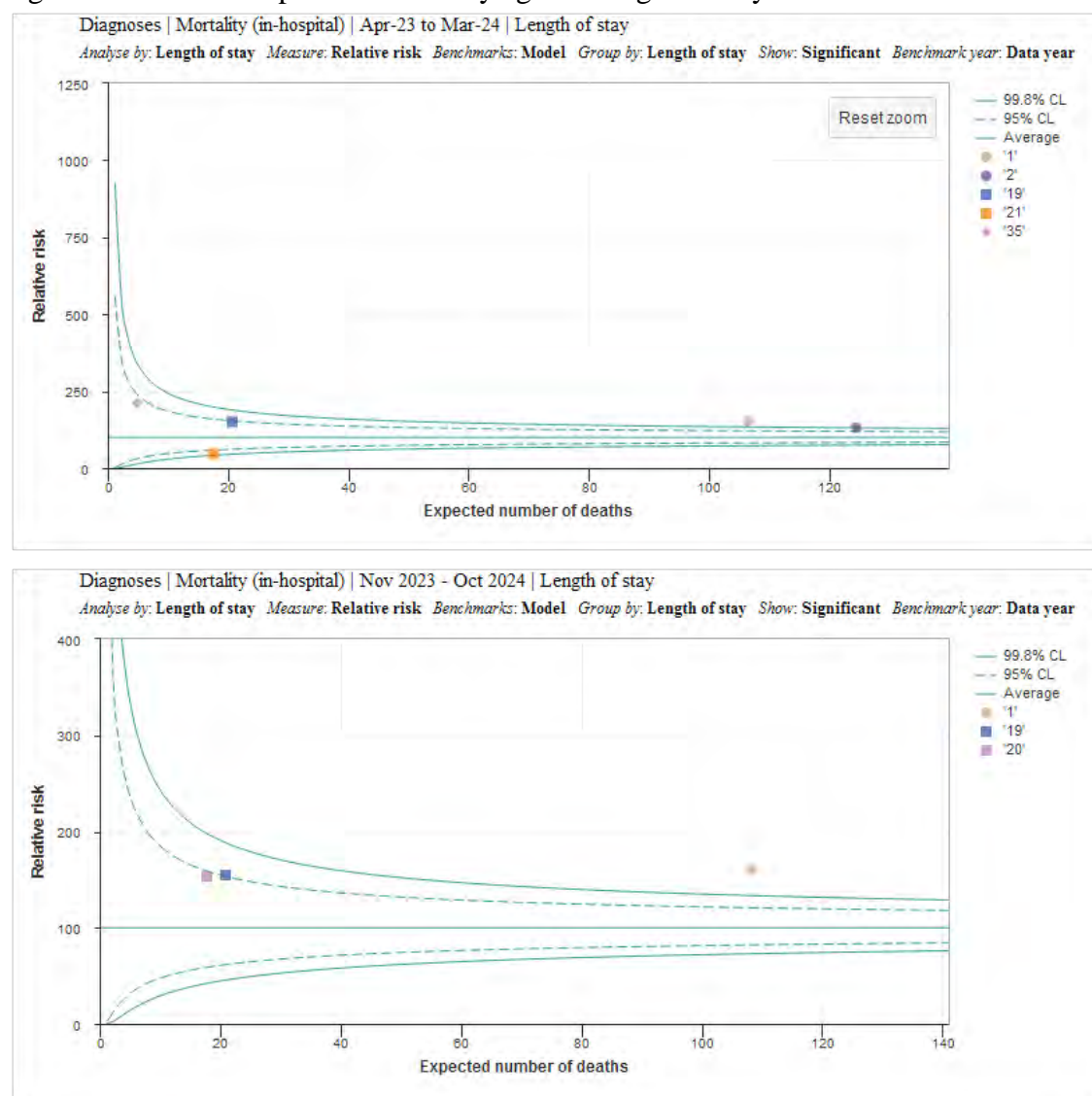
Figure 1.2.5.1 Time from admission to death (days) National and Trust data





The figure 1.2.5.2 below confirms SFH is an outlier for 1 and 2 day LOS in the all diagnosis group for the Apr 23-March 24 time period. More recent data shows persisting outlier status for 1 day LOS, but the 2 day LOS has dropped off.

Figure 1.2.5.2 Funnel plots of mortality against length of stay



From a SFH perspective, this latest data supports our suspicion that increasingly patients are coming in to (and staying in) hospital to die. There has been no clear signal from our medical examiners of a theme of concern about quality of care received in the Trust for this sub group of deaths and the NACEL report suggests that the care received at end of life is good.

Dr Fischer-Orr (acute medical consultant and end of life care lead) is planning to undertake an audit to review deaths in the Emergency Department and across Acute Medicine to understand the reasons for admission and

whether they were avoidable (i.e whether an advanced care plan was in place and whether the patient's wishes regarding hospital admission were known or documented. The results of this audit will be shared via our learning from deaths group..

## 1.2 External Mortality Intelligence Provider

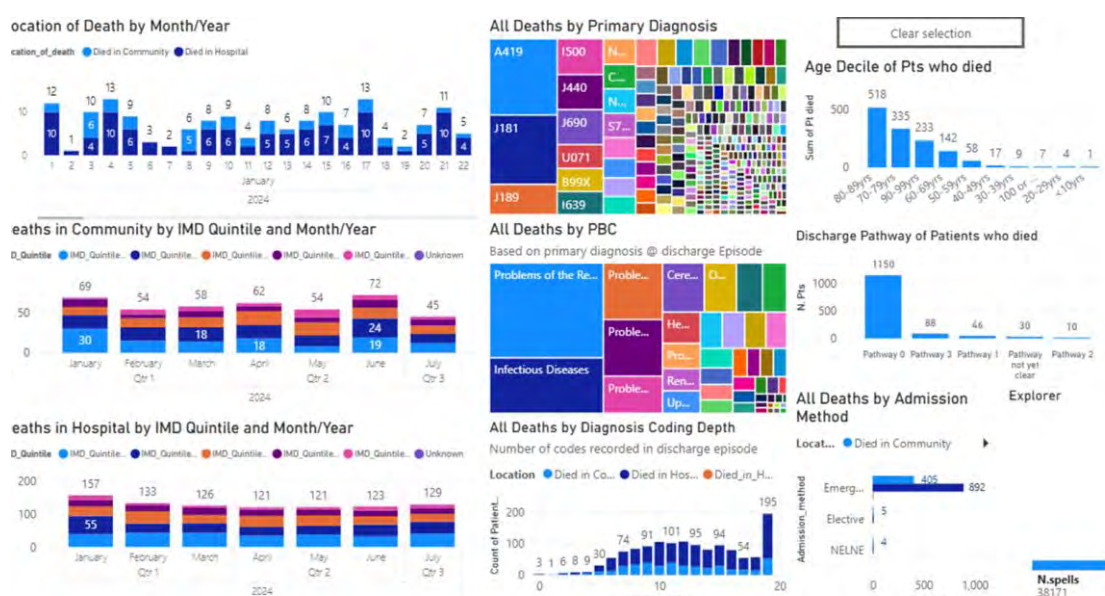
Our national-level comparator metrics continue to be provided by Telstra (Dr Foster) following a 1 year extension to the contract to align with renewals elsewhere in the ICS. This has coincided with the revision of the Telstra algorithm which, as reported elsewhere, is more closely aligned to the SHMI (which is available at no cost but has more limited benchmarking ability). We do however benefit from a useful working relationship with the Telstra analyst.

Significant progress has been made with using our local Trust data (see 1.3.1 below) which has the advantage of being more up-to-date than both SHMI and SHMI. A gap analysis of whether the analytical function can be brought in house will be part of the procurement process.

### 1.3.1 Use of Trusts local data

Our hospital episodes are reliably coded within 5 days of discharge. Using this data we have been able to populate many of the current mortality analytics and create some new ones relevant to local priorities. Less than 0.1% of the cases are unmatched compared to the SHMI. This may be an alternative to our current provision and support a future state where we are able to respond to signals from clinical colleagues in the data rather than explore signals from the data with clinical reviews which have both an opportunity cost in terms of time, as discussed elsewhere rarely reveal a true signal and are typically 6 months to 1 year out of date by the time they report. Given that we appear to be in a stronger position in terms of our mortality benchmarking and our understanding of the data this may be an opportunity for a trial period without an external provider.

Figure 1.3.1 Screen shot of Power BI mortality dashboard based on Trust's own data.



## 1.4 Independent Validation

- As part of the Trust's desire to improve and learn from others, a working group from SFHT undertook a visit to Dudley Group Hospitals (DGH) on 1<sup>st</sup> October.
- DGH had been on a similar journey in relation to HSMR and had reported improvement in their general understanding and metrics.
- The visit was a useful insight into processes, internal management of mortality metrics, coding practice and approach to clinical engagement and responsibility.
- Highlights included a focus on coding accuracy, documentation, capture of key information (including co-morbidities) and effective medical handover, all supported through robust clinical engagement.
  - A significant contributor to their improved performance was attributed to the allocation of dedicated clinical time to work with the coding team.
- Other areas of discussion included Palliative Care coding, ReSPECT documentation and escalation planning (especially at the interface between Primary and Secondary Care).
  - Local agreements around the inclusion criteria for "Specialist Palliative Care" increased their coding

of this. This element is no longer relevant as Telstra have removed it from their algorithm.

- We also discussed the Medical Examiner Service and are pleased to be able to report to Board that our local arrangements seem to be both more mature and collaborative than elsewhere.

## 2. Review of Deaths and Structured Judgement Review (SJR)

### 2.1 Mortality Review Tool

The Datix IQ mortality review tool went fully live in October 2024. Whilst the Bereavement Team have been using the system for their processes we are now able to request and manage mortality reviews in addition to the mandated Attending Qualified Practitioner/ Medical Examiner review. This includes Structured Judgement Reviews (SJRs), avoidability assessments and capture of outcomes and learning.

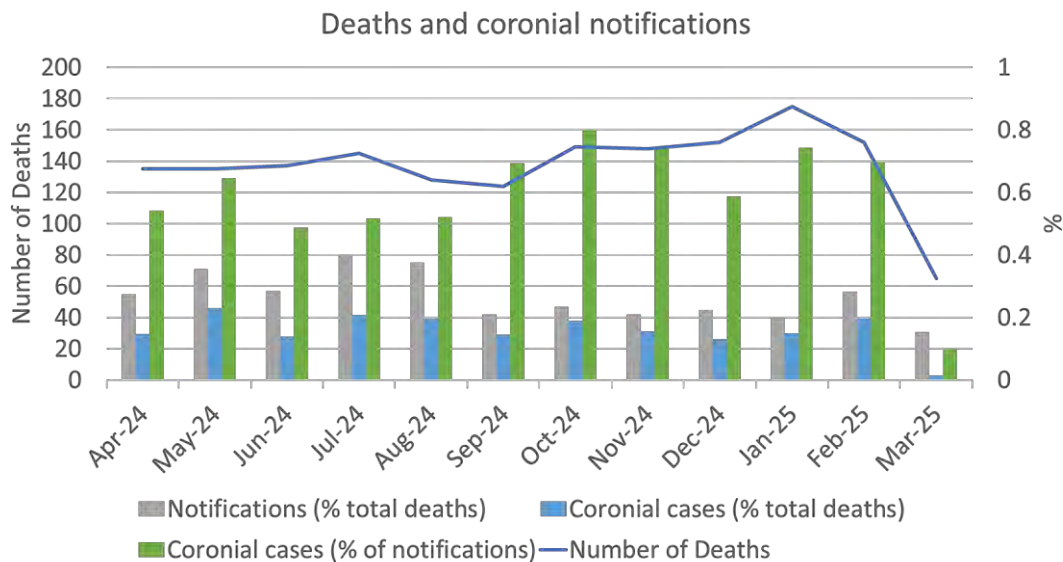
Training in both case review methodology and use of the system has been provided to specialty mortality leads as cases have been added for review prior to access being granted with the aim of quality assurance. This has been well received and several specialties have asked for the training to be made available to all consultants as this is a useful skill for wider governance activities. We hope to report on the impact of this in the next report.

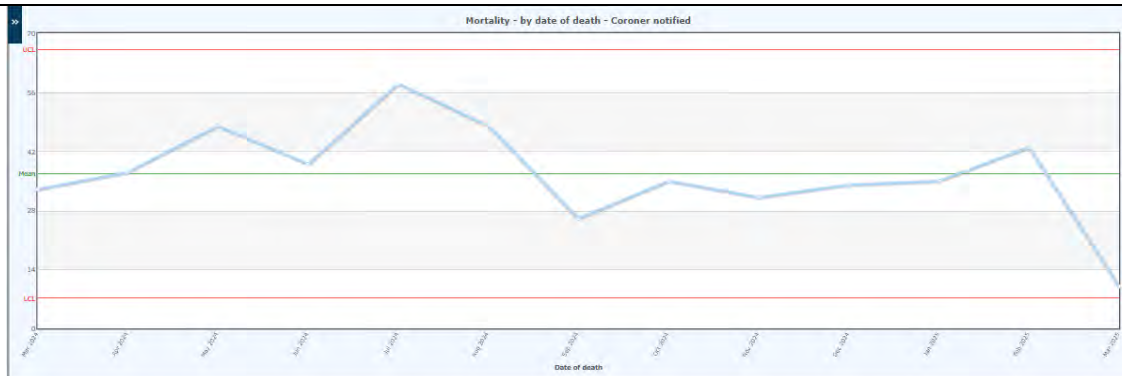
As reviews are completed, we will agree standardised outputs to be fed into existing governance structures. The old system will be closed and archived in Q1 2025-6.

### 2.2 Data from Medical Examiner Service Office

Monthly mortality figures captured by the Medical Examiner service are shown in Figure 2.2.1.

Fig 2.2.1 Mortality trends- monthly hospital deaths 2024-5 at 13/3/2025

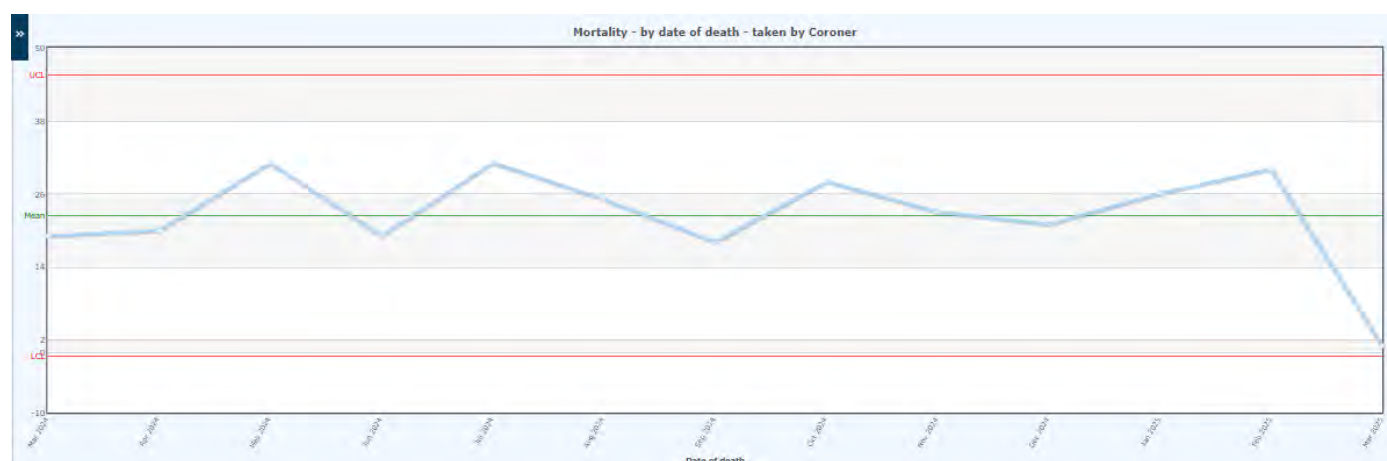




Changes to the Medical Examiner Service which took effect in September has reduced the number of cases requiring discussion with the Coroner which is seen in the SPC chart in Figure 2.2.1. whilst the proportion of referrals take for further action has increased the number of Coronial matters remains stable as shown in the up-to-date data below in Figure 2.2.2.

The increase experienced over the past few years is not reversing. The time and resource required to prepare for and attend these inquests is under review and will require allocated job-plan time for senior clinical colleagues in addition to that allocated from other Patient Safety Incident Investigations and Responses.

Figure 2.2.2 Number of cases taken by the coroner for further investigation (at 13/3/2025)

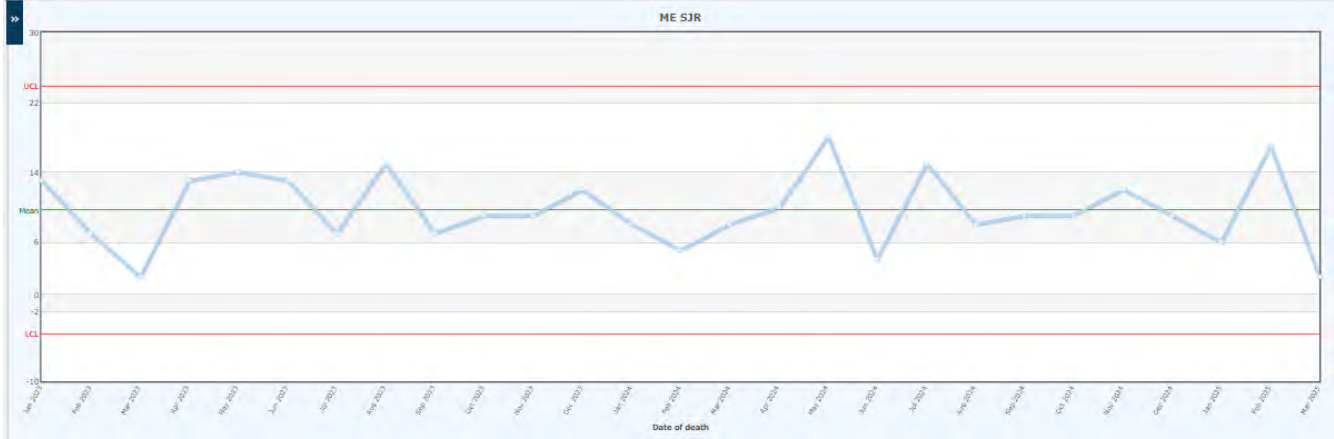


## 2.3 Structured Judgement reviews

Further investigation, following scrutiny of hospital deaths, using the Royal College of Physicians' Structured Judgement Review (SJR) Methodology remains stable as shown in Figure 2.3.1

Fig 2.3.1 Structured Judgement review requests at Q4 2023/24





	2024-5 Q3	2024-5 Q4
Deaths	449	392
SJR	30	25
% Reviewed	6.7	6.4

SJR was requested in 55 cases which includes mandatory cases such as Learning Disabilities or patient detained under the Mental Health Act. This is approximately 6.4% of deaths in this reporting period. This is slightly fewer but not statistically significant. With the launch of the new platform we expect to be able to present summary data from these reviews and the learning in the next report.

#### 2.4 Feedback from LeDeR reviews

Since September 2024 there have been 10 deaths in patients with learning disabilities in the Trust. Four of these female, six were male.

The LD nurse receives data shared from the LeDeR reviews relating to patients who have died whilst at Sherwood Forest Hospitals. The aim of this is to look for themes and trends which can support learning across the organisation. During this reporting period there have been five new LeDeR reviews shared from deaths at Kingsmill hospitals.

##### Feedback:

The LD Nurse has been supporting the new LeDeR reviewers by providing additional information and inviting them to come in and review the paper records if required.

The LD Nurse continues to attend the LeDeR working group meetings which are to held monthly by the ICB LeDeR team.

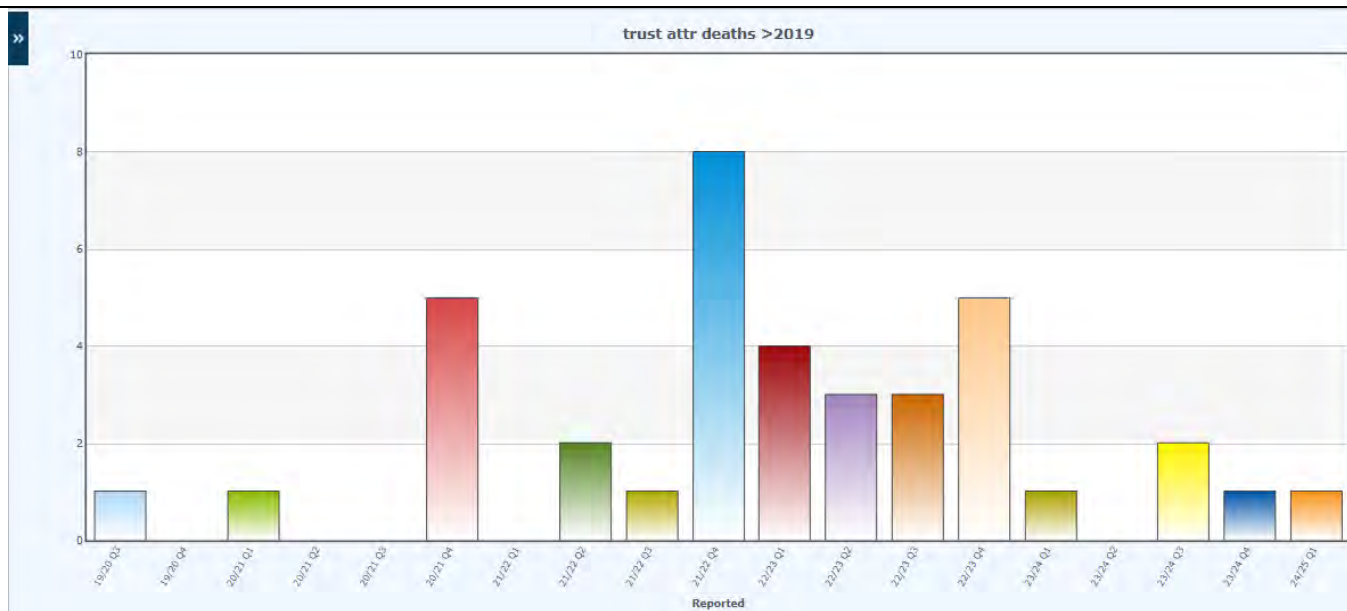
##### LeDeR reviews:

There have been five redacted reviews received during this reporting period. Much positive feedback. Colleagues have been reminded that the LeDeR team is available to assist with breaking bad news such as cancer diagnosis, end of life and DNACPR discussions.

### 3. Feedback and Learning Serious Incident Investigations and from Coroner.

We are required to report to the board an estimate of those deaths where a problem in care has contributed to a death. We believe that reviewing those deaths subject to Incidents Investigations (STEIS and latterly PSII) which are almost invariably taken for Coronial Investigation gives us the best insight into these rare cases.

Figure 3.1 Deaths where a problem in care has contributed (Trust-apportioned catastrophic harm)



The numbers for the last 5 years shown in figure 3.1 are small. Hospital acquired infection (which has included COVID since the pandemic) is now included in the numbers and as reported in previous updates represents a proportion of the cases. As investigations and inquests take several months to sometimes a year to report and allow us to confirm the role of problems in care these data are in arrears. We will continue to report learning from significant cases as it becomes available.

Five inquests have concluded since the last report which have resulted in significant learning for the Trust.

- Neonatal death contributed to by neglect; Regulation 28 – antepartum haemorrhage guidelines give insufficient guidance on urgency. Guidelines have been reviewed.
- Low magnesium result not dealt with. Regulation 28 avoided. Action plan from PSII to include updates to ICE (the trust digital results reporting platform) and grouping of results to improve visibility of abnormal returns. Review of arrangements for telephone alerts for critical results currently with Acting Deputy Medical Director and Clinical Chairs. This case is an example of particularly effective engagement with the family and sharing of the report as part of the Trust's investigation.
- Elderly patient, surgery to hip fracture. Post op deterioration reported by family but not recognised until renal failure established. Narrative conclusion that this contributed to death. Regulation 28 avoided. The Trust is (independently of this case) currently engaged as a pilot site for Martha's Rule which is exploring ways of enabling patients and their relative's to raise concerns using a dedicated telephone number and also incorporating holistic wellness assessments into daily observations.
- 11 year old with complex medical history and previous abdominal surgery, attended unwell with abdominal pain and retching. Early attempts to transfer to NUH paediatric surgeons who are commissioned to deal with such patients were unsuccessful as they erroneously told us they had no bed. Extensive unsuccessful attempt to insert NG tube by paediatric consultant present in KMH ED. Accepted delay administering prescribed antibiotics, and coroner concluded fluids too. Transferred to NUH 7 hours after attendance, where found to have unsurvivable ischaemic bowel at surgery. Ultimately natural causes as coroner concluded unlikely to survive with early transfer, and Regulation 28 report to prevent future deaths avoided as issues covered by previous Regulation 28s. Regarding SFH, coroner expressed concerns, particularly on paediatric nursing provision in ED, failure to administer antibiotics / sufficient fluids, failure to capture regular observations from the continuous monitoring in Resus, and not obtaining early detailed accounts from staff on deaths that might go to inquest. Additionally, wider concerns about the process for finding a tertiary bed for paediatric surgery patients when NUH unit actually is full are being worked through by NUH. Ongoing question remains about how much involvement SFH surgeons should have with paediatric surgery cases attending KMH, and local escalations when early transfer not possible. Similar issues exist in other DGH's and this is being picked up by the paediatric surgery operational delivery network.

- Out of hospital cardiac arrest. 1 year previously had attended SDEC as getting chest pain when running. Slightly raised troponin and abnormal ECG. Initial plan was to see cardiologist but before seen discharged for rapid access chest pain clinic appt on erroneous basis this was stable angina rather than unstable. Patient died 11 months later before routine investigations had been carried out. On investigation an Angiogram was not booked with Catheter Lab, but even if had been routine investigation is unlikely to have been done by time died due to waiting time. Other missed opportunities to detect and rectify this oversight were discovered on investigation. The death was determined to be of natural causes on a technicality as, whilst Trust accepted should have been admitted for inpatient angiogram on first attendance probably leading to stenting, there is no clear evidence that this would have improved life expectancy as opposed to symptom control. Regulation 28 avoided as angiogram wait had markedly improved by inquest. Changes were made to booking process due to a thorough investigation and process mapping exercise led by the Trust's improvement team with excellent clinical and non-clinical engagement.

## 4. Learning from Deaths meetings.

### 4.1 Attendance at meetings

The meeting continues to be well attended by the multidisciplinary clinical teams from SFH together with representation from Palliative Care and End of Life teams from the community and representation from the ICB. We have also added quarterly attendance from the Mortuary team to represent their important work in caring for the deceased after their death which has seen some significant improvements in response to incidents over the last 6 months.

### 4.2 Focus of learning

Much of the agenda for the meetings is driven by problems and negative outcomes. We are increasingly confident that we are not an overall outlier in terms of mortality and we hope to be able to transfer some of our focus towards improving the quality of deaths and learning from those areas where we perform well (safety II). Early work has been done on analysing compliments received from the bereaved and we aim to update in the next report.

## 5. Plans for Q1&2 2025/6

- Continue to work with clinical colleagues to improve accuracy of clinical documentation to enable effective diagnosis, treatment and coding.
- Agree arrangements for provision of benchmarking and analysis which will be of best value to the Trust.
- Continue to work towards pivoting to clinically led, closer to real time learning supported by quantitative and qualitative data.

## Board of Directors

<b>Subject:</b>	People Strategy 2025-2029 Update		<b>Date:</b>	3 <sup>rd</sup> April 2025	
<b>Prepared By:</b>	Leanne Featherstone, People Promise Manager				
<b>Approved By:</b>	Robert Simcox, Chief People Officer				
<b>Presented By:</b>	Robert Simcox, Chief People Officer				
<b>Purpose</b>					
To share a progress and journey of the development of our People Strategy 2025-2029. Attached is a final version of the document for approval.				<b>Approval</b>	<b>X</b>
				<b>Assurance</b>	
				<b>Update</b>	
				<b>Consider</b>	
<b>Strategic Objectives</b>					
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
	<b>X</b>				
<b>Principal Risk</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				<b>X</b>
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
People Cabinet People Committee Trust Management Team Joint Staff Side Partnership Forum Joint Local Negotiating Committee					
<b>Acronyms</b>					
EDI – Equality, Diversity, and Inclusion JLNC – Joint Local Negotiating Committee JSPF – Joint Staff Side Partnership Forum IPR – Integrated Performance Report					
<b>Executive Summary</b>					
<b>Background</b>					
Our current People Strategy 2022-2025 was refreshed in June 2024.					

We have now developed a final version of our People Strategy 2025-2029 which will run in line with the Trust Strategy: Improving Lives, the timeline for development is based on final sign-off by Trust Board in April 2025.

An extensive engagement plan has been completed over the course of Quarter 1, Quarter 2 and Quarter 3 2024/25.

This has involved Trust-wide workshops and engagement stalls, the purpose being to seek feedback around the relevance of our strategic delivery pillars and gather suggestions for priorities over the next 4 years.

Feedback has since been taken away from the Medical Managers Meeting, JSPF Meeting, Senior Nursing Meetings and Divisional People meetings, along with formal and informal forums across the Trust. The feedback has been reviewed and a final draft strategy document is enclosed with this cover sheet.

In summary the People Strategy, has been co-designed by our People for our People.

Further to this, the Year 1 associated actions of the strategy have been aligned to feedback from the 2024 National Staff Survey results, focusing on areas of opportunity, and in years 2, 3 and 4 action plans will be designed and reflective of National Staff Survey feedback and live challenges across the People agenda.

As part of the People Strategy 2025-2029 update, Staff Stories, trusted colleagues and partners have provided written support and testimony regarding the importance of collaboration and the commitment to continue working together and how the People Strategy will support them.

## Key changes

### Delivery pillars

Colleagues at the above workshops agreed with proposed changes to our delivery pillars, outlined below:

## Proposal: Delivery Pillars



## People Priorities

Pages 13-17 have been updated based on feedback from colleagues (Summary of People Priorities 2025-2029 and People Priorities 2025/2026).

The aim of this approach is built on feedback and a platform for key guiding strategic priorities that are flexible to the feedback received by our People to support the delivery of each supporting pillar.

We have been mindful to use simple, easy to understand language, that our People can connect with.

Page 18 has been designed to be a simple overview of how the impact of these priorities can be measured, where these will be tracked through the People Committee on a quarterly basis and aligned to the Trust's Integrated Performance Report (IPR)

## Equality, Diversity, and Inclusion (EDI)

The wider EDI agenda has been realigned to be golden thread within the Trust's People Strategy, where the Strategy strives to be a place where people can bring their whole selves to work.

A place where people are seen, accepted, respected, and celebrated for who they are

## Updated branding

The document is now in line with corporate branding.

## **Summary**

Following extensive and wide-reaching engagement the Trust has a co-designed People Strategy to support our People over the next 4 years. The flexible approach taken will ensure our delivery pillars can be adapted to meet the needs of our People, focusing on:

Looking after our People, creating a sense of belonging in Sherwood and the NHS, growing for the future and improving new ways of working and delivering care.

Having four key pillars and the centre of the People Strategy will provide a core framework for success to take place.

The centre of the People Strategy are our People, where Happy People provided better Care.

## **Recommendation**

Trust Board are asked to take assurance on the progress and journey of the development of the People Strategy and support People Committee's recommendation of approving the final version of our People Strategy document for 2025-2029.



# People Strategy 2025/29

Empowering and supporting our people  
to be the best they can be.



**Improving**  
ways of working and  
delivering care



Growing for the  
**future**



**Belonging**  
in Sherwood  
and the NHS



Looking after our  
**People**

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# Welcome

Following successful delivery of our previous strategy, we have developed our People Strategy for 2025-2029 and supporting action plans for 2025/26. Our People Strategy embraces all our people including medical staff, nursing, allied health professionals, administrative and clerical, recognising the importance of each individual's contribution to delivering outstanding care to our patients. Our People are Important!!

This document will set the vision for the next 4 years and outline the ways we will empower and support our people to be the best they can be. Our People Strategy supports the Trust's vision of providing outstanding care delivered by compassionate people to promote healthier communities. It was built in line with the NHS People Plan and is underpinned by our Trust's CARE values.

We sometimes get asked what is meant by the term 'our people'. Put simply, this means all our colleagues at Sherwood Forest Hospitals NHS Foundation Trust.

During Spring/Summer 2024 we engaged Trust-wide to gain feedback around what is important to our people. Your feedback has been collated into this strategy; designed by our people, for our people. Despite an ever-changing NHS landscape and increased demand for our services we are proud to say that 71% of our colleagues voted Sherwood as a great place to work.

Our people told us that feeling a sense of belonging in the NHS is still important, but you are also proud to work at Sherwood and feel a sense of belonging to our organisation.

Our people also told us that improving existing services and processes is equally as important as 'New ways of working'.

Small things can make a big impact on the efficient running of services. We have therefore reshaped our delivery pillars based on your feedback:

- Looking after our people
- Belonging in Sherwood and the NHS
- Growing for the future
- Improving ways of working and delivering care

I am confident that the People Directorate will continue to support divisions to provide high quality, safe care for patients and ensure Sherwood is a great place to work and belong. We know happy people provide better care. The People Directorate is made up of over 150 members of staff that provide our people with support across a wide range of services. Our services range from Recruitment, Rostering, Training & Development, through to Operational HR, Occupational Health, Wellbeing, plus many more. You can find a full list of teams on the Human Resources (People Directorate) intranet. If you are looking for support from the People Directorate, you can find contact details for each of our teams on the final page of this document.

I would like to thank you everyone Trust wide who has provided feedback and supported the development of our People Strategy and look forward to reporting back with progress updates along the way.



**Rob**

**Rob Simcox**  
**Director of People**

# Our key achievements 2022-2025



## Violence prevention and sexual safety

The 'Expect Respect, Not Abuse' campaign was launched as part of several actions being made by the Trust's internal Violence and Aggression Working Group. This group was established to address growing concerns about staff safety, develop strategies and reduce workplace violence.

## Growing for the future

For existing colleagues, we launched the Leadership Development Programme to support existing and aspiring leaders. As well as this, the trust appraisal process was improved to encourage engaging conversations and improve ease of use.



## Occupational Health and wellbeing

The Occupational Health Team have conducted 33,458 staff appointments over 100 wellbeing sessions and over 5,000 staff members have received their flu jab.

## Step into the NHS

We recently introduced 'Step into the NHS' events in partnership with West Notts Collage and Nottinghamshire Trent University. These events showcase the wide range of roles available across our sites.



# Our key achievements 2022-2025



## Re-launching the CARE values

In October 2023 we refreshed our CARE values to show our ongoing commitment to empower our people, to support one another and to deliver outstanding care to our patients.

## Launch of the Armed Forces Network

Launching the network was a notable achievement showcasing our commitment to inclusivity, support, and community building. The network has enriched our workplace culture, bringing a unique set of skills, experiences, and perspectives into the fold.



## Re-launching the staff networks

After listening to our members, Staff Networks were relaunched with more flexible and accessible structure. Bi-monthly safe space meetings were introduced, providing a secure environment for colleagues with lived experience to share concerns and receive peer support.

## Making flexible working more accessible

From 01 October 2024 we have asked colleagues to submit new flexible working requests through ESR. Support was provided through training videos and the Trust is able to track requests and produce detailed reports.





# National and local context

## National

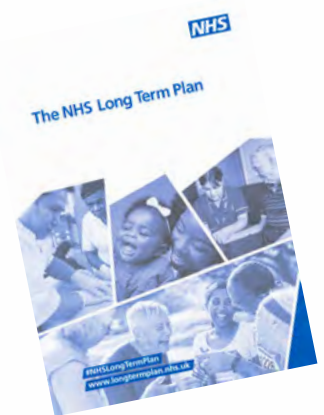
### The People Promise

This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.



### NHS Long Term Workforce Plan

The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.



## System and Partners

Sherwood Forest Hospitals has a long history of working in partnership for the benefit of our communities. These include:

- Integrated Care System
- Vision West Nottinghamshire College
- Allocate
- Vivup
- NHS Employers, Department for Work & Pensions.



## Sherwood Forest Hospitals

- Sherwood Forest Hospitals Strategy - Improving Lives 2024-2029.
- CARE values.



# Equality, Diversity & Inclusion

Equality, Diversity, and Inclusion (EDI) is at the core of what we do here at Sherwood Forest Hospitals and is a golden thread within the Trust's People Strategy.

Diversity is a fact at our organisation. Our people are from different: ages, cultures, religions, abilities, races, genders, and sexualities. This is something that we are exceptionally proud of. With this comes a responsibility to embed Equality and Inclusion into everything that we do, ensuring we achieve a true sense of belonging for all our people.

We also have a legal obligation under the Equality Act 2010 to prevent discrimination and take steps to protect our people from unlawful discrimination based on nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

Sherwood strives to be a place where people can bring their whole selves to work. A place where people are seen, accepted, respected, and celebrated for who they are.

Consequently, we will know that our people will feel supported, safe, and happy at Sherwood, enabling us to retain and develop motivated colleagues and teams, dedicated to delivering excellent patient care.

To ensure a culture of belonging, the People Directorate are committed to delivering on the nationally mandated EDI requirements for NHS organisations. This includes embedding the 6 High Impact Actions included in the NHS EDI Improvement Plan, submitting our annual Workforce Race Equality Standard Report, Workforce Disability Equality Standard Report, and our Gender Pay Gap Report. These reports are essential in enabling us to take appropriate and impactful actions, which will ensure equity of opportunity and experience for all our people.

As a People Directorate we are dedicated to embedding equity throughout the entirety of the employment journey; from promoting inclusive recruitment and onboarding processes, to ensuring equity of opportunity to develop our talented people.

Our people come from around the world. Our One World, One Team SFH Global Flag Wall, now contains well over 100 flags, all representing the countries of birth of our people. The People Directorate are committed to supporting internationally recruited colleagues throughout their career journey here at Sherwood.



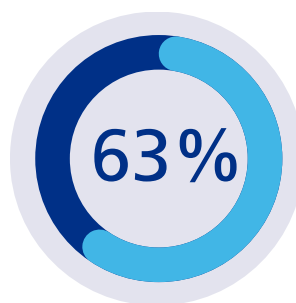
# Equality, Diversity & Inclusion

## Continued...

Through our EDI training programme, offering various learning opportunities for all, we seek to empower our people and leaders to embed a culture of belonging, bringing essential cultural awareness to all.

Recognition of key EDI events throughout the year, including the annual REACH OUT! event, International Women's Day, PRIDE, Carers Weeks, Disability History Month, and NHS Overseas Workers Day, provides an opportunity for us to celebrate diversity in all its forms, raise awareness, and encourage conversations about EDI.

Our 5 Staff Networks underpin EDI at Sherwood. Our networks curate safe spaces for people to come and share their lived experiences, gaining peer-to-peer support from colleagues with similar lived experience. Our networks are dedicated space to hear and elevate the voices of our people. Through our Staff Networks we can better understand and respond to our people's needs.



The engagement rate among Trust colleagues remains above the national average response rate of 49%.



The majority of staff (79%) agree that care of patients remains the organisation's top priority.



74% of colleagues would feel secure raising concerns about unsafe clinical practice.



The majority of colleagues (63%) agreed that the organisation would act on concerns raised.



# Staff Stories

We work with our people around the Trust to develop 'Staff Story' videos three times per year. The purpose of this is to seek open and honest feedback from our people around their working lives here at Sherwood Forest Hospitals.

You can find our latest Staff Story videos on the Sherwood Forest Hospitals YouTube channel: [link here](#)

Below are a select few quotes from our most recent 'Staff Story' videos.

I'm really excited to be completing my apprenticeship soon and using that as a way of developing my career.

I enjoy working at Sherwood because there's been a great sense of community here. You also get the support you need, when you need it.

As Chair of the Ethnic Minority Staff Network I feel empowered and supported by the Trust, that gives me a sense of inclusion and belonging.

Studying for my A-levels and degree gave me flexibility to work and learn about the NHS. After graduating, I joined the Information Team progressing from Information Officer to my current role. Now, I manage a small team, helping them grow.



# Feedback from our partners



"We work together in partnership to ensure the Trust Care Values are supported and embedded in everything we do as staff side leads. Through partnership working we endeavour to assure that everyone within the Trust is treated fairly with respect, inclusivity, and dignity. We're constantly reviewing the Care Values and Trust strategies of today to make them relevant for the workforces and patients of tomorrow."

[Roz Norman, Staff Side Lead \(Chair\).](#)



"The Trust is a valued Integrated Care System partner, supporting the development and delivery of a People and Workforce strategy in the system space. Alignment of our People Plans in the future supports the full delivery of our systems ambitions maximising on our role not only as employers, but also as partners and anchor institutions."

[Rosa Waddingham, Chief Nurse, NHS Nottingham and Nottinghamshire ICB.](#)



"We are a proud partner with SFHFT, helping nurses secure careers and supporting T Level learners in applying their skills safely in the hospital. The hospitals support in planning and delivering specialist courses has been invaluable. Our interns have thrived, with some securing permanent roles. This partnership continues to grow, offering A Level students work placements and creating real projects for our creative students as we shape the future workforce together."

[Andrew Cropley, Principle and Chief Executive West Notts College.](#)



"Our partnership with Sherwood has been a great example of how collaboration can create real, positive change. By working together, we've been able to develop tailored support up unpaid carers, recognising their unique needs and offering solutions that benefit both the Trust and it's employees. Through our partnership, we've not only improved the wellbeing and work life balance of carers but also empowered them to be more present and productive at work. The Trusts approach has allowed them to realise the true potential of their employees, offering flexible solutions, understanding, and resources that promote long-term retention and satisfaction."

[Jayne Davies, Employer Engagement Lead, Nottingham Carers Association.](#)



# Our strategic delivery pillars

## Looking after our people

### Our vision - What does this mean in practice?

- Our people are healthy and psychologically safe, allowing them to deliver safe, high-quality care.

### Our priorities - How will we deliver this?

- We will follow a person-centred approach, supporting our people based on their individual needs. We acknowledge there is an overlap professionally and personally and will support our people to take appropriate time to rest, rehydrate and refuel. We will provide the practical and emotional support our people need to do their jobs.

## Belonging in Sherwood and the NHS

### Our vision - What does this mean in practice?

- We have a culture of kindness, civility and respect within the organisation, where our EDI, CARE values and People Promise are at the heart of everything we do.

### Our priorities - How will we deliver this?

- We will create an inclusive culture and take action to reduce our people's experience of violence, bullying and discrimination. We will encourage our people to have a voice through Freedom to Speak Up, Staff Networks, National Staff Survey plus Quarterly Pulse Surveys. We will recognise and reward our people through key celebration events.

We will provide governance on the above two pillars through our People Wellbeing and Belonging Sub-Cabinet.



# Our strategic delivery pillars

## Growing for the future

### Our vision - What does this mean in practice?

- We are the employer of choice in the local area, with recruitment, development and promotion practices that are inclusive, fair and equitable. We attract and retain talent.

### Our priorities - How will we deliver this?

- We will support our leaders to provide meaningful appraisals, manage talent and develop succession plans. We will enhance our training, apprenticeship and work experience offer. Our Step into the NHS programme and partnerships with local educational providers will be key to growing our future workforce.

## Improving ways of working and delivering care

### Our vision - What does this mean in practice?

- We are leaders in transformation, innovation and partnership working within the Sherwood and the Nottinghamshire system.

### Our priorities - How will we deliver this?

- We will work more digitally and efficiently by simplifying people processes and where possible removing duplications. We will utilise people information to create workforce plans that support services to fill roles with the right people at the right time.

We will provide governance on the above two pillars through our People Resourcing, Development & Transformation Sub-Cabinet.



# Summary of people priorities

## Looking after our people

- People health – We will support you to be healthy and well at work.
- People safety – We will create an environment which will keep you safe at work.
- People wellbeing - We will help you and your teams to meet wellbeing needs.
- Mental health – We will help you to access emotional support whilst at work.

## Belonging in Sherwood and the NHS

- Compassionate culture - We will build a compassionate culture where the CARE values are at the heart of everything we do.
- Equality, Diversity & Inclusion - We will support you and your teams to value diversity, creating a culture of inclusion.
- Celebration and recognition – We will celebrate and thank you for the work that you do.
- People practices – We will ensure our people practices are implemented in a fair and equitable way.

## Growing for the future

- Talent management – We will support you to understand your potential career pathways and development opportunities.
- People development – We will develop and implement innovative training & development opportunities, to empower you to be the best you can be.
- Developing our leaders – We will develop our leaders to live the CARE values and practice compassionate leadership.
- Securing our future workforce – We will become the local employer of choice through community engagement innovative recruitment and retention.

## Improving ways of working and delivering care

- Planning our future workforce – We will support you and your teams to develop workforce plans for the future.
- People improvement – We will support you and your service on your improvement journey.
- People systems – We will support you to fully utilise digital systems and data to inform decision making and deliver outstanding care.
- Transformation to Artificial Intelligence – We will support the transition from manual people processes to automated people systems driven by analytics and insights.

# People priorities

## Our 2025/26 action plan:

### People health

- In conjunction with Infection, Prevention & Control, develop a phased approach to implement respirator FIT testing in high-risk areas.
- Pilot an enhanced Physiotherapy service to our Nursing and Midwifery workforce which focuses on reducing absence following back injuries. Roll out to the wider workforce to be considered following completion of the pilot.

### People safety

- Implement all 10 principles of the NHS Sexual Safety Charter.
- Review and refresh the Trust's Violence & Aggression Improvement plan.

### People wellbeing

- Devise and implement an annual Wellbeing plan focused around prevention to support our people with their fundamental wellbeing needs.
- To develop and implement a framework of support for all our people involved with Employee Relations practices.

### Mental health

- To develop a business case to grow our Clinical Psychology service.
- To develop and implement a 'stress at work' framework to support all our people with their physical and mental wellbeing.



# People priorities

## Our 2025/26 action plan:

### Compassionate culture

- Build an Organisational Development framework for teams and services experiencing transformation and change.
- Implement Thinking of Moving conversations across the Trust, empowering leaders to act upon feedback with the aim of retaining individuals.

### Equality, Diversity & Inclusion

- Develop new measures of Equality, Diversity & Inclusion data to greater understand and support our people, including but not limited to Medical WRES and Ethnicity Pay Gap.
- Review and implement a new Equality, Diversity & Inclusion policy.

### Celebration and recognition

- We will create and publish a revised Trust Reward & Recognition framework and offer.
- Undertake a review of the Trust's long-service recognition process.

### People practices

- Roll out of recording of all flexible working requests on ESR.
- Educate managers around the different flexible working opportunities available, including (but not limited to) part-time working, compressed or annualised hours, flexible retirement, and remote working.



# People priorities

## Our 2025/26 action plan:

### Talent management

- Review appraisals across the Trust with focus on the quality of appraisal conversations, developing action plans to support our people to have more meaningful conversations.
- Implement talent conversations across the Trust empowering leaders to develop our people.

### People development

- Develop and implement a communications strategy ensuring our people have visibility on the Trust's training offer, and how to access.
- Review the Trust's current training offer to ensure access for all, utilising the various platforms of delivery.

### Developing our leaders

- Develop and implement an in-house coaching offer for our people.
- Evaluate the Leadership Framework including leadership development for our BAME colleagues.

### Securing our future workforce

- To support local students with decisions regarding careers in the NHS. Develop a Work Experience scheme in conjunction with West Nottinghamshire College for A-Level pupils.
- Develop a strategic partnership with West Nottinghamshire College to grow the Apprenticeship offer including a focus on entry-level careers and existing professions within the Trust.





# People priorities

## Our 2025/26 action plan:

### Planning our future workforce

- Develop 5-year workforce models aligned to productivity which identify the impact of retirements, staff movements and vacancies.
- Develop workforce models and implementation plans for the Community Diagnostics Centre (CDC) and Electronic Patient Record (EPR) project.

### People improvement

- Develop an options appraisal regarding positions that are hard to recruit to including transformation plans and alternative roles to deliver care.
- Develop and implement a training session for managers to provide education around workforce planning to enable transformation.

### People systems

- Develop for consideration at Trust governance meetings, a business case for ESR Go to support greater alignment of our people systems (includes ESR, TRAC and Health Roster)
- Develop and implement interactive dashboards to give greater clarity on performance metrics to support Trust decision making.

### Transformation to Artificial Intelligence

- Ensure appropriate representation at local, regional and national people AI forums and share learnings.
- Pilot the implementation of automated people reports to support a data driven culture.



# Success Measures

This is how we will measure our success:

## Looking after our people

- 5% reduction in days lost to back related musculoskeletal injuries (in the Pilot area) by Quarter 4 2025/26.
- Safe and Healthy NSS 2025 measure score will increase to 6.4 by Quarter 4 2025/26.
- NSS 2025 measure re. sexual safety to increase to 97% of people not experiencing unwanted sexual behaviour from other colleagues 2025/26.
- NSS 2025 measure re. violence and aggression of colleagues not experiencing physical violence from patients to increase to 83% by 2025/26.

## Belonging in Sherwood and the NHS

- IPR Engagement score of 7.33 for 2025/26.
- Turnover equivalent to IPR standard on a quarterly basis throughout 2025/26.
- Submissions and publication of statutory and mandatory data to meet the Public Sector Duty requirements in 2025/26.
- Recommended as a great place to work to increase to 74%, according to the NSS 2025
- An improved score around flexible working in the NSS 2025.

## Growing for the future

- Appraisals at 90% IPR measure on a quarterly basis throughout 2025/26.
- Turnover equivalent to IPR standard on a quarterly basis throughout 2025/26.
- Mandatory Training 90% (IPR) measure on a quarterly basis throughout 2025/26.
- An increase to 74% in the NSS 2025 as a recommended place to work.
- Question improved around colleagues having access to the right learning and development opportunities when needed, according to NSS 2025.

## Improving ways of working and delivering care

- 5-year workforce models developed for all service lines by Quarter 3 2025/26.
- Vacancies at equivalent to IPR standard on a quarterly basis throughout 2025/26.
- Increase on the annual ESR assessment score by Quarter 4 2025/26.
- Development and implementation of performance related dashboards by Quarter 4 2025/26.



# Glossary

**AI** – This stands for Artificial Intelligence. Artificial intelligence is a field of science concerned with building computers and machines that can reason, learn, and act in such a way that would normally require human intelligence or that involves data whose scale exceeds what humans can analyse.

**BAME** – The acronym BAME refers to Black, Asian and Minority Ethnic groups; it is commonly used in the NHS to refer to all ethnic groups except White British. Minority Ethnic groups include White minorities such as Gypsy, Roma and Irish Traveller groups. In our efforts to ensure equity of opportunity and experience at Sherwood, data from BAME groups can be compared to White British groups enabling us to identify where we have differences which our action plans seek to change.

**EDI** – This stands for Equality, Diversity and Inclusion. Equality, Diversity and Inclusion can be defined as ensuring equal opportunities for all, regardless of an individual's protected characteristics. There are 9 protected characteristics defined by the Equality Act 2010 which include: age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex and sexual orientation.

**EPR** - Electronic Patient Record Also known as EPR. This is a system where all your medical information can be viewed and accessed. Information included includes your medical history including results of investigations and medications. Having information in one place allows clinicians to use / see everything related to your care in real time which can speed up decision making and improving the quality-of-care patients receive.

**ESR** – The NHS Electronic Staff Record (ESR) provides an integrated HR and payroll solution for NHS organisations. We use ESR to record your personal details, maintain your employment record, update your training record, and it is also the system we use to pay you.

**Equity** - Equity is different to Equality. Equality is where all people are treated the same regardless of any differences which may create disadvantages for some people. Equity is where we take a person-centred approach and make reasonable changes or adjustments to resources or opportunities to minimise the potential of any disadvantage.

# Glossary

**People Directorate** – The People Directorate incorporates all services managed under the portfolio of the Director of People at Sherwood Forest Hospitals, traditionally known as Human Resources.

**People Information** – The services managed under the portfolio of the Associate Director of People (Transformation) at Sherwood Forest Hospitals, formerly known as Workforce Information. The People Information team manage the Trust's ESR system.

**NSS** - Each autumn NHS staff in England are invited to take part in the NHS Staff Survey. The survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling a range of organisations to understand what it is like for staff across different parts of the NHS and work to make improvements. At Sherwood, there will be collective ownerships of the results and associated actions.

**Strategic People Plan** –  
**Talent management** – Talent management means implementing processes to attract, identify, develop, engage and retain individuals that are valuable to an organisation. At Sherwood Forest Hospitals we have our own talent management approach which launched in 2024 and can be found on the staff intranet.

**Workforce plans / Workforce planning** – sometimes also referred to as workforce models.

**WDES/WRES** – This stands for Workforce Disability Equality Standard/Workforce Race Equality Standard. NHS England requires all NHS organisations to measure, demonstrate and publish their annual race and disability equality improvements for each of the WDES/WRES indicators.

# Contact the people directorate

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know.

## Apprenticeships

[sfh-tr.sfhapprenticeships@nhs.net](mailto:sfh-tr.sfhapprenticeships@nhs.net)

## Education Centre

[sfh-tr.kingsmillconferencecentre@nhs.net](mailto:sfh-tr.kingsmillconferencecentre@nhs.net)

## Equality, Diversity & Inclusion

[sfh-tr.edisupport@nhs.net](mailto:sfh-tr.edisupport@nhs.net)

## e-Learning

[sfh-tr.e-learning@nhs.net](mailto:sfh-tr.e-learning@nhs.net)

## Learning and Development

[sfh-tr.learninganddevelopment@nhs.net](mailto:sfh-tr.learninganddevelopment@nhs.net)

## Leadership and Management Development

[sfh-tr.leadershipdevelopment@nhs.net](mailto:sfh-tr.leadershipdevelopment@nhs.net)

## Medical Workforce

[sfh-tr.medical.workforce@nhs.net](mailto:sfh-tr.medical.workforce@nhs.net)

## Occupational Health

[sfh-tr.occupational.health@nhs.net](mailto:sfh-tr.occupational.health@nhs.net)

## Organisational Development

[sfh-tr.odenquiries@nhs.net](mailto:sfh-tr.odenquiries@nhs.net)

## People Partners

[sfh-tr.hrbpteam@nhs.net](mailto:sfh-tr.hrbpteam@nhs.net)

## People Operations

[sfh-tr.operationalhr@nhs.net](mailto:sfh-tr.operationalhr@nhs.net)

## People Information

[sfh-tr.peopleinformation@nhs.net](mailto:sfh-tr.peopleinformation@nhs.net)

## Rostering Services

[sfh-tr.healthrostteam@nhs.net](mailto:sfh-tr.healthrostteam@nhs.net)

## Recruitment

[sfh-tr.recruitmentqueries@nhs.net](mailto:sfh-tr.recruitmentqueries@nhs.net)

## Training Information (OLM)

[sfh-tr.trainingattendants@nhs.net](mailto:sfh-tr.trainingattendants@nhs.net)

## Temporary Staffing

[sfh-tr.temporary.staffingoffice@nhs.net](mailto:sfh-tr.temporary.staffingoffice@nhs.net)

## Wellbeing

[sfh-tr.wellbeing@nhs.net](mailto:sfh-tr.wellbeing@nhs.net)

## Work Experience

[sfh-tr.sfhworkexperience@nhs.net](mailto:sfh-tr.sfhworkexperience@nhs.net)

### Other useful links:

[Contact the Trust](#)

[Trust Website](#)

[Trust Facebook](#)

[Sherwood Forest Hospitals](#)

[Careers Facebook](#)

Follow us on X (Twitter)

@SFH\_PeopleHR

Read the full  
online version  
here:



## Board of Directors

<b>Subject:</b>	National Staff Survey Results 2025	<b>Date:</b>	3 <sup>rd</sup> April 2025		
<b>Prepared By:</b>	Mohammed Khan, People Organisational Development & Engagement Lead & Jacqueline Read, Associate Director of People (Operations)				
<b>Approved By:</b>	Robert Simcox, Chief People Officer				
<b>Presented By:</b>	Robert Simcox, Chief People Officer				
<b>Purpose</b>					
To provide the Board of Directors with of an overview of the results of the National Staff Survey 2024 at Sherwood Forest Hospitals, including areas of success and focus for 2025		<b>Approval</b>			
		<b>Assurance</b>	<b>X</b>		
		<b>Update</b>	<b>X</b>		
		<b>Consider</b>			
<b>Strategic Objectives</b>					
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
<b>X</b>	<b>X</b>		<b>X</b>		
<b>Principal Risk</b>					
<b>PR1</b> Significant deterioration in standards of safety and care					<b>X</b>
<b>PR2</b> Demand that overwhelms capacity					
<b>PR3</b> Critical shortage of workforce capacity and capability					<b>X</b>
<b>PR4</b> Insufficient financial resources available to support the delivery of services					
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation					<b>X</b>
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b> Major disruptive incident					
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>					
Trust Management Team People Cabinet People Committee					
<b>Acronyms</b>					
NSS24 – National Staff Survey 2024					
<b>Executive Summary</b>					
<b>Background</b>					
In total 3,856 colleagues took the time to complete the survey, which is a 63% return rate compared to 62% from NSS23.					
This is an extra 250 voices compared to last year and the highest number of responses the Trust has received.					



## Summary of 2024 Result

Full results show that the Trusts is:

- Best Acute Trust in the East Midlands for the 7th year running, with 70.6% of colleagues recommending Sherwood Forest Hospitals as a place to work.
- Best Acute Trust in the East Midlands for receiving care, with 73.1% of colleagues recommending if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation.
- Under the People Promise, we are the Best in the East Midlands for 7 of 9 themes



- We remain a high performing Trust regionally, with 8 of 9 People Promise themes sitting within the top 3 Acute Trusts in the Midlands.
- We remain a high performing Trust nationally, with each People Promise theme sitting within the top 15 out of 122 Acute Trusts.

Other key highlights include:

- Staff morale is good, with 6.31 out of 10 colleagues rating morale good
- Staff engagement is good, with 7.13 out of 10 colleagues rating engagement good
- 63.5% of colleagues believe we are taking positive action on Health and Wellbeing.
- 89.1% of colleagues feel their role makes a difference to patients/service users.
- 90.7% of colleagues feel trusted to do their job
- 68% of colleagues say they have access to the right learning and development opportunities when needed.
- 81% of staff have not experienced physical violence, and 75.3% have not faced harassment or abuse from patients, relatives, or the public. This is one of our most improved areas over the past year.
- More staff have received an appraisal in the last 12 months (89.1%)
- Immediate managers are taking a more positive interest in colleagues' health and wellbeing (73.8%)

## Areas of focus for 2025

The Trust will have an aligned corporate focus under the themes of Valuing You, Supporting You and Developing You, that will aim to take forward the following topics identified from across the 2024 survey, these include:

- Retention - Thinking of Moving and Exit interviews will help the Trust understand what colleagues like and dislike about their jobs and highlight potential areas for improvement.
- Ensuring colleagues have the right equipment they need to do their jobs, so they have adequate materials and supplies.
- Celebration and Recognition across the Trust will be reviewed to increase colleagues feeling valued and recognised.
- To ensure CARE Values are at the heart of everything we do.
- Reporting and addressing unsafe clinical practices so that people feel confident that the Trust would address concerns.

At the recent People Committee meeting, extended time was made to explore the results in more detail, exploring the areas of focus for 2025 in further depth. A rounded discussion concluded that engagement will be key across 2025, to ensure our People are informed timely with consistent and honest information.

Therefore, a revised and refreshed approach to Trust engagement will be at the centre of this, our People are important so keeping them informed will be at the heart of our approach.

### **Next Steps**

It is important that NSS is not just seen as a once-a-year event and momentum and focus continues through the year under “Your Voice Counts”.

Several assurances measures and supportive tools will be rolled out throughout the year to provide this momentum and focus.

- All colleagues will be able to access results directly through on online survey explorer tool.
- Leaders in divisions are being supported by OD and Engagement and Divisional People Leads to review and share their results with teams.
- Teams will be encouraged to work together to look at results and take actions to implement improvements but also celebrate achievements and shared learning.
- Divisions will routinely report progress against their divisional improvement areas as part of the Divisional Performance Review (DPR) process.
- Learning will be shared across the organisation through our ‘You Said, We Listened’ communications.
- At a Trust level, Trust actions for improvement updates will be provided via our communication channels throughout the year, including our weekly Bulletin and Executive Team blogs.
- Pulse Survey results will be reported 1/4ly through Divisional People Committees and other forums to support with continued improvement and focus and also to support a drive in engagement.

### **Conclusion**

As a Trust we are incredibly proud of our results and how we place both locally, regionally and nationally against a challenging NHS landscape.

We acknowledge we have more to do to support our colleagues with a sense of belonging, but our results show our areas of focus for 2025.

### **Recommendation**

The Board of Directors are asked to take note and assurance from the report's content, findings and onward actions following release of the National Staff Survey results 2024 and support the approach regarding next steps and actions at with a divisional corporate and Trust wide level.

Outstanding Care,  
Compassionate People,  
Healthier Communities

# National Staff Survey 2024

## Best NHS Acute Trust in the East Midlands...

... to work for, as voted  
for by our staff for the  
7th year running

...for staff morale

...for staff engagement

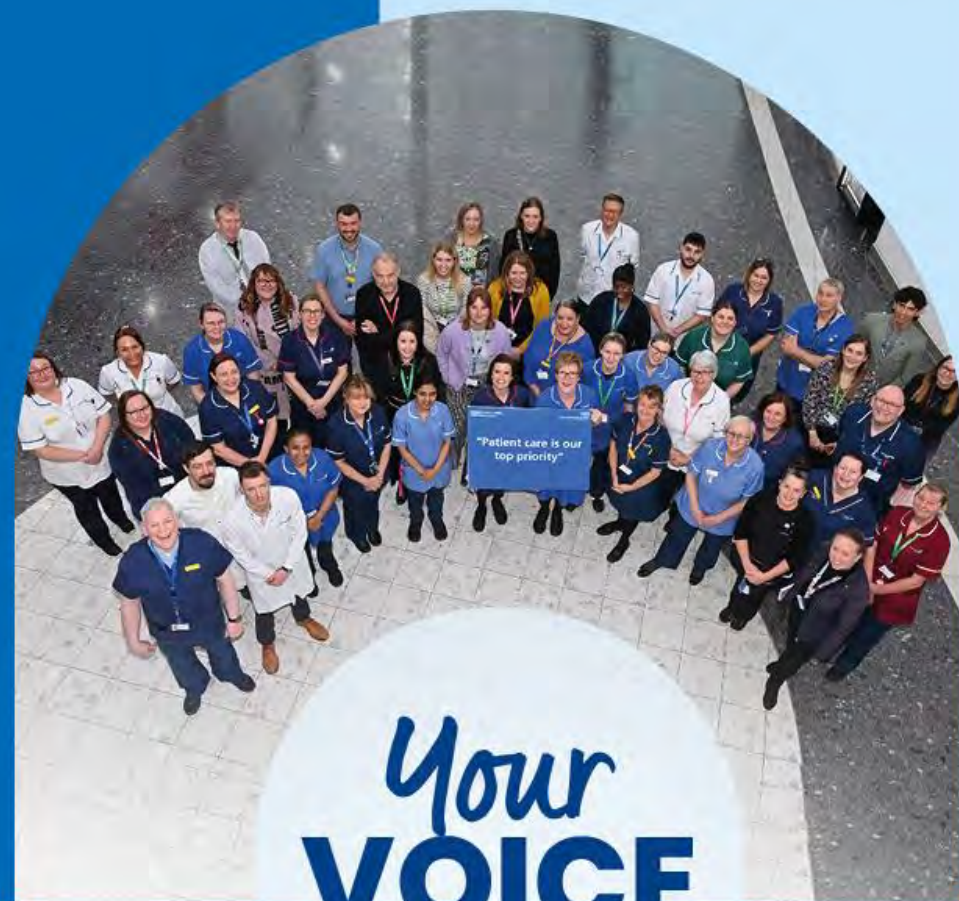
...for patients receiving  
standard of care staff  
would want for family  
and friends

We remain a high-  
performing Trust across  
the whole Midlands

**CONTACT US** >> If you have any queries please contact:  
[sfh-tr.odenquiries@nhs.net](mailto:sfh-tr.odenquiries@nhs.net)

**NHS**

Sherwood Forest Hospitals  
NHS Foundation Trust



*Your*  
**VOICE  
MATTERS**



STAFF ENGAGEMENT 2023/24

# Our 2024 Staff Survey Results

## As a Trust

3,568 of you had your say in this year's survey – that's more than at any point in our history

WE ARE COMPASSIONATE & INCLUSIVE



OUR SCORE

7.52

WE ARE SAFE & HEALTHY



OUR SCORE

6.31

WE ARE A TEAM



OUR SCORE

6.98

WE ARE RECOGNISED & REWARDED



OUR SCORE

6.15

WE ARE ALWAYS LEARNING



OUR SCORE

6.03

STAFF ENGAGEMENT



OUR SCORE

7.13

WE EACH HAVE A VOICE THAT COUNTS



OUR SCORE

6.98

WE WORK FLEXIBLY



OUR SCORE

6.47

STAFF MORALE



OUR SCORE

6.31

**Board of Directors Meeting in Public**

<b>Subject:</b>	Freedom To Speak Up				<b>Date:</b>	3 <sup>rd</sup> April 2025
<b>Prepared By:</b>	Kerry Bosworth – Freedom to Speak Up Guardian					
<b>Approved By:</b>	Sally Brook Shanahan – Director of Corporate Affairs					
<b>Presented By:</b>	Kerry Bosworth - Freedom To Speak Up Guardian					
<b>Purpose</b>						
The purpose of this paper is to provide the 2024/2025 speaking up data, provide assurance about the ongoing management of concerns raised and to inform of the implementation of a new process and database to support the management of concerns and the learning from them.					<b>Approval</b>	
					<b>Assurance</b>	<b>x</b>
					<b>Update</b>	<b>x</b>
					<b>Consider</b>	
<b>Strategic Objectives</b>						
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	
<b>x</b>	<b>x</b>		<b>x</b>			
<b>Principal Risk</b>						
<b>PR1</b>	Significant deterioration in standards of safety and care					<b>x</b>
<b>PR2</b>	Demand that overwhelms capacity					
<b>PR3</b>	Critical shortage of workforce capacity and capability					
<b>PR4</b>	Insufficient financial resources available to support the delivery of services					
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation					
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b>	Major disruptive incident					
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust’s impact on climate change					
<b>Committees/groups where this item has been presented before</b>						
Most recently, People Committee on 25 <sup>th</sup> March 2025						
<b>Acronyms</b>						
FTSUG – Freedom To Speak Up Guardian NGO – National Guardians Office OD – Organisational Development EDI – Equality, Diversity & Inclusivity AHP – Allied Healthcare Professional SFH – Sherwood Forest Hospitals EM – Ethnic Minority U&EC – Urgent & Emergency Care CSTO – Clinical Services, Therapies, Outpatients W&C - Women and Children OH – Occupational Health move YTD – Year To Date WAND - ‘We’re Able aNd Disabled’ LGBTQ+ -Lesbian, Gay, Bisexual, Transgender, Questioning NSS – National Staff Survey						

## Executive Summary

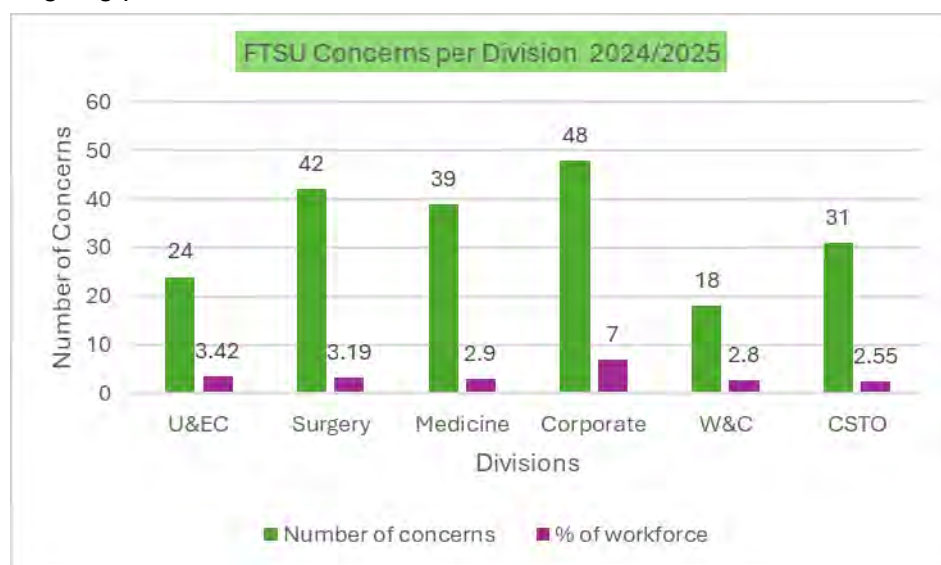
This report provides a review of speaking up cases for 2024/2025 YTD.

During 2024/2025 YTD there were **202** concerns raised with the FTSU Guardian. The previous year 2023/2024, there were **152** concerns raised. This represents an increase of 33% from previous year.

Out of the 202 concerns raised, 148 were raised openly, 48 were raised confidentially (known to FTSUG only) and there were 6 anonymous concerns.

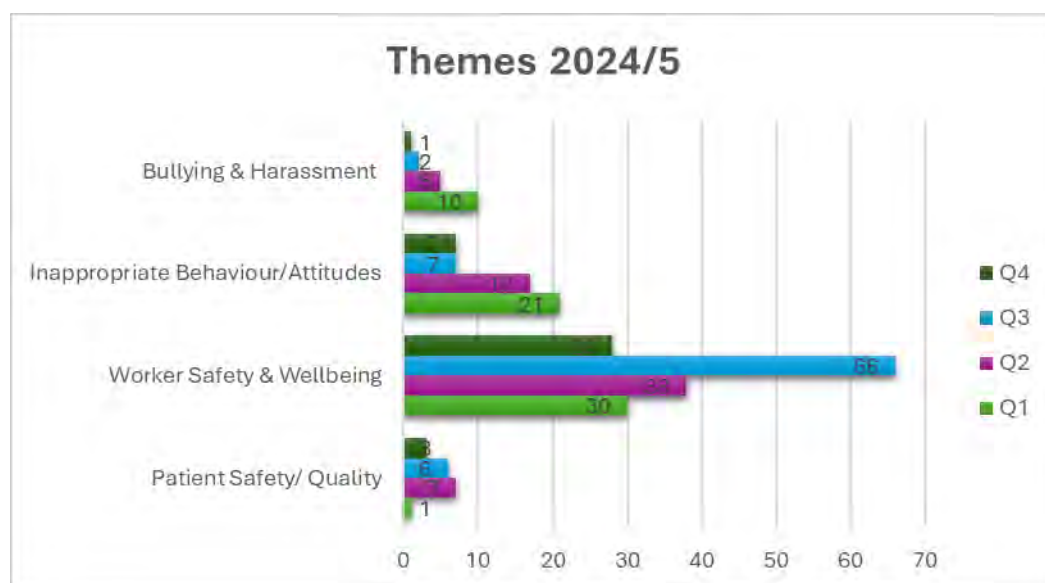
The majority of concerns are escalated openly and this suggests workers using FTSU are searching for a resolution to their concerns and to allow escalation to those in a position to support and follow up FTSU concerns. This also suggests that workers feel psychologically safe to progress through the FTSUG and shows increasing confidence in trust within the process.

Currently from 2024/25 Quarters 2 & 3 there are 24 and Quarter 4 there are 26 concerns that remain open, which means they are awaiting feedback to the FTSUG or awaiting feedback to the concern raiser or are in ongoing processes.



Corporate Division are raising the most concerns per percentage of workforce.

## Themes



Worker Safety & Wellbeing is SFH's largest reported category of concerns. Patient Safety & Quality is the least reported category of concerns. Comparing this with the national data for 2023/24, this is in line with the national picture of what workers choose to report through FTSU.



Concerns raised in this category are frequently involving impacts on staff regarding poor relationships at work, leadership failures to resolve concerns, processes impacting colleagues and conflict with line managers. Many workers have their health significantly impacted from these type of concerns – some coming to FTSUG when on work related stress and anxiety sick leave, directed from OH or when they have taken the decision to resign. These concerns often are raised informally and outside formal HR processes.

Actions taken include:

Triangulation of themes and areas of concern are shared regularly with the Wellbeing Team, OD Team, EDI Team and OH, via 1-1s or monthly intelligence sharing catch ups. This is to support a joined-up approach to concerns and support colleagues who may not want to take formal steps with concerns but to ensure support and guidance is available. Signposting individuals to OD has enabled individual access to coaching and mediation in circumstances where colleagues couldn't take a formal path. This a positive resolution for those who feel unable to take speaking up further, through fear or futility but can develop themselves and gain new skills in building resilience and potentially in the future feel they can speak up.

Active workstreams continue involving SFH Sexual Safety.

## **NSS 2024**

SFH remains above the national average in the speak up questions in the NSS 2024.

At SFH there is a growing gap between confidence in raising concerns and being confident that concerns will be followed up and resolutions happen.

## **FTSU Governance and Assurance**

Since FTSU was last presented to the SFH Board meeting, the 360 Assurance audit for FTSU has been presented to the trust and progress continues with the five actions in within the report. Their themes are:

- Frequency of reporting – 1 Low recommendation – **Completed Jan 25**
- Improvement of awareness of Trust wide Staff training - 1 Medium recommendation- **Completed Jan 25**
- Training for FTSU Champions- 1 Low recommendation
- Investigation timescales - 1 Low recommendation
- Checking of data returns to the National Guardian's Office - 1 Low recommendation – **Completed Jan 25**

## **FTSU Governance and Developments**

To support managers in their responsibilities in handling concerns and to ensure timely progression a FTSU Process and Timescale Guidance has been drafted and being consulted on. In summary, the Guidance is designed to assist both colleagues who are speaking up and line managers/receiving managers who are required to respond to concerns, to be clear about their responsibilities and to promote a culture of timeliness in handling and resolving concerns. The Guidance is intended to be read in conjunction with the Speaking Up Policy with the timescale for FTSU concerns – guidance for managers – being the significant new feature of it. This guidance is being consulted on and will seek ratification through JSPF.

Currently in development stage is a new digital FTSU database, in collaboration with NHIS, to design a more efficient, accurate and real time dashboard for FTSU concerns . This will replace the outdated Excel FTSU database and allow improved function of data collection and case management system for FTSU cases. It is predicted that by the end of April this will go live.

## **FTSU Operational Meeting**

From April 2025 – a new FTSU operational meeting is to be convened. Alongside the Director of People, the FTSUG and the Director of Corporate Affairs , critical personnel from the divisions and as necessary, the Director of Nursing Quality & Governance will meet regularly to discuss FTSU concerns to ensure they are managed appropriately and timely feedback and learning is embedded.

The above 3 initiatives will support actions from recent audit feedback, regarding timeliness, learning and improving the experience of speaking up at SFH.

#### FTSU Feedback

Feedback from those who use FTSU remains positive. There is however evidence in feedback in some cases , that the concern raisers feel nothing is changed and that although grateful to having the FTSUG listen and support escalation, that their concern felt futile and prejudged the outcome.

Workers value the FTSUG time and space provided to share, some as they plan to leave the organisation and from this the FTSUG has been able to directly link them to the new exit interview workstream to collect that feedback for improvement.

## **Purpose**

This report provides an overview of speaking up cases for 2024/2025 YTD, covering the period since the FTSU report was last presented to the SFH Board. Included are developments, improvements and updates from the work of the FTSUG and the wider FTSU agenda locally and nationally.

## **Overview**

During 2024/2025 YTD (25<sup>th</sup> March ) there were **202** concerns raised with the FTSU Guardian. The previous year 2023/2024, there were **152** concerns raised. This represents an increase of 33% from previous year.

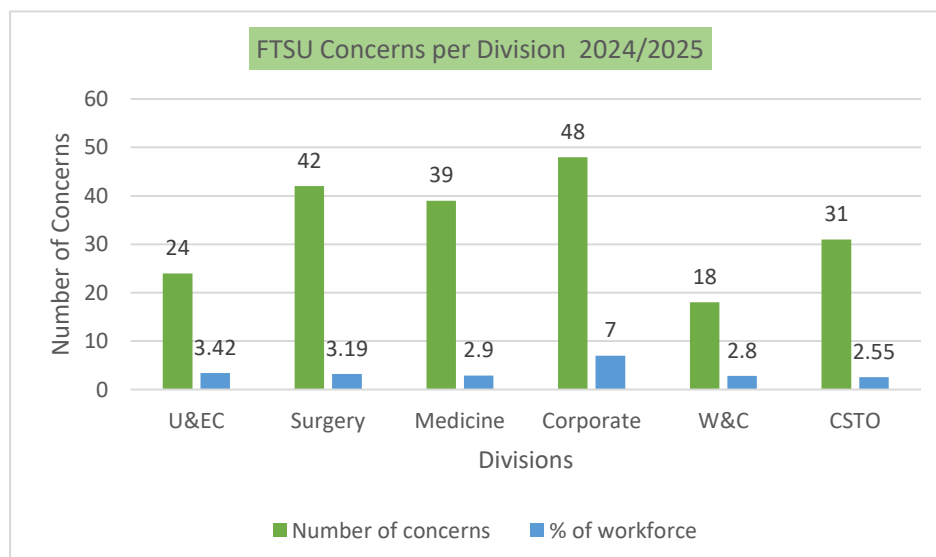
The number of colleagues raising concerns through FTSU continues to demonstrate consistent engagement with FTSU as a route for raising concerns.

Out of the 202 concerns raised ,148 were raised openly, 48 were raised confidentially (known to FTSUG only) and there were 6 anonymous concerns.

The majority of concerns are escalated openly and this suggests workers using FTSU are searching for a resolution to their concerns and to allow escalation to those in a position to support and follow up FTSU concerns. This also suggests that workers feel psychologically safe to progress through the FTSUG and shows increasing confidence in trust within the process.

Currently from 2024/25 Quarters 2 & 3 there are 24 and Quarter 4 there are 26 concerns that remain open, which means they are awaiting feedback to the FTSUG or awaiting feedback to the concern raiser or are in ongoing processes.

All Divisions continue to be represented in using FTSU, demonstrating awareness of FTSU across the organisation. Divisional numbers are presented below. Due to the variance in numbers of workforce within the divisions, cases are also presented as a percentage against the current divisional workforce numbers. Corporate Division are raising the most concerns via FTSU, per workforce percentage.



In terms of national benchmarking on how many FTSU cases raised per provider type, this will be included in the NGO FTSU Annual Data Report 2024/25 scheduled for summer 2025 publication. Data from last year's [NGO Annual Data Report 2023/24](#) published July 2024 shows on average, NHS trusts reported 36.3 cases in each quarterly submission. For Acute

& Acute Community Trusts the average is 40 per quarter. From these statistics SFH cases for 2023/2024 were in line with this figure at 152 cases per year.

There is a low relationship between the size of an organisation and the number of cases submitted and organisations with a larger number of workers do not necessarily have more cases.

## **People Profile**

Nursing & Midwifery and Admin/Clerical colleagues continue to raise the most concerns through both quarters; also represented are medical, additional clinical services, AHP colleagues, Medirest colleagues and students.

There has been an increase in concerns raised by workers who have already consulted a line manager and have been signposted to FTSU via this conversation by the manager, due to lack of a resolution at divisional level. There are also managers accessing FTSU directly for themselves. This reflects the need for leaders with line management responsibility to have the necessary skills and support in listening and following up concerns and could suggest managers have their own barriers to raising concerns or need developing in skills regarding receiving concerns and their responsibilities.

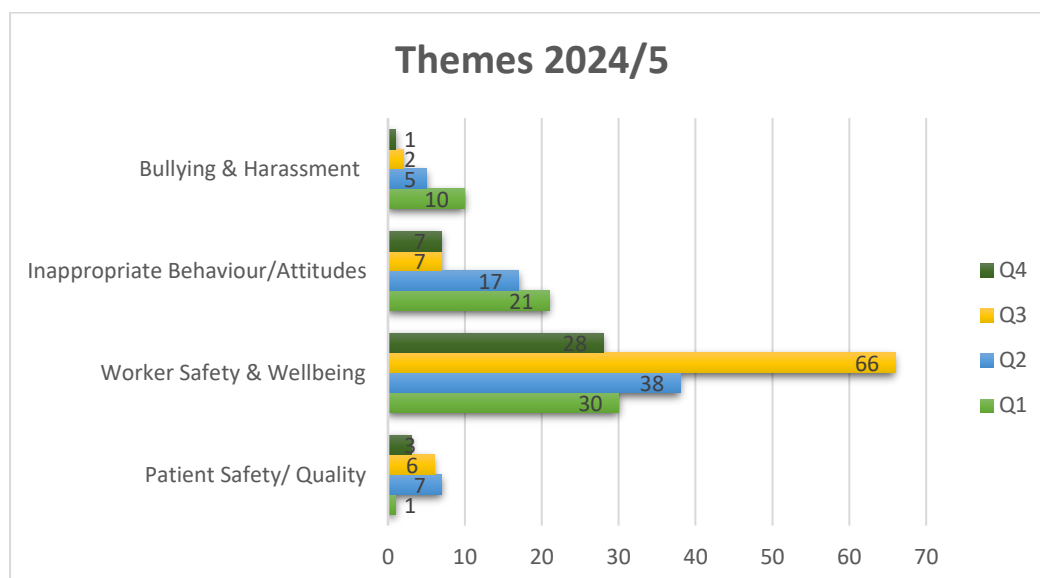
## **EDI Information**

The majority of concerns continue to be raised are from females. Ethnicity is predominantly white British, with 11% of concerns in this period raised from colleagues from an ethnic minority background.

Of the 2024/25 FTSU concerns – 5.5% of these relate to a colleague with a disability and this being the direct theme of their concern.

Colleagues identifying as LGBTQ are also represented. FTSU Champions/ Guardian are active within the Ethnic Minority Staff Network, the WAND Network and this will continue to support concerns for these colleagues. The FTSUG remains engaged with all the staff networks.

## Themes from 2024/25- reported as per NGO theme categories.



## SFH Themes Comparison to National Data

Worker Safety & Wellbeing is SFH's largest reported category of concerns. Patient Safety & Quality is the least reported category of concerns. Comparing this with the national data for 2023/24, this is in line with the national picture of what workers choose to report through FTSU.

Patient Safety & Quality Concerns at SFH for 2024/25 = 8.5% of total concerns raised. With this low number, further consideration regarding this metric could be explored through appropriate routes. NSS 2024 indicates a decrease in confidence in workers confidence in speaking up about clinical concerns being addressed.



# Freedom To Speak Up

SFH Board Report Aug 2022

Kerry Bosworth FTSU Guardian



## Examples of concerns raised related to the reported themes -

### Patient Safety & Quality

- Clinical concerns regarding safety of patients
- Resource wasted around on call arrangements not working for the patients
- Lack of consistency and standard in patient administration tasks.
- Engrained outdated practices relating to patient care affecting quality of care
- Unable to provide standard of care required and ward practices in best interest of flow and capacity, not the patients best interest.
- Leadership changes and decision-making impacting patient care and pathway
- Cover on call arrangements may impact patient care as not trained in speciality
- Change in process, unintended quality consequences
- Environment safety concerns
- Processes changed without understanding of impacts on care pathways.
- Governance incidents – don't identify learning and hot spots as poor engagement with those closest to the patient or process.
- Unresolved poor behaviour in teams affecting working and efficiency.
- Concerns raised re colleagues' practice.

### Bullying & Harassment

- Racially abused by patient / relative / visitor
- Bullying from a colleague/ clique.
- Bullying from a line manager- power imbalance and lack of evidence therefore can't be taken forward. Behaviour excused or mitigated by pressure of work/ bad day.

- Fact finds after bullying concerns raised come to nothing as no facts found – no resolution
- Workers disabilities – feels managed out, nuanced comments, not valued, conscious and subconscious bias. Access To Work support / funds not actioned or equipment purchased – feels personal.
- Negative behaviour towards EM staff – racism and unkind comments.
- Line managers feeling upward bullying from staff. Processes not supported.

## **Worker Safety or Wellbeing**

- Physical abuse from visitor
- Lack of support and ongoing care after having experienced violence and aggression at work
- Employee Relation Policies and Processes not followed – impact on workers
- Inconsistent application of processes – managers discretion not applied for some but others
- Lack of resolution, welfare support and impact from raising concerns to managers
- Team dynamics described as toxic – no interventions
- Sickness absence due to lack of resolution in behaviour/ breakdown with manager or colleagues in teams
- Sickness and Absence process not managed in line with policy
- Lack of care values and compassion from managers
- Protracted time, fact finds and informal concerns take – lack of feedback and communication poor
- Informal processes to resolve concerns not worked – limited options and limited impact – often feel must leave or take sickness.
- Disability – managers lacking knowledge in Access To Work pathway, poor support, equipment not purchased.
- Disability – lack of flexible working adjustments, OH recommendations not adopted
- Disability – being highlighted in team by manager, told they are impacting others, feel unsupported
- Line managers not receiving concerns in line with the SFH Speaking Up Policy and poor follow up response to FTSU issues raised from FTSUG.
- Individuals said that they have been told that they have raised concerns inappropriately when gone to a senior manager- feel told off and to follow line management. Hierarchy
- Unchallenged behaviours have impact on team and individuals – unresolved or feel unsupported. Options aren't favourable to engage with. Futile in reporting as feel some behaviours engrained and easier not to challenge.
- Breakdown in relationships at work, line managers not dealing with behaviour against the Care Values, becomes ingrained and accepted – forces others out or develops culture of futility in trying to raise
- Bank staff concerns – feel processes are manipulated to benefit permanent staff - cancelling shifts and reassigning, ward staff have favourites and relatives who get more shifts.

- Humiliation in front of team – told off in public, nuanced conversation, leaked confidential information
- Colleagues raising concerns about colleagues' behaviour and practice and accused of racism, upward bullying concerns.
- Subtle repercussions from raising concerns against leader – micro insults and power imbalance.
- Managers feeling unsafe when workers raised previous grievances and complaints against them and have to continue to work with them

The impacts of all the above concerns in this category reflect culture which underpins patient safety and can have direct consequences on recruitment and retention , financial costs to service lines, reputation, capacity of OH and Wellbeing services as well.

## **Elements Of Other Inappropriate Attitudes or Behaviours**

- Incivility
- Gaslighting behaviours
- Vaping in internal buildings / rest areas / wards
- Smoking on site
- Racism – racial slurs between colleagues – said in jest/ banter, not challenged
- Leaders unable to challenge poor behaviours – people not taken down disciplinary or capability, only if there are practice issues.
- Favouritism / prejudgement – interview panels not inclusive, 'friends interviewing friends', no independence out of local leadership.
- Care Values not considered to be part of professional practice therefore poor behaviour is tolerated as "good at their job", "It's not personal – that's how they are".

## **Learning and triangulation from FTSU concerns**

Patient safety and quality concerns are all referred to senior nursing or have executive oversight.

Triangulation of themes and areas of concern are shared regularly with the Wellbeing Team, OD Team, EDI Team and OH, via 1-1s or monthly intelligence sharing catch ups. This is to support a joined-up approach to concerns and support colleagues who may not want to take formal steps with concerns but to ensure support and guidance is available. Signposting individuals to OD has enabled individual access to coaching and mediation in circumstances where colleagues couldn't take a formal path. This a positive resolution for those who feel unable to take speaking up further, through fear or feeling it would be futile but can develop themselves and gain new skills in building resilience and potentially in the future feel they can speak up.

Themes related to Worker Safety & Wellbeing commonly involve a people process or informal concern raising through their line manager. Numerically these are the largest category of concerns. There remains variance in consistency in quality and care values applied from line managers and this is a leading cause of concerns. The FTSUG spends a significant amount of time signposting and engaging with people processes advice and escalation. The FTSUG continues to liaise and ask for support from the People Teams with these types of concerns.

In order to progress and learn from these types of concerns we are establishing a regular FTSU operational meeting. In the initial phase this will involve the FTSUG, the Director of People and the Director of Corporate Affairs who will review the management and progress of concerns in order to improve their timely management, communications with concern raisers and to take forward and embed learning from them. Importantly where there are patient safety and quality concerns, the Director of Nursing Quality & Governance will be invited, alongside divisional representatives as required. The first meeting will be on 28<sup>th</sup> April 2025.

Line managers response and timely action is highlighted in these concerns. Therefore, introduction of a FTSU Process & Timescale guidance document, referencing timescales and responsibilities of the receiving manager and feedback of outcomes / learning to FTSUG, has been developed and is going through consultation and approval routes currently. This is also a recommendation from the recent FTSU 360 Assurance and Grant Thornton Well Led audits, to ensure timely follow up of concerns and that local and organisational learning is shared for improvement.

Due to the standing down of non-essential training, the training route for FTSU learning feedback and upskilling of colleagues hasn't been possible. This is due to the leadership, nursing training programmes and the FTSU Champion training being stood down.

FTSU have been promoted and signposted to, as first line contacts for the SFH Sexual Safety Campaign and are actively supporting this agenda. The FTSU Champions were upskilled and trained to ensure confidence and correct pathways used. Intelligence from FTSU is being used in partnership with key stakeholders in this workstream.

FTSU is involved in the upcoming Protection From Harm Conference in May – where FTSU will feature and present a case study for learning and reflection around Violence & Aggression at work.

Concerns regarding disabilities and disabled colleagues, specifically around Access To Work have been shared with the EDI team and colleagues connected for further support and action. This has highlighted the significant disparity in the line managers' understanding of the legal requirements and their application. This will help improve these pathways for colleagues and ensure organisational learning.

## **FTSU Developments and Assurances**

### **What does the 2024 NHS Staff Survey show at SFH?**

# Freedom To Speak Up

SFH Board Report Aug 2022

Kerry Bosworth FTSU Guardian

Question		2023	2024	Percentage difference
Q20a	I would feel secure raising concerns about unsafe clinical practice (Agree/Strongly agree).	74.2%	74.6% (National 71.5%)	+0.4%
Q20b	I am confident that my organisation would address my concern (Agree/Strongly agree).	64.7%	62.5% (National 56.8%)	-2.2%
Q25e	I feel safe to speak up about anything that concerns me in this organisation (Agree/Strongly agree).	69.6%	68.5% (National 61.8%)	-1.1%
Q25f	If I spoke up about something that concerned me, I am confident my organisation would address my concern (Agree/Strongly agree).	59.7%	57.6% (National 49.5 %)	-2.1%

(NSS Survey SFH 2024 Picker )

At SFH there is a growing gap between confidence in raising concerns and being confident that concerns will be followed up and resolutions happen.

SFH remains above the national average in the speak up questions in the NSS 2024.

[NGO NSS Survey 24 Blog](#) -NGO updates on the national results from the NSS 2024 indicate a plateau in confidence with a sub score of 6.45 to 6.46 in 2023 relating to the speak up questions. NGO highlights the trust of concern raisers about the action gap which needs to be improved, by recommending –

- Leadership training that goes beyond awareness – equipping leaders with the skills and accountability to respond effectively
- Clear , standardised processes so that leaders at all levels understand and fulfil their responsibility to act

It is anticipated that with the introduction of the FTSU Process and Timescale Guidance and the restoration of leadership training programmes at SFH , this will help address the above 2 points and will offer assurance to the NGO, that these points have been recognised.

## FTSU Assurance at SFH

### 360 Internal Audit FTSU Review

Since FTSU was last presented to the SFH Board meeting, the 360 Assurance audit for FTSU has been presented to the trust and progress continues with the five actions within the report. Their themes are:

- Frequency of reporting – 1 Low recommendation – **Completed Jan 25**
- Improvement of awareness of Trust wide Staff training - 1 Medium recommendation- **Completed Feb 25**
- Training for FTSU Champions- 1 Low recommendation
- Investigation timescales - 1 Low recommendation
- Checking of data returns to the National Guardian's Office - 1 Low recommendation – **Completed Jan 25**

The action around investigation timescales will be addressed when the new FTSU Process and Timescale Guidance is finalised and approved. This will also offer assurance on findings from FTSU concerns involving poor response and protracted time to follow up concerns, that a new process will ensure line managers will have a reference guide for follow up and understand accountability in handling concerns.

The action around training for FTSU Champions will also be addressed when the mandated instruction is lifted around cessation of non-essential training.

Currently in development stage is a new digital FTSU database, in collaboration with NHIS, to design a more efficient, accurate and real time dashboard for FTSU concerns. This will replace the outdated Excel FTSU database and allow improved function of data collection and case management system and enable learning to be recorded for FTSU cases. It is predicted that by the end of April 25 this will go live. This will assist the recording process and learning for the operational FTSU meeting discussions as well.

## FTSU Feedback

Feedback from those who use FTSU remains positive. There is however evidence in feedback in some cases, that the concern raisers feel nothing is changed and that although grateful to having the FTSUG listen and support escalation, that their concern felt futile and prejudged the outcome.

Workers value the FTSUG time and space provided to share, some as they plan to leave the organisation and from this the FTSUG has been able to directly link them to the new exit interview workstream to collect that feedback for improvement.

Observations from the FTSUG are that the toll to mental health where workers have concerns is very evident. Some are on sickness absence already and this impacts the resolution further, as can't progress whilst off work, so it highlights the importance of line managers responding to concerns before they reach this point. This has financial costs to the individual as well as the organisation alongside the health impacts to the individual.

## ***Recent feedback –***

# Freedom To Speak Up

SFH Board Report Aug 2022

Kerry Bosworth FTSU Guardian

“I would like to thank Kerry, Sarah & Chris from FTSU for listening, their much-needed support & guidance - thank you.” ( 2 FTSU Champions)

“I am more than happy for my experience to be shared. Unfortunately, a lot of people don't want to speak up because they fear the repercussions on them. I want the Trust and others to learn from this in the hopes that I can prevent this happening to others.”

“Thank you for your support and kindness – I feel FTSU is vital to help people like me who feel they have no other place to go for someone to actually listen and help”

## **Recommendation from this report**

That the Board receives the report and notes the 2024/25 speaking up data , including the themes and comparisons to national data. The developments and the assurances are noted about the ongoing concerns raised and the way learning can be derived from them.

Assurances also from implementation of the new operational process including the new Process & Timescale Guidance and the introduction of a new FTSU database to support the management and learning from concerns.



**Board of Directors Meeting in Public - Cover Sheet**

<b>Subject:</b>	Research Annual Report 2024-25		<b>Date:</b>	3 <sup>rd</sup> April 2025	
<b>Prepared By:</b>	Alison Steel Head of Research and Innovation				
<b>Approved By:</b>	Phil Bolton, Chief Nurse				
<b>Presented By:</b>	Alison Steel, Head of Research and Innovation				
<b>Purpose</b>					
To provide an annual performance and progress report and a strategy update				<b>Approval</b>	
				<b>Assurance</b>	
				<b>Update</b>	X
				<b>Consider</b>	
<b>Strategic Objectives</b>					
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
<b>Principal Risk</b>					
<b>PR1</b> Significant deterioration in standards of safety and care					
<b>PR2</b> Demand that overwhelms capacity					
<b>PR3</b> Critical shortage of workforce capacity and capability					
<b>PR4</b> Insufficient financial resources available to support the delivery of services					
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation					X
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b> Major disruptive incident					
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>					
None to date					
<b>Acronyms</b>					
EMRRDN – East Midlands Regional Research Delivery Network					
R&I – Research and Innovation					
DHSC – Department of Health and Social Care					
RCF – Research Capability Funding					
NMAHP's – Nursing, Midwifery and Allied Health Professionals					
CRF – Clinical Research Facility					
MRU – Mobile Research Unit					
CRN- Clinical Research Network					
NIHR – National Institute for Health Research					
GCP – Good Clinical Practice					
NTU – Nottingham Trent University					
IAOCR – International Accrediting Organisation for Clinical Research					
GSCA – Global Standard Clinical Trial Accreditation					



## Executive Summary

### Performance - Data Cut 14/03/2025

- Recruitment into research studies 2024-2025 – **2387**, 53% of 4500 target. Lowest recruitment since 21-22
- Recruitment into commercial studies – 21 participants c.f 6 participants 23/24
- Studies open or in follow up in 24 of 29 specialities
- 28 new studies have been opened in 24/25
- Actively recruited into 97 studies in 24/25

### Finance

- R&I Budget - **£904,178.51** allocated by EMRRDN, excl additional £33,500 won through successful bids
- Income at Q3- **£161,558.04**, £38k directly from industry sponsored research
- DHSC RCF - £50,000 to maintain research capacity and capability

### Patient Experience

- 82 PRES surveys completed 24/25
- 94% of participants felt research staff valued their participation in studies, additional comments in report

### Research Impact – NMAHP's

- Visual map showing activity and outputs to support research engagement, led by Dr Kerry Evans and R&I

# Research & Innovation

## 2024-2025 Annual Performance and Strategy Update

**We are pleased to present the 2024/25 annual performance and strategy update for Research and Innovation**

The Research and Innovation team is responsible for developing and supporting a varied research portfolio and ensuring better opportunities for patients and staff to participate in research activity, whilst informing the provision of high-quality, evidence-based health care.

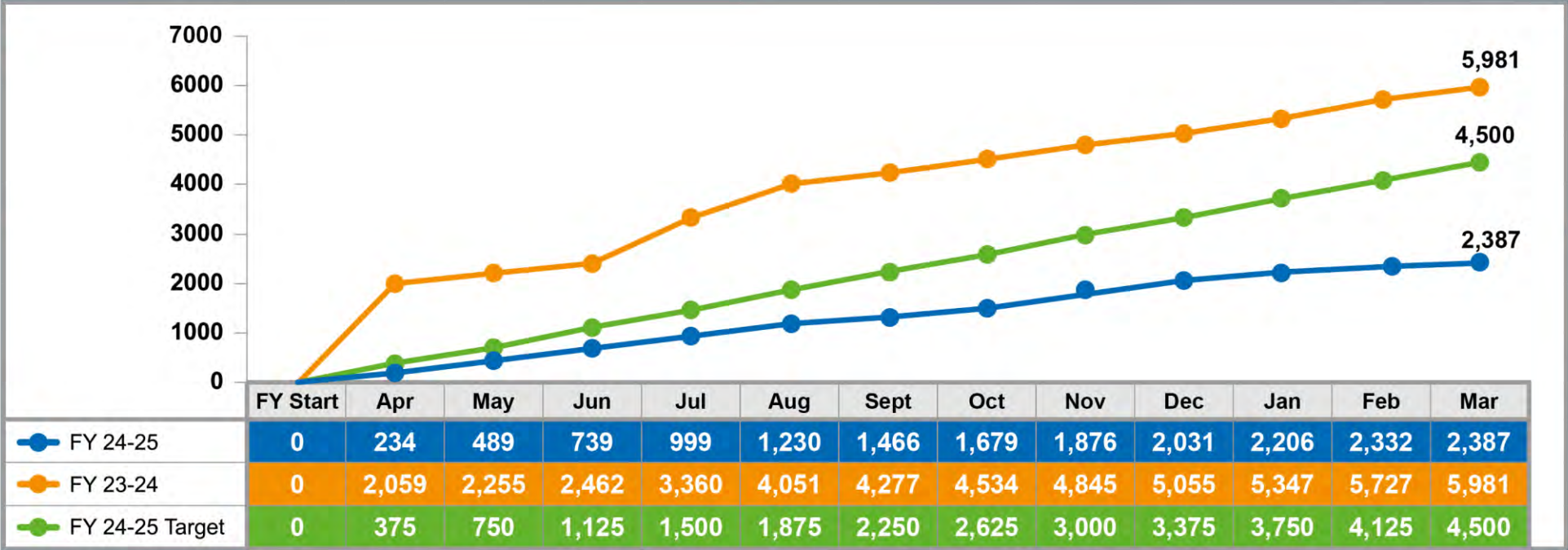
The focus for R&I in 2024/25 is to continue growing a balanced research portfolio, including attracting increased activity from commercial sponsors. The research activity will be reviewed regularly, with bi-annual reporting to the Trust board and monthly reporting to Divisional teams and research investigators.

The R&I strategy 2022-2027, 'Research is for Everyone' sets out a clear vision to make research part of our daily business, realising the research potential in all areas of our hospitals for the benefit of patients, staff, and our community. This includes 4 key pillars: Place, Progress, People, and Partnership. This report provides an update on recruitment activity and progress against the key strategic objectives for year 2 and 3.



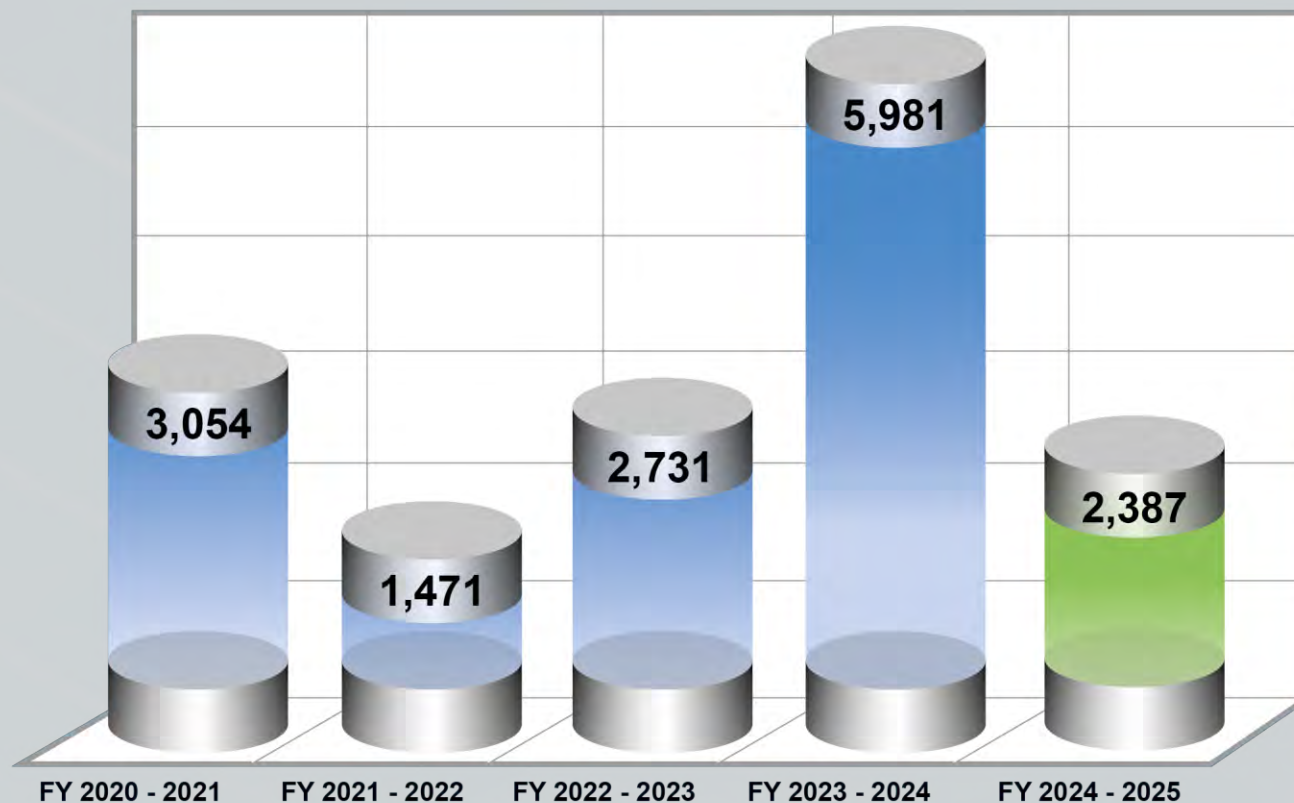
# Performance

## FY 2024 - 2025 Cumulative Monthly Recruitment

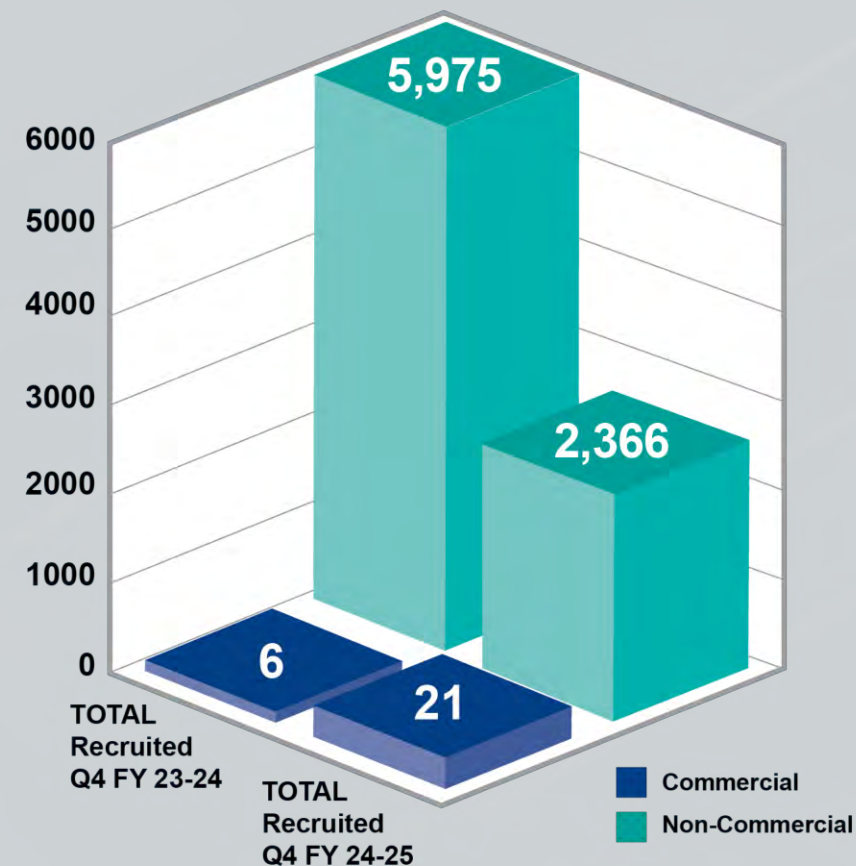


# Recruitment

Annual recruitment over five years



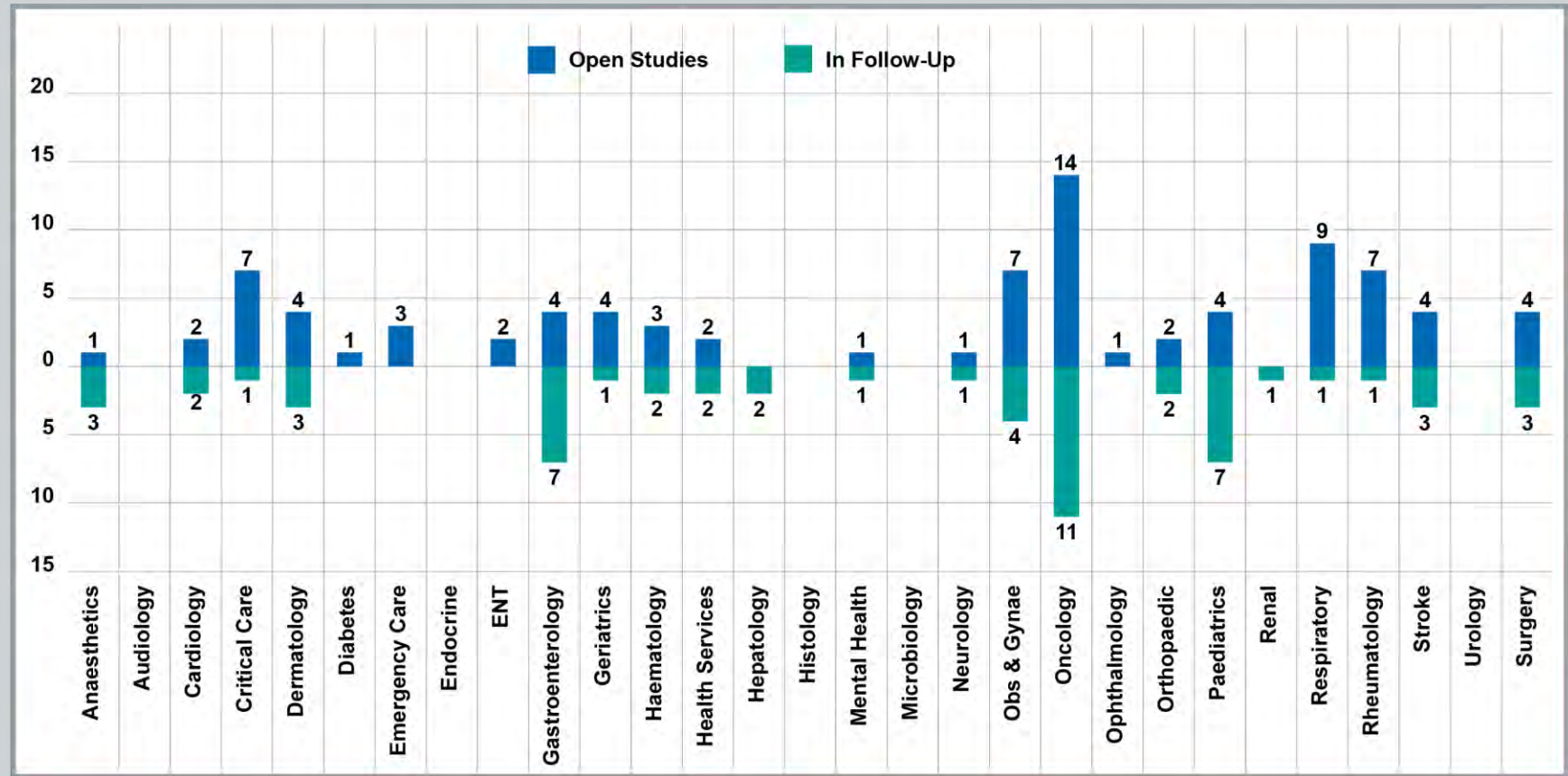
Recruitment 23-24 & 24-25 at Q4





# Performance

Total studies open & in follow-up 2024 – 2025, Q4 (Data cut: 14/03/2025)



	Open	In follow-up
Anaesthetics	1	3
Audiology	0	0
Cardiology	2	3
Critical Care	7	1
Dermatology	4	3
Diabetes	1	0
Emergency Care	3	0
Endocrine	0	0
ENT	2	0
Gastroenterology	4	7
Geriatrics	4	1
Haematology	3	2
Health Services	2	2
Hepatology	0	2
Histology	0	0
Mental Health	1	1
Microbiology	0	0
Neurology	1	1
Obs & Gynae	7	4
Oncology	14	11
Ophthalmology	1	0
Orthopaedic	2	2
Paediatrics	4	7
Renal	0	1
Respiratory	9	1
Rheumatology	7	1
Stroke	4	3
Urology	0	0
Surgery	4	3

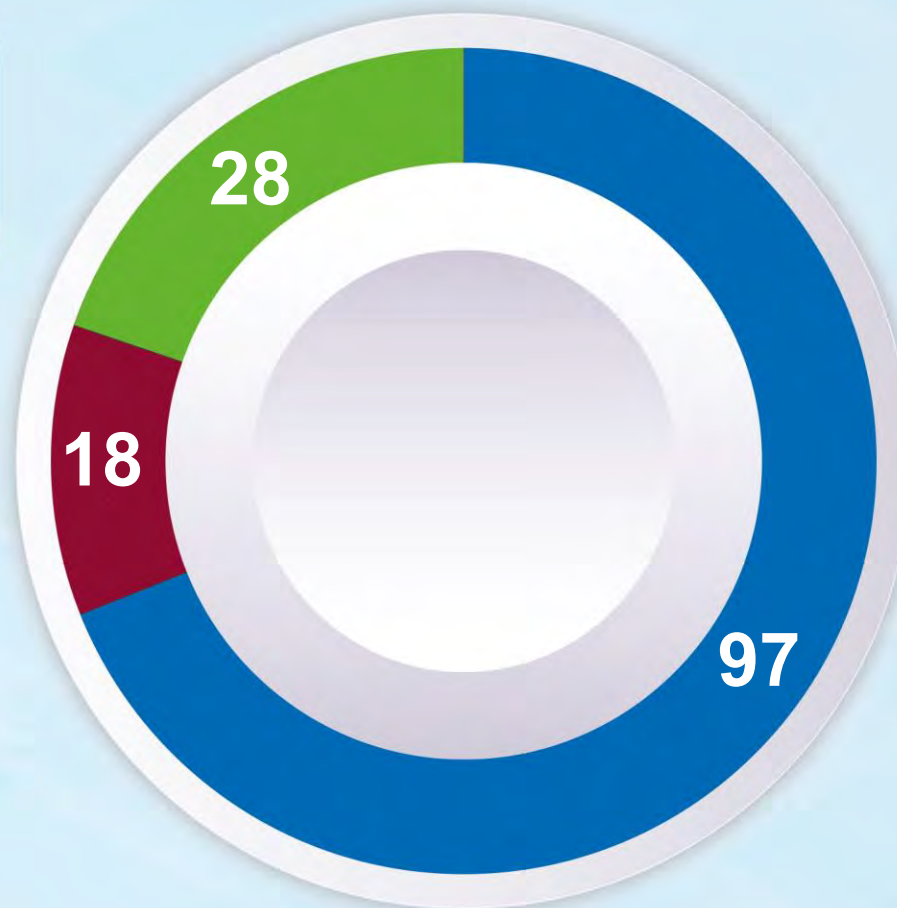
# Portfolio Management

Number of Studies  
Opening FY 2024 –  
2025:

**28**

Number of Studies  
Closing FY 2024 –  
2025:

**18**



Number of Studies  
Actively Recruiting  
FY 2024 – 2025:

**97**

# Finance

**2024/25**

## **RRDN East Midlands Income**

Budget **£904,178.51**

RRDN Bids: **£33,500**

**2024/25**

## **Q1-3 Commercial Income £161,558.04**

For re-investment into future  
research capability  
and capacity  
across SFH

**Department of  
Health Funding**

**£50,000**

To maintain research  
capability and capacity



# Patient Research Experience



FY 2024/2025  
Responses: 82



# Preventing ill health



31



19

Work collaboratively  
with the community



16

Health  
Inequalities

15



Increase in Healthy  
Life Years

15



Productivity & Value  
for Money

10



Delivering  
digital care

8



Reduce overall  
length of stay

5



Reducing falls

4



Staff  
availability /  
Reducing  
workload  
pressures

3



Reduce bed  
occupancy

2



COPD/COVID/  
FLU/RSV  
Vaccine

2



Frailty

3



Hypertension /  
Cardiovascular

1



Early  
Cancer  
diagnosis

1



Smoking  
cessation

1



Staff  
retention

# Our Research Impact

**6** Publication and academic poster workshops attended by  
**21** staff



**32** Individual NMAHP discussions to support new and innovative SFH-led research

**6** Clinical academic workshops with clinical teams



**32** SFH-wide Research Champions



**4** NMAHP peer-reviewed publications

**2** National / international conference presentations



**2** Pump priming competition launch awarding projects



**2** Nurses awarded NIHR research masters studentships

**1** AHP awarded NHS/HEE research internship



**2** SFH Consultant NMAHP-led research - developed, in progress



# Strategy Update

	Progress	Place	People	Partnerships
Objectives	<p><b>1.1</b> Collaboration with EMRRDN &amp; commercial sponsors to increase commercial research opportunities</p> <p><b>1.2</b> Streamline the SFH set-up process for faster delivery</p> <p><b>1.3</b> Engage with ICS wide research partners to develop a Nottingham wide commercial study set up network</p>	<p><b>2.1</b> Open a new Clinical Research Facility at Kings Mill Hospital in 2023 for clinical trials of new drugs, devices, and diagnostics</p> <p><b>2.2</b> Secure SFH mobile research unit to deliver research across primary care settings and undertake "Research Ready" engagement with our communities</p> <p><b>2.3</b> Bid to be submitted for NIHR Capital call May 2025 for purchase of MRU</p>	<p><b>3.1</b> Re Launch the SFH Research Academy to include a clinical delivery and a clinical academic research arm and increase research opportunities for SFH staff</p> <p><b>3.2</b> Investment into our management workforce to ensure a sustainable future for research and future developments</p> <p><b>3.3</b> Research to be a fundamental element of NED role</p>	<p><b>4.1</b> Increase our academic and industry partnerships to maximise mutual benefits from collaboration</p> <p><b>4.2</b> Collaboration with Chesterfield Royal NHS Trust in securing and utilising the mobile research unit</p> <p><b>4.3</b> Pursuing NTU collaboration as part of EMERGE bid</p>
Risks	<p><b>1.1</b> Reduction in access to novel interventions and medicines. Loss of income, reputation, and future growth as a research system partner</p> <p><b>1.2</b> Loss of repeat business, reduction in portfolio size. Failure to meet CRN targets</p> <p><b>1.3</b> Inability to consistently attract industry to the EM region</p>	<p><b>2.1</b> Significant impact on achieving objectives <b>1.1</b> and <b>4.1</b>. Negative impact recruitment and retention and ability to fulfil our partnership with NUH for NIHR CRF bid 2027</p> <p><b>2.2</b> Unable to work efficiently across Mid Notts ICS and provide equity of access to research opportunities</p> <p><b>2.3</b> As <b>2.2</b>, but also lack of response to the changing research landscape and popularity for de-centralised trials will have a negative impact on commercial activity</p>	<p><b>3.1</b> Unable to offer the development and training opportunities to SFH staff reducing research engagement and negative impact on SFH research culture. Negative impact on staff satisfaction</p> <p><b>3.2</b> Inadequate career pathways for research staff, impact on recruitment and retention. Loss of expertise to develop R&amp;I at SFH and staff to more research active organisations</p> <p><b>3.3</b> Missed opportunity to engage in high level leadership and promotion of SFH's growing positive research culture</p>	<p><b>4.1</b> Fail to secure and sustain business from industry and showcase SFH research capabilities, linked to 1.1. Reduced access to research expertise and training for our staff. Inability to be an equitable research partner across the system</p> <p><b>4.2</b> As <b>2.2</b> and <b>2.3</b></p> <p><b>4.3</b> Missed opportunity to co-create in the Med Tech space</p>
Progress	<p>IAOCR Bronze level accreditation annually for 3 years</p> <p>Increased recruitment into commercial studies - new sponsor relationships formed, and studies identified for the CRF/MRU</p> <p>New role funded by CRN; Commercial Research Link Nurse role</p>	<p>Building work to commenced Jan 2025 - due to be complete June 25</p> <p>Mobile Research Unit delivered 1st April 2025 - Early engagement with Integrated Neighbourhood working and communities in process.</p>	<p>Training lead post in place, qualified GCP trainer</p> <p>Lead Academic Research NMAHP - Significant impact in developing NMAHP clinical academic careers/opportunities</p> <p>Associate NED Research on Trust Board</p>	<p>Access to select platforms to showcase our capabilities</p> <p>Membership of the Global Advisory Board for GSCA IAOCR</p> <p>EMERGE bid successful-launched 1st April- Formal launch event May/June</p>

## Trust Board Cover Sheet

<b>Subject:</b>	Trust Finance Strategy		<b>Date:</b>	03/04/2025	
<b>Prepared By:</b>	Andrew Graham, Deputy Chief Financial Officer John Mason, Head of Finance Business Intelligence				
<b>Approved By:</b>	Richard Mills, Chief Financial Officer				
<b>Presented By:</b>	Richard Mills, Chief Financial Officer				
<b>Purpose</b>					
To present Trust Board with the final draft version of the Trust finance strategy			<b>Approval</b>		
			<b>Assurance</b>		
			<b>Update</b>	<b>X</b>	
			<b>Consider</b>		
<b>Strategic Objectives</b>					
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
<b>X</b>			<b>X</b>	<b>X</b>	
<b>Identify which Principal Risk this report relates to:</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				<b>X</b>
<b>PR2</b>	Demand that overwhelms capacity				<b>X</b>
<b>PR3</b>	Critical shortage of workforce capacity and capability				<b>X</b>
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				<b>X</b>
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
Trust Management Team Finance Committee					
<b>Acronyms</b>					
NHS – National Health Service					
<b>Executive Summary</b>					
The accompanying slides present the Trust Board with the final draft financial strategy (Resourcing our Future) for Sherwood Forest Hospital NHS Foundation Trust.					
Resourcing Our Future is the Finance and Procurement Strategy for 2024 to 2029, one of five supporting strategies that aligns to the Trust Strategy.					
<b>Resourcing Our Future</b> is built on three main aims:					
<ol style="list-style-type: none"> <li>1. Our clinical and support teams will have the right resources to enable them to provide an outstanding service</li> <li>2. We will have informed leaders, acting with responsible freedom to deliver our collective responsibilities</li> </ol>					

### 3. We will exhibit demonstrable value in the work that we do

Ultimately, our ambition is to be Clinically Led, Financially Sound in delivering the best care possible for the patients we serve within the resources that we have available.

The only further amendment required to this strategy document is the alignment between the 2025/26 financial plan and the Future State: The Next 5 Years section of the finance strategy. This is due to the conflicting deadline of the submissions of board papers and plan submission.

We will continue to work with our communication team on aligning the strategy to other Trust strategy documents, but that work will be presentational only.



Outstanding Care,  
Compassionate People,  
Healthier Communities



Sherwood Forest Hospitals  
NHS Foundation Trust

# Strategy 2024-2029

**IMPROVING  
LIVES**

# Resourcing Our Future

Finance and Procurement Strategy (2024 to 2029)

*Draft Version 2.1*

Sherwood Forest Hospitals NHS Foundation Trust

Background	Sherwood has been on a momentous journey over recent years, emerging from ‘special measures’ over the past decade to now being home to the East Midlands’ only NHS-run acute hospital at King’s Mill that is rated as ‘outstanding’ by the Care Quality Commission (CQC).
Trust Strategy	
Aim 1	Throughout a difficult financial climate, maintaining a positive culture will be key to maintaining those high standards of care here at Sherwood. And despite those obvious challenges, we are clear that Sherwood will continue to be an organisation that remains clinically-led but financially-sound – as demonstrated by the investments we have made to maintain high standards of patient care across our hospitals, including in delivering a new operating theatre at Newark Hospital and through our work to attract national funding to bring Nottinghamshire’s first Community Diagnostic Centre to our area. The Trust is currently committed to two PFI(Private Finance Initiative) schemes. The main Kings Mill site has a PFI contract covering the main hospital building that runs to the period 2043, and a day nursery and out of hours facility.
Aim 2	
Aim 3	
Financial Stewardship	It is that balance of continuing to provide outstanding patient care and aspire and improve within a strict financial envelope that will be a key focus for us to maintain over the foreseeable future.
Finance & Procurement Function	<b>In the next five years we want to be known as an outstanding local hospital that consistently delivers quality services for our patients and improves lives.</b> We will achieve this by delivering consistently outstanding care by compassionate people who feel enabled and supported to do their best by Sherwood Forest Hospitals. If our people recommend us as the provider of choice for their family and friends and as a place to work, we will have gone a long way to meet this ambition.
Future State	
Impact	

Background	
Trust Strategy	<p>Sherwood Forest Hospitals serves a population of 350,000 across Ashfield, Mansfield, Newark and Sherwood (Mid Nottinghamshire) and beyond. Deprivation Mid Nottinghamshire is more deprived overall than the England average, with 28% of the population living in the most deprived areas of England. The area has a higher proportion of older people, with 20.1% of the Mid Nottinghamshire population aged 65 years and over against an England average of 18.6%.</p>
Aim 1	
Aim 2	
Aim 3	<p>More people in Mid Nottinghamshire report a long-term illness or disability and poor health. The period of life people have before illness or disability, also known as healthy life expectancy, is lower overall in Mid Nottinghamshire than other areas of the county. Healthy life expectancy in Mid Nottinghamshire spans 58 to 66 years compared to the best in the County (Rushcliffe) where healthy life expectancy is 70.</p>
Financial Stewardship	<p>The prevalence of major illness such as diabetes, respiratory illness, heart failure, dementia, asthma and stroke and use of tobacco and alcohol is higher in Mid Nottinghamshire than the England average, but it is not equally distributed across all areas. Poor healthy life expectancy not only decreases quality of life but also has wider reaching economic consequences for the local system. If people become ill at a younger age it can increase the risk of economic inactivity, creating losses for the local economy in addition to increased costs incurred by the NHS.</p>
Finance & Procurement Function	
Future State	
Impact	






## Background: Current challenges for SFH and Finance

Background	Looking ahead to the upcoming 5 years, as a finance function we want to be <b>Clinically Led, Financially Sound</b> in delivering the best care possible for the patients we serve within the resources that we have available.
Trust Strategy	In doing this we want to focus on ensuring that stakeholders have access to finance & procurement experts and intelligence that can support the making of informed business decisions.
Aim 1	Focusing on the professional development of the finance & procurement function will support the ability to recruit and retain a high performing team, positioned in such a way that provides that expert support to stakeholders.
Aim 2	
Aim 3	This approach, in conjunction with the Trusts overarching and supporting strategies will support the delivery of the three big shifts the NHS needs to be fit for the future, outlined below, all of which are fundamental to the future of elective care:
Financial Stewardship	<ol style="list-style-type: none"><li>1) From Hospital to Community – <i>Support us to understand our services to ensure we deploy our resources in the right place to get care closer to home</i></li><li>2) From Analogue to Digital – <i>What investments do we need to make to improve productivity</i></li><li>3) From Sickness to Prevention – <i>The focus on demand management to ensure patients are treated in the right environment at the right time</i></li></ol>
Finance & Procurement Function	
Future State	
Impact	


Background	<p>In preparing this strategy, we examined the internal and external driving forces that must be considered in our future planning.</p>
Trust Strategy	<p><b><u>1) Current Financial Position &amp; National Financial Framework</u></b></p>
Aim 1	<p>For the year ending 2023/24 the Trust reported a deficit of (£13.97m), this was adverse to our target outturn for 2023/24, agreed with NHS England in December 2023, primarily driven by the non-receipt of community diagnostic income in March of £5.5m</p>
Aim 2	<p>The scale of the challenge facing the NHS is unprecedented. Local NHS systems in England ended 2023/24 with a collective deficit of £1.4bn. NHS England received more than £4.5bn in extra funding in 2023/24, and reduced planned spending against its central budget by £1.7bn – but these actions did not prevent NHS systems’ deficits significantly increasing beyond what was planned at the start of the year.</p>
Aim 3	<p><b><u>2) Financial Stewardship</u></b> - <i>Financial stewardship can be defined as the responsible management of financial resources to achieve specific goals. It involves planning, budgeting, saving, investing, and making wise spending decisions. Financial stewardship is about being accountable for the resources entrusted to us.</i></p>
Financial Stewardship	<p>We want to ensure as a finance and procurement function, we are providing trust stakeholders with the expertise, intelligence and skills to ensure a high level of financial stewardship.</p>
Finance & Procurement Function	<p>This supports ensuring that we spend our money wisely and protects our cash position.</p>
Future State	<p><b><u>3) Recruitment &amp; Retention</u></b> – During 2024 we have seen a staffing turnover of 16% across Finance and Procurement as members of the team have progressed to further their careers. We need to ensure that we are providing the right professional development of our team to support succession planning, and the retention of staff to continue to provide a consistently high-quality support to our stakeholders and allowing us to be ready to respond to the ever-changing NHS financial environment.</p>
Impact	

Background
Trust Strategy
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Financial Stewardship
Finance & Procurement Function
Future State
Impact

Over the past five years the operating landscape and the financial framework of the NHS has changed dramatically, and the Covid-19 pandemic contributed to growth in services, workforce and expenditure

	 <b>Finances (£'000)</b>				 <b>Workforce</b>		 <b>Activity</b>		
	<b>Income</b>	<b>Pay Costs</b>	<b>Other Costs</b>	<b>(Deficit)</b>	<b>Month 1 WTE</b>	<b>Month 12 WTE</b>	<b>ED Attends</b>	<b>Inpatients</b>	<b>Outpatients</b>
<b>2019/20</b>	351,954	(222,772)	(144,275)	(15,685)	4,395.93	4,673.97	135,154	86,917	472,430
<b>2020/21</b>	422,572	(263,480)	(164,631)	(5,539)	4,677.51	4,958.36	101,238	69,283	397,920
<b>2021/22</b>	451,773	(293,879)	(171,073)	(13,179)	5,302.19	5,481.89	136,593	92,737	488,589
<b>2022/23</b>	499,884	(316,252)	(187,524)	(3,892)	5,416.82	5,580.86	147,816	93,483	533,136
<b>2023/24</b>	515,742	(328,856)	(200,854)	(13,968)	5,534.47	5,708.60	159,655	96,350	559,667
<b>5yr Change</b>	<b>163,788</b>	<b>(106,084)</b>	<b>(56,579)</b>	<b>1,717</b>	<b>1138.54</b>	<b>1034.63</b>	<b>24,501</b>	<b>9,433</b>	<b>87,237</b>

Over the last 5 years we have seen more patients requiring us to employ more staff and increasing our expenditure supported by an increase in income, but in the current NHS Financial Climate referred to earlier, this increased level of income is unlikely to continue, so our focus must shift to increased productivity.

Background	Sherwood Forest Hospitals NHS Foundation Trust launched <b>Improving Lives</b> , the Trust strategy for 2024 to 2029 in March 2024	
Trust Strategy	The strategy commits to improving the lives of our patients, our people and the local population.	
Aim 1	In the next five years we want to be known as an outstanding local hospital that consistently delivers quality services for our patients and improves lives. We will achieve this by delivering consistently outstanding care by compassionate people who feel enabled and supported to do their best by Sherwood Forest Hospitals. If our people recommend us as the provider of choice for their family and friends and as a place to work, we will have gone a long way to meet this ambition.	
Aim 2		
Aim 3		
Financial Stewardship	We will achieve this through our six strategic objectives, which describe how we will deliver our vision:	 <pre> graph TD     SO([Strategic Objectives]) --- L1[ ]     L1 --- O1[Provide outstanding care in the best place at the right time]     L1 --- O2[Empower and support our people to be the best they can be]     L1 --- O3[Improve health and wellbeing within our communities]     L1 --- O4[Continuously learn and improve]     L1 --- O5[Sustainable use of resources and estate]     L1 --- O6[Work collaboratively with partners in the community]             </pre>
Finance & Procurement Function	<b>Outstanding Care</b> , provided by	
Future State	<b>Compassionate People</b> , enabling	
Impact	<b>Healthier Communities</b>	

Background	<b>Strategic Objective 1 – Provide outstanding care in the best place at the right time</b>
Trust Strategy	Our financial plans will be aligned long term to demand and capacity, including right sizing our spend once backlog waiting lists have been cleared and demand reduced to core levels.
Aim 1	
Aim 2	<b>Strategic objective 2 – Empower and support our people to be the best they can be</b>
Aim 3	We will invest in our colleagues across the Trust, and amongst our partners to ensure a basic understanding of finance as an enabler is embedded in learning. Our finance team will be visible, supportive and enablers of robust decisions that impact patient care.
Financial Stewardship	
Finance & Procurement Function	<b>Strategic Objective 3 – Improve health and wellbeing within our communities</b>
Future State	Our financial plans will enable delivery of patient care that reduces the health inequalities faced by our local population. We will see a shift in spend towards health prevention.
Impact	

Background	<b>Strategic Objective 4 - Continuously learn and improve</b>
Trust Strategy	We will strive for innovation and technology to support sustainability of healthcare provision.
Aim 1	<b>Strategic Objective 5 – Sustainable use of resources and estate</b>
Aim 2	Long-term capital and financial planning will enable us to deploy resources to the right places to aid improvement and outstanding care.
Aim 3	<b>Strategic objective 6 – Work collaboratively with partners in the community</b>
Financial Stewardship	We will work with system partners to find value in the support we can provide to patients and to ensure that funding is aligned to the services that we provide.
Finance & Procurement Function	
Future State	
Impact	

Background	<b>Resourcing Our Future</b> is the Finance and Procurement Strategy for 2024 to 2029, one of five supporting strategies that aligns to the Trust Strategy
Trust Strategy	It will primarily support the delivery of Strategic Objective 5 – Sustainable use of resources and estate, whilst also contributing to the remaining strategic objectives.
Aim 1	We know that we have a responsibility to ensure that we deliver best value for money services, and therefore the Trust must continuously review and improve the way it uses its resources so that we can maximise the benefits to our patients for every pound that we spend.
Aim 2	
Aim 3	
Financial Stewardship	<b>Resourcing Our Future</b> is built on three main aims:  1. Our clinical and support teams will have the right resources to enable them to provide an outstanding service  2. We will have informed leaders, acting with responsible freedom to deliver our collective responsibilities  3. We will exhibit demonstrable value in the work that we do
Finance & Procurement Function	
Future State	
Impact	Ultimately, our ambition is to be <b>Clinically Led, Financially Sound</b> in delivering the best care possible for the patients we serve within the resources that we have available.



Background
Trust Strategy
Aim 1
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Aim 3
Financial Stewardship
Finance & Procurement Function
Future State
Impact

Our clinical and support teams will have the right resources to enable them to provide an outstanding service

<b>5 Year Capital Plan</b>	<ul style="list-style-type: none"> <li>• 5 Year Capital Plan established to enable the delivery of the Trust Strategy</li> <li>• Capital prioritisation principles and approach agreed and commonly understood</li> <li>• Updated Capital Resources Oversight Group workplan and Terms of Reference</li> <li>• Delivery plans agreed with capital partners, with 'Win-Win' arrangements for delivery</li> </ul>
<b>Multi-Year Budgets</b>	<ul style="list-style-type: none"> <li>• Budget setting principles agreed and consistently applied across services</li> <li>• Longer-term implications of business cases and efficiency programmes modelled</li> <li>• Underlying financial position routinely reported at a divisional level</li> <li>• Budgets aligned to service delivery</li> </ul>
<b>Procurement Framework</b>	<ul style="list-style-type: none"> <li>• Early sight of upcoming contract renewals, with a process to enact actions established</li> <li>• Consistently delivered the right kit, for the right people, to provide the right care</li> <li>• We will provide timely, innovative and best value solutions to our stakeholders</li> </ul>
<b>Financial Planning</b>	<ul style="list-style-type: none"> <li>• Rolling medium term financial plan developed and maintained</li> <li>• Enhanced decision-making framework developed to enable rapid action that delivers improvement or reduces risk</li> <li>• Fair funding allocations negotiated to support the services provided</li> </ul>



We will have informed leaders, acting with responsible freedom to deliver our collective responsibilities

Background		
Trust Strategy		
Aim 1	<b>Professional Development</b>	<ul style="list-style-type: none"> <li>• Core knowledge requirements established for all budget holders</li> <li>• Easy to access and easy-read training materials in place to support colleagues</li> <li>• Continued professional development evident within the finance function</li> <li>• Enhanced budget holder handbooks rolled out</li> </ul>
Aim 2	<b>Financial Reporting &amp; Business Intelligence</b>	<ul style="list-style-type: none"> <li>• Tailored information to different stakeholder groups, to support their needs</li> <li>• Key Performance Indicators established on the timeliness and accuracy of reporting</li> <li>• Improved reporting functionality, including the use of Artificial Intelligence</li> </ul>
Aim 3	<b>Financial Governance</b>	<ul style="list-style-type: none"> <li>• Fit for purpose Scheme of Delegation and Standing Financial Instructions, with supporting training package and 'easy-read' versions</li> <li>• Escalation triggers developed to highlight the need for support and intervention</li> <li>• Governance controls aligned to financial performance, with freedom to act earned through sound budgetary management</li> <li>• We will have a direct or indirect influence over every purchase made by the Trust</li> </ul>
Financial Stewardship		
Finance & Procurement Function		
Future State		
Impact		

Background	We will exhibit demonstrable value in the work that we do	
Trust Strategy		
Aim 1	<b>Productivity Metrics</b>	<ul style="list-style-type: none"><li>Implied productivity performance monitored at a service level and routinely reported to Finance Committee</li><li>Improvement resources aligned to productivity opportunities</li></ul>
Aim 2	<b>Benchmarking</b>	<ul style="list-style-type: none"><li>Improvement evident in areas of benchmarking, for example the Model Hospital</li><li>Benchmarking intelligence reports provided and discussed routinely</li><li>Utilise regional and national procurement frameworks to identify best value procurement options</li></ul>
Aim 3		
Financial Stewardship	<b>Improvement Framework</b>	<ul style="list-style-type: none"><li>Establish an Improvement Framework encompassing multi-disciplinary teams</li><li>Make the most of Data to deliver service and patient care improvements and financial efficiencies</li><li>Finance to act as an enabler for transformation and productivity improvements</li></ul>
Finance & Procurement Function		
Future State	<b>Financial Efficiency</b>	<ul style="list-style-type: none"><li>Multi-year efficiency plans in place</li><li>Efficiency targets ‘right-sized’ to services</li><li>Reward for delivery of recurrent efficiency savings</li></ul>
Impact		

Background	<i>The collective 3 main aims that form part of this strategy will ultimately improve the financial stewardship our workforce exhibit and support the delivery of this strategy.</i>
Trust Strategy	<i>Financial stewardship can be defined as the responsible management of financial resources to achieve specific goals. It involves planning, budgeting, saving, investing, and making wise spending decisions. Financial stewardship is about being accountable for the resources entrusted to us.</i>
Aim 1	
Aim 2	We want to ensure as a finance and procurement function, we are providing trust stakeholders with the expertise, intelligence and skills to ensure a high level of financial stewardship and support the transformation and productivity gains available to the Trust.
Aim 3	
Financial Stewardship	<p>Core Elements of Financial Stewardship</p> <p><b>1.Accountability:</b> Being answerable for the financial resources under one's care, ensuring they are managed wisely and transparently.</p> <p><b>2.Efficiency:</b> Utilising resources to maximise benefits with the least waste.</p> <p><b>3.Planning:</b> Setting clear financial goals and developing plans to achieve them.</p> <p><b>4.Control:</b> Monitoring financial activities to ensure they align with the planned goals and adjusting as necessary to stay on track.</p> <p><b>5.Ethics:</b> Adhering to moral principles and ensuring honesty and integrity in all financial dealings.</p>
Finance & Procurement Function	
Future State	
Impact	

Background	The finance function at SFH consists of over 50 staff from various professional backgrounds including finance, procurement and contracting. Our team and roles can be summarised as:			
Trust Strategy				
Aim 1	<b>Financial Management</b>	<b>Financial Services &amp; Payroll</b>	<b>Financial Business Intelligence</b>	<b>Procurement</b>
Aim 2	Financial reporting	Final Accounts including the Charity	Financial Systems and Admin	Contract renewal and effective supplier management
Aim 3	Budgeting and Forecasting	Treasury and Accounts Receivable	Income and Contracts	Tendering process
Financial Stewardship	Divisional Finance Support	Accounts Payable	Patient Level Information and Costing	Sourcing of everyday transactional goods and services
Finance & Procurement Function	Management Accounts	Capital	Financial and Activity Planning	
Future State	Cost Improvement Programme	Payroll and Pensions	External Reporting	
Impact				

Background	<p>We are a diverse, highly skilled, and well-respected workforce with strong leadership working together to support the delivery of world class health and care.</p> <p>We are innovators and problem solvers, collaborating across systems to provide the best value for patients.</p> <p>We strive to improve our function and develop our people.</p>													
Trust Strategy														
Aim 1														
Aim 2														
Aim 3	<table><tr><th>How we want to be seen</th></tr><tr><td>Responsive to the needs of our customers - internal and external</td></tr><tr><td>Experts in what we do and the business that we support</td></tr><tr><td>Brilliant at the basics inputs, process, outputs and service</td></tr><tr><td>Enablers helping our colleagues to find the best solutions</td></tr><tr><td>Responsible in our actions</td></tr></table>	How we want to be seen	Responsive to the needs of our customers - internal and external	Experts in what we do and the business that we support	Brilliant at the basics inputs, process, outputs and service	Enablers helping our colleagues to find the best solutions	Responsible in our actions	<table><tr><th>How we want to act</th></tr><tr><td>Exemplar in demonstrating the CARE Values</td></tr><tr><td>Take pride in our work</td></tr><tr><td>Believe that better is possible</td></tr><tr><td>Support each other to be the best that we can be</td></tr><tr><td>Determined to strengthen our expertise and improve ourselves</td></tr></table>	How we want to act	Exemplar in demonstrating the CARE Values	Take pride in our work	Believe that better is possible	Support each other to be the best that we can be	Determined to strengthen our expertise and improve ourselves
How we want to be seen														
Responsive to the needs of our customers - internal and external														
Experts in what we do and the business that we support														
Brilliant at the basics inputs, process, outputs and service														
Enablers helping our colleagues to find the best solutions														
Responsible in our actions														
How we want to act														
Exemplar in demonstrating the CARE Values														
Take pride in our work														
Believe that better is possible														
Support each other to be the best that we can be														
Determined to strengthen our expertise and improve ourselves														
Financial Stewardship														
Finance & Procurement Function														
Future State														
Impact														

Background
Trust Strategy
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Impact

## Finance Steering Group

- Provide oversight to the training and development of the Finance team
- Ensure progress in delivering against the strategic objectives in relation to the team's learning environment
- Promote best practice and support the team in developing and implementing ideas to improve
- To be the advocate for team members and ensure they have access to development opportunities

## Excellence in People

- Develop and champion initiatives to support the health & wellbeing of finance colleagues and participate in Trust wide strategies
- Promote best practice behaviours in accordance with the Trusts CARE values, e.g. kindness, respect and appreciation
- Promote equality & diversity within the department - ensure that everyone has a voice
- Gather feedback, e.g. through staff survey results; develop and support strategies to act on this
- Lead on Smart Working and identify opportunities to improve the working environment for all colleagues

## Excellence in Development

- Provide oversight to the training and development of the Finance team
- Ensure that progress is being made in delivering against the strategic objectives in relation to the team's learning environment
- Promote best practice and support the team in developing and implementing ideas to improve
- To be the advocate for team members and ensure they have access to development opportunities

## Excellence in Innovation

- Drive the transformation of current and future ways of working to enable the finance function to be the best it can be



Background	Our ambition is to deliver the best care possible for the community we serve within the resources that we have available.
Trust Strategy	
Aim 1	<ul style="list-style-type: none"> <li>Routine delivery of financial targets, including timely payments to suppliers.</li> </ul>
Aim 2	<ul style="list-style-type: none"> <li>All services, clinical and non-clinical, are as efficient as possible and fit for purpose.</li> <li>All procured goods and services are at best value, with routine contract management and benchmarking to support this.</li> </ul>
Aim 3	<ul style="list-style-type: none"> <li>High standards are evident in terms of strong grip &amp; control and ‘good housekeeping’ with regards to vacancies, use of variable pay and filling of shifts.</li> </ul>
Financial Stewardship	<ul style="list-style-type: none"> <li>Top quartile performance in terms of benchmarking, or programmes of work in place to progress to the upper quartile.</li> </ul>
Finance & Procurement Function	<ul style="list-style-type: none"> <li>Growth moneys available for annual investment to support longer term transformation.</li> <li>Maximised utilisation of estate and consistently strong performance from PFI partners.</li> </ul>
Future State	<ul style="list-style-type: none"> <li>Minimal use of agency workers, with off-framework usage eradicated.</li> </ul>
Impact	<ul style="list-style-type: none"> <li>Capital development plans to support longer-term transformation.</li> </ul>



Background
Trust Strategy
Aim 1
Aim 2
Aim 3
Financial Stewardship
Finance & Procurement Function
Future State
Impact

As part of the Nottingham and Nottinghamshire Integrated Care System (ICS), we have supported a financial recovery plan.

The aim of the financial recovery plan is to move to a breakeven position in 25/26 (underpinned by non-recurrent actions) & delivering a sustainable position from 26/27.

- Following the allocation of £14m deficit funding, our 2024/25 plan is to break-even
- The 2025/26 recurrent start point is a deficit of £53.7m. This reflects the impact of non-recurrent elements of the 2024/25 delivery (e.g. financial efficiencies), and the removal of NR deficit funding.
- The calculated efficiency requirement for 2025/26 is £63.8m. This would represent over 11% of the Trust's operating expenditure

Summary	Sherwood Forest Hospital (£'m)
Start Point (2024/25 Plan)	0.00
Underlying Recurrent exit 2024/25	-53.69
Recurrent Start Position 2025/26	-49.37
Recurrent Plan 2025/26	-5.35
Total Plan 2025/26	0.00



Background
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Looking beyond the Nottingham and Nottinghamshire ICS financial recovery plan, the Trust has projected forward an income and expenditure position to 2028/29.

As part of our responsibility to deliver best value for money services, we have modelled forward a scenario in which the Trust continues to deliver a break-even position under the following assumptions.

- 2024/25 and 2025/26 are in-line with the Financial recovery plan
- Inflation will be funded (net of the standard efficiency requirement)
- Any non-recurrent income will be replicated going forward
- Investments will be made to reduce the risk profile of the organisation whilst living within our means

	Finances (£'000)					
	Income	Pay Costs	Other Costs	Efficiency Saving (R)	Efficiency Saving (NR)	(Deficit)/ Surplus
<b>2024/25</b>	521,860	(354,234)	(206,076)	7,308	31,142	-
<b>2025/26</b>	534,601	(356,533)	(241,938)	58,521	5,349	-
<b>2026/27</b>	539,947	(336,533)	(219,831)	12,313	4,104	-
<b>2027/28</b>	545,346	(339,074)	(221,299)	11,270	3,757	-
<b>2028/29</b>	550,800	(342,331)	(223,245)	11,082	3,694	-

- From 2024/25 to 2028/29, the Trust is required to make a total of £148.5m financial savings.
- This is split between £100.5m recurrent savings alongside £48.0m non-recurrent savings.

Background	The Trust will aim to deliver on the requirements of the future state by focusing on the following,	
Trust Strategy	<ul style="list-style-type: none"> <li>• <b>Grow our variable income by</b> <ul style="list-style-type: none"> <li>• Reducing our Did not Attend (DNA) rate</li> <li>• Ensuring we capture all relevant information for clinical coding</li> <li>• Increasing the productivity of our theatres</li> <li>• Identifying opportunities that drive a positive contribution</li> </ul> </li> </ul>	
Aim 1		
Aim 2	<ul style="list-style-type: none"> <li>• <b>Maximise Commercial income Opportunities</b></li> <li>• <b>Right size our fixed income services in-line with the financial envelope available whilst ensuring a safe service can still be provided</b></li> </ul>	
Aim 3	<ul style="list-style-type: none"> <li>• <b>Reduce our variable pay expenditure through</b> <ul style="list-style-type: none"> <li>• Ensuring price cap compliance</li> <li>• Reduced demand for temporary workforce through more effective rostering</li> </ul> </li> </ul>	
Financial Stewardship		
Finance & Procurement Function	<ul style="list-style-type: none"> <li>• <b>Reducing our non-pay expenditure by</b> <ul style="list-style-type: none"> <li>• Ensuring we achieve maximum value for money in all our contract renewals and purchases by taking a collaborative by default methodology</li> <li>• Controlling our discretionary spend</li> <li>• Ensuring we use our clinical supplies appropriately and minimise wastage</li> </ul> </li> </ul>	
Future State	<ul style="list-style-type: none"> <li>• <b>Deliver year on year transformation and productivity gains</b> <ul style="list-style-type: none"> <li>• Finance team act as an enabler for transformation</li> <li>• Support the development of transformation schemes</li> <li>• Support the development of productivity opportunities through intelligence and financial expertise</li> </ul> </li> </ul>	
Impact		

Background

We will look to use the following key performance indicators as a measure of our success in delivering on our strategy.

Trust Strategy

Aim 1

Aim 2

Aim 3

Financial  
Stewardship

Finance &  
Procurement  
Function

Future State

Impact

Indicator	S01	S02	S03	S04	S05	S06
Annual Improvement in our underlying financial position					✓	
Annual improvement in our implied productivity metric	✓		✓	✓	✓	
Maintain our One NHS Finance Level 3 accreditation		✓				
Reduced reliance on Cash borrowing					✓	
Supporting small and medium sized organisations to maintain our commitment as an anchor organisation			✓		✓	✓

If we can continue to deliver against the above indicators it will support in reducing the current risk profile of the Trust and allow us have more flexibility in how we deploy our resources to manage risk.

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

<b>Subject:</b>	Audit and Assurance Committee	<b>Date:</b>	20 <sup>th</sup> March 2025
<b>Prepared By:</b>	Andrew Rose–Britton, Chair of Audit and Assurance Committee		
<b>Approved By:</b>	Manjeet Gill		
<b>Presented By:</b>	Manjeet Gill		
<b>Purpose:</b>			

<b>Matters of Concern or Key Risks Escalated for Noting / Action</b>	<b>Major Actions Commissioned / Work Underway</b>
<p>In the context of a letter received from the CEO of the ICS describing the current uncertainty, including the potential risk of being unable to meet its statutory duties, the need for clarity on the roles of ICSs is required.</p> <p>External Audit Plan 2024/25 - one significant risk identified about sustainability. This potential weakness may be flagged but needs to be viewed in the current overall context of the NHS. KPMG is working through.</p> <p>Single Tender Waivers - three challenges were raised: one about the £800K value of STWs; the second about mitigating urgent requests and the third highlighting the challenges of both the ADU and print contracts, noting the opportunities being worked on to address them.</p>	<p>A System wide Internal Audit review of Governance is underway with the report to be circulated when complete.</p> <p>Finance committee members to be invited to the Extraordinary AAC meeting on 19<sup>th</sup> June 2025 (and annually thereafter) at which the ARAC will be considered.</p> <p>One Internal Control issue highlighted from the Finance Committee in relation to a PFI accounting of the transition from IAS 17 to UK GAAP and IFRS 16.</p> <p>Requirement to seek a new Counter Fraud Champion, ideally with a clinical background</p> <p>Include post-investment reviews in the scope of the Project/ Business case management review</p> <p>Losses and Special Payments – More information being sought about Newark Theatres drug write-offs.</p>
<b>Positive Assurances to Provide</b>	<b>Decisions Made (include BAF review outcomes)</b>
<p>Annual Counter Fraud Progress Report.</p> <p>Internal Audit Progress Report.</p> <p>Preparation of the Quality Account is on track.</p> <p>Two Internal Audit Reports had been submitted to Board Sub-Committees since the last meeting, both providing Substantial assurance.</p> <p>External Audit Plan 2024/25 received and approved.</p>	<p>Annual Counter Fraud Plan approved subject to inclusion of the CF Functional Standard.</p> <p>Approval of the Annual Internal Audit Plan 2025/26 (noting the Charter and compliance with Global IA standards).</p> <p>External Audit Plan 2024/2025.</p> <p>Stock Management Policy approved.</p> <p>Single Tender Waivers agreed.</p> <p>Losses and Special Payments approved.</p>

<p>Outstanding Internal Audit recommendations - current first follow up implementation rate of 72%.</p> <p>Risk Committee Highlight Report.</p> <p>Summary of stocktake process noted.</p> <p>Going Concern Assessment received along with confirmation there is a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future and so will continue to adopt the going concern basis in preparing the accounts.</p> <p>Register of Interests Report with only 14 declarations outstanding.</p> <p>Non-Clinical Policies Report noted.</p> <p>Drafting of the Trust Annual Report and AGS underway.</p>	<p>Standing Orders approved.</p> <p>Committee Maturity Assessment Action Plan agreed.</p> <p>Committee Terms of Reference approved following the annual review.</p> <p>Updates to the Committee Workplan approved following its annual review and the addition of ad hoc reports on losses and special payments.</p> <p>Committee Annual Report to Board of Directors approved subject to final sign off by the Committee Chair.</p>
<p><b>Comments on effectiveness of the meeting</b></p> <p>Some confusion at the start of the meeting. Thereafter a good discussion of agenda items. Reports of a high standard. A comfort break will be scheduled at future meetings.</p>	
<p><b>Items recommended for consideration by other Committees</b></p> <p>meeting of Audit Committee Finance Committee and in June 2025 to agree the end of year accounts can be recommended to the Board for approval .</p>	

## **DRAFT Annual Report from the Finance Committee - February 2024 to March 2025**

### **1. Summary**

This report provides an overview of Finance Committee activities undertaken throughout the Trust between February 2024 and March 2025. For assurance, the Committee has carried out its obligations in accordance with its Terms of Reference and work programme.

The key aims of the Committee are to conduct independent and objective reviews of financial and investment policy and performance issues.

These aims are put into practice by:

- Reviewing the establishment and maintenance of an effective system of financial governance and financial risk management across the Trust to support the achievement of the Trust's financial objectives.
- Reviewing management's and (where required by the Audit and Assurance Committee) Internal Auditor's reports on the effectiveness of systems for internal financial control, financial reporting and financial risk management.
- Confirming any identified internal control issues to report to Audit & Assurance Committee.
- Ensuring the findings of any financial reviews by Arm's Length Bodies or Regulators/Inspectors are progressed to deliver the relevant improvements.
- Playing a key co-ordinating role in ensuring that the Board Assurance Framework is an accurate reflection and managing the delivery of any actions that arise from the financial elements of the Board Assurance Framework – specifically including actions to improve controls or provide further assurances.
- Recommending to the Audit and Assurance Committee concerns around the annual programme of Internal Audit work, to the extent that it applies to matters within these terms of reference.
- Requesting and reviewing reports and assurances from Directors and managers on the overall arrangements for financial governance, financial risk management and internal control. Including specific reports from individual functions within the organisation which may be appropriate to the overall arrangements.
- Reviewing and challenging where necessary, the actions and judgements of management in relation to progress against financial plans.
- Ensuring the systems for financial reporting to the Board of Directors, including those of budgetary sign off and control, are subject to review as to completeness and accuracy of the information provided to the Board of Directors.
- Reviewing in-year performance income and expenditure, capital investment, forward year budgets, finance capability, value for money and efficiency, strategy, estates, IT, Procurement and financial controls

## 2. Background

The Finance Committee meets monthly with 6 Core Meetings and 6 'Deep Dive' Meetings (with a limited agenda in place to consider specific items warranting focused discussion). The Committee reports to the Board of Directors. Its Terms of Reference establish that its role is to provide an independent and objective review of financial and investment policy and performance issues.

The Committee's membership is set out below:

- 3 Non-Executive Directors, one of whom is nominated as Chair and one as Vice Chair. The Chair of the Committee is appointed by the Board of Directors.
- The Chief Financial Officer
- The Chief Executive
- The Chief Operating Officer

In routine attendance:

- The Deputy Chief Financial Officer...
- The Associate Director of Estates and Facilities\*
- The Acting Director of Strategy and Partnerships...
- Governor observer(s)

\* Director of Estates and Facilities appointed November 2024

The Committee determines operational attendees as required to fulfil its work programme.

## 3. Work Programme

The Committee reviews reports throughout the year in accordance with its approved Terms of Reference. These include:

- Monthly Financial Performance Report (including Financial Improvement Programme, Cash, Agency Performance, ERF and Capital)
- PFI Governance
- Nottingham & Nottinghamshire ICB/ICS and NHS England Updates
- Procurement Forward View
- Divisional Financial Position Presentations
- Board Assurance Framework (BAF) – Principal Risk 4 and Principal Risk 8

The Committee has also received reports on the following specific matters:

- Financial Recovery (including Finance Recovery Cabinet Quadrant Report and external commissioned reports)
- Financial Forecasting and Position at H1 and H2
- Financial Planning and Budgeting
- Financial Strategy
- Nottinghamshire Health Informatics Service (NHIS) quarterly performance
- Capital Planning
- Trust Strategic Priorities Updates
- Terms of Reference review
- Work Plan review
- National Cost Collection
- Internal Audit Reports
- Capital Resources Oversight Group Quadrant Report
- Sustainability Development Strategy Group Quadrant Report
- UEC Business Plan Progress Update

- Committee Maturity Assessment

The Committee conducted several evaluation reviews of the following items previously approved:

- Deep dive into A&E Attendances (following ED business case approval and update)
- Theatres Utilisation (Four Eyes post-project evaluation and Newark TIF)
- Electronic Patient Record Governance Follow-up
- Investigation and Intervention (post-project evaluation)
- CDC Financial Summary
- MRI/Radiology Progress Update (added to work plan for 18 month review 2025)
- Soft FM Contract Review (added to Workplan for 2025)

The Committee also undertakes an annual health check/self-assessment.

#### 4. Meetings

The Committee meets monthly and 14 meetings were held during the period covered by this report. All meetings were quorate.

Attendance of members and regular attendees (or a nominated deputy) at meetings during the period covered by this report is detailed below:

Name	Actual	Possible
Non-Executive Director (Chair)	14	14
Non-Executive Director (Vice Chair)	13	14
Non-Executive Director	13	14
Chief Financial Officer	14	14
Chief Executive**	4	4
Acting Chief Executive**	6	10
Chief Operating Officer	14	14

The Chief Executive went on long-term sick leave in May 2024, the Acting Chief Executive has therefore been in attendance from May 2024.

#### 5. Committee Effectiveness Review

The Committee has carried out two effectiveness reviews within the period which were reported in January 2024 and January 2025. This is based on the National Audit Office (NAO) self-assessment checklist for audit committees and is divided into 5 sections:

- Roles and responsibilities
- Membership and independence
- Skills and experience
- Scope of work
- Communication

The self-assessment tool reviews governance arrangements, checks appropriate systems are in place and identifies areas for improvement. Evidence to support the assessment was reported with no actions required. This is an annual standing item on the work plan.

During this period a Committee Maturity Assessment was also undertaken and an action plan produced.



## 6. Areas of focus

The Committee's focus and monitoring during this period has largely been on the following items. These have been included as Core agenda items and the subject of several Committee 'deep dives'.

- Monthly Financial Performance Review (System and Trust-wide)
- Divisional Financial Performance Presentations
- Financial Recovery (System and Trust-wide) and Financial Forecast
- Financial Improvement Programme Progress and Efficiencies
- Cash Position (Risks and Challenges)
- Capital Planning
- Finance Strategy
- NHSE Guidance and Reporting
- Financial Budgeting and Planning
- Workforce
- PFI Governance
- EPR Governance and Progress
- Digital Landscape Forward View
- Procurement and Contracts Forward View
- Monitoring the Board Assurance Framework relating to PR4 and PR8.
- Patient Level Information Costing System

## 7. Approvals

A number of approvals and recommendations to the Board of Directors were made in adherence with the Trust Scheme of Delegation.

- Capital funding bid for a CT scanner to support the Targeted Lung Health Check programme (subject to Capital Resources Oversight Group (CROG) review in relation to the funding gap).
- Laboratory Information Management System (LIMS) Contract (with minor amendments).
- GP IT Refresh.
- Delegated responsibility to the Chief Financial Officer for submission of the borrowing application for 2024/2025.
- Submission of 2024/2025 Plan.
- MRI Capital build (pending receipt of funds for submission).
- Extension to the Radiology Outsourcing Contract.
- Treasury Management Policy.
- The Capital Plan 2024/25 and the delegation to CROG to review items of the capital programme at M6 and accelerate at M9.
- Annual CQC subscription with a request for annual registrations to be included within procurement forward view.
- Patient Engagement Portal Business Case
- Theatres Productivity Investment Business Case.
- Gartner subscription.
- BD Infusion Pumps.
- 3-year Microsoft Enterprise Agreement.
- Soft FM Deed
- Costings for Phase 2 of the I&I work to be undertaken by PA Consulting.
- GP Fortinet Firewall contract with further work to be undertaken on tender benchmarking.
- The Aseptic Dispensary Unit (ADU) and the submission of letter of intent.
- Recommendations relating to Band 2/3.
- Procurement of IT equipment to replace laptops within Primary Care subject to written funding confirmation from the ICB
- Extension to Endoscopy Van, Mobile CT and MRI Scanners
- ME2 Pathology Project Contract

## **8. Matters for escalation**

The Finance Committee Chair provides a highlight report to the Board of Directors. This provides items for escalation, areas of positive assurance, work commissioned, and decisions made, aside from the recommended approvals listed in 7. above, the following were escalated:

- EPR Governance arrangements
- Monthly financial position and challenges at H1 and H2
- Financial Recovery and ongoing challenges
- Financial Improvement Plan progress, red-rag areas and weighted/unweighted position
- System-wide Investigation and Intervention Programme
- Crown Commercial Services Energy Contract Options
- Emergency Department Business Case progress and future challenges
- Agency costs
- Financial risks (System and Trust-wide) – CDC, Cashflow, Planning, Band 2/3, Progress on PFI Settlement and Hard FM Settlement
- Board Development Session on Financial Position
- 2025/26 Financial Plan
- Increase in PR4 scoring risk from 16 to 20.
- CDC Overspend and Potential Risk/Impact
- Committee Membership

## **9. Conclusion**

The Committee self-assessments of compliance with Terms of Reference, the review of effectiveness, the robust work programme and escalations to the Board of Directors provide assurance that the Committee continues to be effective in discharging its responsibilities.

...

**Graham Ward**

Finance Committee Chair

25th March 2025

## Finance Committee Chair's Highlight Report to Trust Board

<b>Subject:</b>	Finance Committee (FC) Report	<b>Date:</b>	3 April 2025
<b>Prepared By:</b>	Graham Ward – FC Chair		
<b>Approved By:</b>			
<b>Presented By:</b>	Graham Ward – FC Chair		
<b>Purpose:</b>			
To provide an overview of the key discussion items from the Finance Committee meetings of 25 March 2025.			

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>• <u>CDC Overspend (to NOTE)</u> – the cost of the CDC has escalated by £5M (25%) over the life of the project, largely due to issues discovered when works commenced. The resultant delay in construction will also have an impact on revenue costs.</li> <li>• <u>Month 11 Financial Position (to NOTE)</u> – Month 11 showed a continued improvement in the pay run rate, though non-pay remained static. The financial outturn for the year is being closely monitored to contain the deficit as close to the two additional costs of the Band 2 to 3 changes (forecast at £2.2M) and a PFI related accounting cost of £5.4M.</li> <li>• <u>Cash (to NOTE)</u> – The request for working capital support to NHSE was successful and £8.3M was received.</li> <li>• <u>Financial Planning (to NOTE)</u> – The Financial Improvement Programme (FIP) requirement to achieve break-even after the deficit support funding will be £45.8M (8% of operating costs).</li> <li>• <u>Committee Membership (for ACTION)</u> – Need to consider appropriate executive participation in committees to ensure triangulation.</li> </ul>	<ul style="list-style-type: none"> <li>• <u>FIP Programme</u> – further work necessary on the FIP programme, including understanding of workforce, with regular reporting back to the Committee.</li> </ul>

Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"> <li>• <u>Sustainability Funding Received</u> – Noted the £3M to be received after successful bids to implement sustainability improvements including LED lighting, Improved BMS and metering.</li> <li>• <u>Theatre Productivity and Newark Utilisation Report</u> – Noted work undertaken to date and that new processes were embedded. Impact to be further reviewed in 6 months.</li> <li>• <u>Financial Planning</u> – Noted amount of work that has gone into the financial planning for 2025/26, but also recognised the significant risks associated with its delivery.</li> <li>• <u>Procurement Forward View</u> – Noted the new presentation format and the increased amount of collaborative procurements planned to help target further VFM improvements.</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Contract Approvals</u> – Recommended for approval contract extensions for mobile diagnostics capacity (Endoscopy, CR and MRI), subject to funding confirmations</li> <li>• <u>ME2 East Midlands Pathology Network Contract</u> – Agreed to recommend this contract for approval by Board.</li> <li>• <u>Governance</u> – Approved the Committee Annual Report (subject to the addition of the post project review outcomes being included), Work Plan, Terms of Reference and the Maturity Assessment Action Plan for sign off by Board.</li> <li>• <u>BAF</u> – Agreed to hold risk scores for PR4 (Finance) and PR8 (sustainability) at 20 and 12 respectively.</li> </ul>
<b>Comments on effectiveness of the meeting</b>	
All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion.	
<b>Items recommended for consideration by other Committees</b>	
<ul style="list-style-type: none"> <li>• Audit Committee to be asked to review the PFI accounting issue that has arisen.</li> <li>• To escalate to ICB concern over the £8.2M misalignment in income assumptions between the Trust and the ICB (primarily driven by unresolved 2024/25 issues)</li> </ul>	
<b>Progress with Actions</b>	
Number of actions considered at the meeting – 11 (1 not yet due) Number of actions closed at the meeting – 8 Number of actions carried forward – 3 Any concerns with progress of actions – No	

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

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

<b>Subject:</b>	Quality Committee	<b>Date</b>	<b>Monday 24<sup>th</sup> March 2025</b>
<b>Prepared By:</b>	Barbara Brady, Non-Executive Director/Chair		
<b>Approved By:</b>	Barbara Brady, Non-Executive Director/Chair		
<b>Presented By:</b>	Barbara Brady, Non-Executive Director/Chair		
<b>Purpose:</b>	Assurance report to the Trust Board of Directors following the Quality Committee Meeting		

Matters of Concern or Key Risks Escalated for Noting / Action		Major Actions Commissioned / Work Underway	
<ul style="list-style-type: none"> <li>- <b>Issue noted regarding the development of the Quality Dashboard and availability of relevant data. Lack of Capacity in the Data Analysts Team has been recognised.</b></li> </ul>		<ul style="list-style-type: none"> <li>- The Improvement Faculty is to move under the Chief Medical Officer Portfolio and consideration of the overall structure is underway.</li> <li>- The Quality Strategy Priorities will be included in the Quality Account, which will be circulated to Committee members for Virtual Approval.</li> </ul>	
Positive Assurances to Provide		Decisions Made (include BAF review outcomes)	
<ul style="list-style-type: none"> <li>- Positive Assurance taken from the IPR updated for Timely and Quality Care.</li> <li>- Positive Assurance taken from the updates to the Clinical Services Strategy.</li> <li>- Positive update provided against the progress of the Electronic Patient Record. The Committee agreed to bi-annual updates going forward.</li> <li>- Positive Assurance taken from the reports provided for the Patient Experience Committee, PSIRF Oversight Group, NMAHP Committee and Perinatal Assurance Committee.</li> <li>- Positive Assurance provided against actions underway following the Mortuary Deep Dive.</li> <li>- Positive assurance from the 360 Staffing paper provided in the reading room and the audit opinion of 'Significant Assurance'.</li> </ul>		<ul style="list-style-type: none"> <li>- Approval of the BAF Principal Risks; 1, 2 and 5. With 'Gaps in Control' for PR1 amended to include narration around the frequency of the meetings for QC. Further discussion to also take place re PR5 due to pending recruitment requirements.</li> <li>- Approval of the Quality Committee Terms of Reference pending further discussion regarding the inclusion of Clinical Effectiveness portfolio i.e. clinical audits and GIRFT.</li> <li>- Approval of Annual Workplan pending minor amendments agreed to frequency of EPR reporting and Improvement Updates.</li> <li>- Approval of the Draft Quality Strategy pending introduction and acknowledgement of the current challenges being worked in and financial constraints, in addition to the 'triple shift' and Health Inequalities. A further draft will be shared for Virtual Approval in the coming weeks.</li> <li>- Approval of the IPC BAF.</li> <li>- Approved- Minutes of the QC Meeting from 21<sup>st</sup> January 2025</li> </ul>	

### Comments on effectiveness of the meeting

Positive level of assurance taken from items discussed today, with a high standard of papers provided, prompting a good level of discussion and challenge. Comments from observing parties agreed noting the meeting was very efficient and would allow a good level of feedback to services.

### Items recommended for consideration by other Committees

Following a Quality Committee action the 'Maintaining Focus and Oversight on Quality of Care and Experience in Pressurised Services' is provided as Appendix A to the BOD for information.

### Progress with Actions

Number of actions considered at the meeting -3

Number of actions closed at the meeting – 3

Number of actions carried forward - 2

Any concerns with progress of actions – No

If Yes, please describe –

## **Quality Committee Annual Report 2024**

Report Covers Period January 2024- December 2024 – 9 Scheduled Meetings. The Committee agreed to return to a bi-monthly frequency from July 2024.

### **Introduction**

The Quality Committee is established under Board delegation with approved Terms of Reference and is required to prepare an annual report on its work and performance in the preceding year for consideration by the Trust Board. This report summarises the Quality Committee's activity for the financial year of January 2024 to December 2024.

The Committee's function is to provide scrutiny, challenge, and seek assurance, monitoring all aspects of quality that support the delivery of the Trust's vision and strategic objectives. In particular, the Committee will review the adequacy of quality risk and control and any appropriate independent assurances as necessary.

Assurance is provided through written reports, both regular and bespoke, through challenge by members of the Committee and by members seeking to validate the information provided through wider knowledge of the organisation.

Additionally, the committee has oversight of amended clinical guidelines, documentation, patient pathways, and changes to services that impact directly on the quality and safety of care delivered to patients.

### **Terms of reference**

In April 2024 the Terms of Reference for the Quality Committee were approved by the members.

In May 2024, they were provided for information only in the BOD Information Library

### **Meetings, membership and Attendance**

The Committee meets bi-monthly. Meetings were held on the following dates and all meetings were held virtually and were quorate:

22nd January 2024  
26th February 2024  
25th March 2024  
22nd April 2024  
20th May 2024  
24th June 2024  
22nd July 2024  
23rd September 2024  
25th November 2024

### **Systemwide Position**

The Committee is attended by Executive representation of the Integrated Care Board via the Chief Nurse. Representatives of the Integrated Care Board are invited and encouraged to contribute to the discussions held within the Committee.

The Nottinghamshire Integrated Care Board also hold systemwide Quality and People Committee meetings. Partner Non-Executive Directors have been invited as regular members. The Quality Committee chair has been included in the invitation to attend meetings when possible.

The membership of the Quality Committee is made up of three non-executive directors, one of whom is nominated as chair; the Executive Medical Director, Chief Nurse, and Chief Operating Officer. Two Governors observe the committee and report to the Council of Governors. Subject area experts are invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas that they are responsible for.

The Quality Committee was chaired by Aly Rashid, a non-executive director until October 2024 when he retired from his role. Barbara Brady, non-executive director then recommenced as Chair from November 2024. She will continue into 2025 pending the recruitment process.

In line with the Terms of Reference, the Director of Nursing, Director of Midwifery, Deputy Medical Director, Director of Nursing Quality & Governance, the Specialist Advisor to the Board and a representative from the ICB will also be in attendance at the Committee.

### **Attendance at Quality Committee meetings by substantive members**

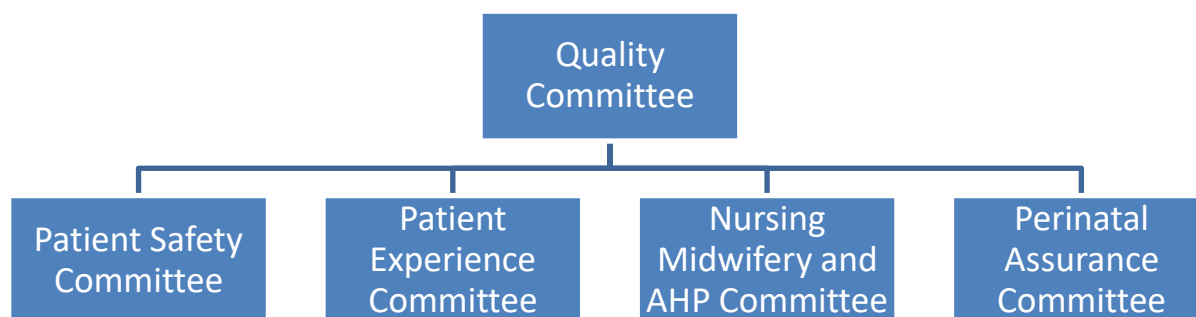
<b>Name</b>	<b>Aly Rashid (Chair)</b>	<b>Manjeet Gill</b>	<b>Dave Selwyn</b>	<b>Simon Roe **</b>	<b>Phil Bolton</b>	<b>Rachel Eddie</b>	<b>Andy Haynes</b>	<b>Barbara Brady (1) **</b>
<b>22.01.24</b>	0	1	1		1	1	1	
<b>26.02.24</b>	1	1	1		1	1	1	
<b>25.03.24</b>	1	1	1		1	1	1	
<b>22.04.24</b>	1	1	1		0	1	1	
<b>20.05.24</b>	0	1	1	1	1	0	1	
<b>24.06.24</b>	1	1	0	0	0	1	0	
<b>22.07.24</b>	1	0	1	1	1	1	1	
<b>23.09.24</b>	1	0	1	1	1	1	1	
<b>25.11.24</b>	1	0	0	1	1	1	1	1
<b>Total /9</b>	7	6	7	4	7	8	8	1

**\*\* Non-Executive Director Barbara Brady recommenced as Chair in November 2024**

**\*\* In May of 2024, Simon Roe stepped into the role of Acting Medical Director and began attending as a member of the Quality Committee. Dave Selwyn remained an attendee in the role of Acting Chief Executive Officer.**

The Committee has oversight of several subgroups and Committees who have a responsibility to provide assurance to the Quality Committee. The reporting structure is below. The 4 key direct reports have a responsibility to provide assurance from their associated subgroups to the Quality Committee.





### The work of the committee during 2024

The committee has carried out its role in accordance with its Terms of Reference. Further details of all of these areas of work can be found in the minutes and papers of the committee. A high-level presentation of areas of work on which the Committee has received assurance and during 2024 are as follows:

#### Principal Review Areas

The report is divided into sections which represent the key duties of the Quality Committee

- Clinical Effectiveness
- Patient Safety
- Patient Experience

The Committee has an approved work plan which is used to review the establishment and maintenance of an effective system of quality governance, risk management and internal control across organisations activities using the three-quality dimension above. The Committee have adjusted the Work Plan in 2024 to outline where key reports match more than one of the three quality dimensions.

The updates from the Patient Safety Committee and the Nursing Midwifery and Allied Health Professions Board meet the requirements of all three quality dimensions. In 2024 assurance was and will continue to be sought in the form of Quadrant Reporting for those committees.

#### Clinical Effectiveness

The Committee was updated at regular intervals on the CQC inspections, queries, the trust led peer review programme and was updated on how the Trust was meeting the action arising from these programmes of work. These updates were provided as part of the quarterly CQC Updates from the Director of Nursing Quality & Governance.

The Committee received an annual update from Cancer Services & End of Life Care, while receiving more regular updates, biannually around the medicine's optimisation strategy and quarterly around Challenged services and the Hospital Standardised Mortality Ratio.

In 2024 the Committee introduced regular updates pertaining to the Improvement Agenda and progress relating to the production of the Clinical Services Strategy, which will be provided bi-annually in 2025.

In 2024 it was agreed for a quarterly Deep Dive to take place into specific challenged services throughout 2025. These will be agreed prior to the agreed date and will commence in January 2025 with Cardiology.

It was agreed for the Integrated Performance Reports relating to Timely Care and Quality Care be presented to the Quality Committee ahead of presentation to the Board of Directors (BOD) for assurance and challenge. These are reported to the Quality Committee in January, March, July, and September.

### **Patient Safety**

At each of the meetings held, reports were presented, and the Committee heard, discussed, and reviewed items on the Patient Safety Committee, Nursing Midwifery and AHP Committee and Maternity Assurance Committee agendas.

From July 2024 the Maternity Assurance Committee was renamed the Perinatal Assurance Committee and moved to bi-monthly frequency.

In October 2023 the trust implemented the Patient Safety Incident Response Framework (PSIRF) and subsequently the Patient Safety Incident Response Oversight Group was established. This group reports quarterly to the Quality Committee providing assurance that an effective patient safety incident response system has been undertaken that integrates four key aims of PSIRF:

- Compassionate engagement and involvement of those affected by patient safety incidents.
- Application of a range of system-based approaches to learning from patient safety incidents.
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement.

The Patient Experience Committee report bi-annually into the Quality Committee with updates also provided through the Patient Safety Committee.

The Committee received annual reports staggered throughout the year to provide assurance on the patient safety requirements of the Committee, these included

- Safeguarding
- Infection Prevention and Control

### **Patient Experience**

The Committee received reports at each meeting in relation to the Nursing, Midwifery and AHP Board; this included updates on the 15 steps programme.

The Committee continued to examine patient experience through annual staggered reports, these included Patient Experience Committee (bi-annual) and patient experience surveys, inpatient and outpatient surveys

### **Additional Assurance**

In addition to the assigned work plan the Committee received updates and assurance as requested throughout the year. This included but was not limited to;

#### **January**

Industrial Action Update

Cancer Waiting Time Standards Update.

#### **February**

Process for Sending Patient Letters Update

Regulation 28 Update and the Limited Assurance Report relating to Governance Statutory Regulatory Committees.

**March**

Industrial Action Update.

**April**

Breast Surgery Update, Infection Prevention and Control Board Assurance Framework and Trust Strategic Priorities.

**May**

MBBRACE-UK

Martha's Rule

Winter Report and Outpatient Improvement Overview.

**June**

Prevention of Future Deaths Regulation 28 Update

Timely Care Cancer Update.

**July (Returned to a bi-monthly meeting)**

Electronic Patient Record (EPR) Update

Limited Assurance Report relating to the Safeguarding Final Report.

**September**

Limited Assurance Report relating to Outpatients Appointments and Remote Consultations  
Infection prevention and Control Board Assurance Framework.

**November**

Improvement update into QSIR Training

Martha's Rule Update

Quality Dashboard.

**Governance & Assurance:**

The Committee is the assurance lead for the Board Assurance Framework Strategic Risks 1, 2 and 5. At each meeting in 2024 the committee viewed strategic risks one, two and five, mindful of its responsibilities to ensure that these risks were being adequately controlled through the course of the meetings. Where appropriate the Committee recommended and approved the alteration of risk scoring based on the evidence and agreement of those in attendance

The three principal risks the Committee primarily discusses are:

- PR1 Significant deteriorations in standards of safety and care
- PR2 Demand that overwhelms capacity.
- PR5- Inability to Initiate and implement evidence-based improvement and innovation.

The Committee also receives internal audit reports if they relate to clinical quality. During the reporting period the Committee received audit reports on

- Governance Statutory Regulatory Committees
- Safeguarding
- Outpatients Appointments and Remote Consultations

The Committee has continually challenged the assurance process when appropriate and has requested and received assurance reports from Trust management and various other

sources, both internally and externally throughout the year. This process has also included requesting managers to present and discuss when necessary to obtain relevant assurance including a deep dive review into cardiac arrest calls and falls prevention work.

### **Strategic Position**

The current Quality Strategy is in place until 2025. A review is currently underway and is in the staff engagement and consultation phase.

The Committee provides strategic oversight of the quality aspects of the Trust Strategy and associated sub strategies to.

- provide outstanding care in the best place at the right time
- empower and support our people to be the best they can be
- ensure a sustainable use of resources and estate.
- continuously Learn and Improve
- work collaboratively with partners in the Community.

### **Review of the effectiveness and impact of the Quality Committee**

The Committee has been active during the year in carrying out its duty in providing the Board with assurance that effective internal control arrangements are in place. The Committee summarises escalations to the board at the end of every meeting.

Committee effectiveness self-assessment review is conducted as part of the Committee process. These were completed throughout the year with no significant issues identified.

The Committee continue to review and update the associated work plan as the reporting sub-Committees governance matures. Changes and agreements are documented as part of the Committee documentation process.

People Committee Chair's Highlight Report to Board

<b>Subject:</b>	Chair’s Report	<b>Date:</b>	25 <sup>th</sup> March, 2025
<b>Prepared By:</b>	Steve Banks Non-Executive Director		
<b>Approved By:</b>	Steve Banks Non-Executive Director		
<b>Presented By:</b>	Steve Banks Non-Executive Director		
<b>Purpose:</b>			
For Assurance			

Matters of Concern or Key Risks Escalated for Noting / Action		Major Actions Commissioned / Work Underway	
<ul style="list-style-type: none"><li>The impact on staff of the financial challenges for 25/26 and the potential knock on to patient care</li></ul>		<ul style="list-style-type: none"><li>People Strategy for 2025 – 2029 agreed to go for Board approval in April</li><li>Staff survey action planning</li><li>New compact agreed with West Notts College, great example of local partnership working (see reading room)</li></ul>	
Positive Assurances to Provide		Decisions Made <i>(include BAF review outcomes)</i>	
<ul style="list-style-type: none"><li>There was much positive assurance provided including:</li><li>Progress on sexual safety and reducing violence and aggression</li><li>Working with Veterans and nomination for national award</li><li>Proposed People Strategy and progress in Q3 24/25</li><li>Actions re gender pay equality</li><li>Progress with FTSU actions</li></ul>		<ul style="list-style-type: none"><li>BAF discussed; agreed to reduce assurance level of strategic threat of significant loss of workforce from significant to moderate</li></ul>	
Comments on effectiveness of the meeting			
No observer present, but papers were of good quality, as was the debate			

### Items recommended for consideration by other Committees

Finance Committee with regard to workforce numbers, Quality Committee with regard to Quality Impact Assessments of staffing changes, Partnership Committee may wish to review the partnership working with West Notts College as an exemplar

### Progress with Actions

Number of actions considered at the meeting - 4

Number of actions closed at the meeting – 4

Number of actions carried forward - 1

Any concerns with progress of actions – No

If Yes, please describe –

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

## People Committee - Cover Sheet

<b>Subject:</b>	People Committee Annual Report		<b>Date:</b>	28/01/2025	
<b>Prepared By:</b>	Beth Hall – Business Support Officer Deborah Kearsley - Deputy Director of People				
<b>Approved By:</b>	Deborah Kearsley – Deputy Director of People				
<b>Presented By:</b>	Deborah Kearsley – Deputy Director of People				
<b>Purpose</b>					
To provide assurance that the People Committee is performing its responsibilities as set out within the Terms of Reference.			<b>Approval</b>		
			<b>Assurance</b>	<b>X</b>	
			<b>Update</b>		
			<b>Consider</b>		
<b>Strategic Objectives</b>					
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
	<b>X</b>				
<b>Principal Risk</b>					
<b>PR1</b> Significant deterioration in standards of safety and care					
<b>PR2</b> Demand that overwhelms capacity					
<b>PR3</b> Critical shortage of workforce capacity and capability					<b>X</b>
<b>PR4</b> Insufficient financial resources available to support the delivery of services					
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation					
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b> Major disruptive incident					
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>					
<b>Acronyms</b>					
<b>Executive Summary</b>					
<b>Background</b>					
This report provides a summary of People Committee activities and assurance that the Committee has carried out its obligations in accordance with its Terms of Reference and Workplan for the 2024 calendar year.					
<b>Recommendation</b>					
Committee members are asked to take assurance from this report.					



# People Committee Annual Report

28 January 2025

## Summary

This report provides a summary of People Committee activities and assurance that the Committee has carried out its obligations in accordance with its Terms of Reference and work programme for 2024.

The time period is aligned to the annual governance timetable to enable consideration by the Board of Directors.

This report provides an overview of activities undertaken throughout the Trust and a summary of the work undertaken within the People Committee activities from January to December 2024.

## Background

The People Committee meets 6 times per year and reports to the Board of Directors. Its Terms of Reference establish the following purposes:

- Review the BAF risks associated with our people and provide assurance to the Board that those risks are being effectively mitigated or managed in a controlled way.
- Provide the Board with assurance concerning all aspects of the Trusts workforce strategy and annual implementation plan, both in relation to delivery and impact.
- Where necessary, seek assurance into any areas of work related to our people on behalf of the Board.
- Assure the Board that the structures, systems and processes are in place and functioning to support the workforce in the provision and delivery of high-quality patient care.
- Contribute to, oversight of and assurance from an SFH perspective, the People plan and plans of the ICS/ICP.
- In fulfilling its obligations, the Committee will be mindful of the need to improve the diversity of our people so that it better reflects the populations which the Trust serves.
- The Committee shall review the Freedom to Speak Up agenda via quarterly assurance reports.



## Workplan

People Committee has received regular reports throughout the year in accordance with its agreed Annual Workplan. Reports are received at each meeting from the Director of People, Medical Director and Chief Nurse in relation workforce risks and the Workforce Board Assurance Framework. In addition, assurance, highlight reports and hot topic items are provided on an ad-hoc basis. The Committee has also received reports on other specific risk-related matters, including:

- Safe Staffing – Nursing, Midwifery and AHPs
- Safe Staffing – Medical Workforce Staffing Report
- Guardian of Safe Working Report
- Challenged Services Report
- Control Process for Vacancies Updates
- COVID-19 and Flu Campaign
- Industrial Action Updates
- Employee Relations Assurance Report
- Freedom to Speak Up / Raising Concerns Update
- Gender Pay Gap Report
- Volunteer Report

## Membership & Attendance

Meetings shall be held not less than four times a year and where appropriate should coincide with key dates in the quarterly reporting cycle. A development session shall also be held not less than annually.

Terms of Reference including membership for People Committee were updated and approved at the November 2023 meeting. The membership and attendance figures below are based on membership up to the end of the 2023 calendar year.

Attendance of core members (or a nominated deputy) at meetings during the 2023 calendar year:

▪ Non-Executive Director (Chair)	6/6
▪ Non-Executive Director (Vice Chair)	6/6
▪ Non-Executive Director	5/6
▪ Director of People	6/6
▪ Medical Director (changed after May 2024)	1/2
▪ Acting Medical Director (Changed after May 2024)	4/4
▪ Chief Nurse	5/6

Attendance of officers in routine attendance:

▪ Specialist Advisor to the Board	5/6
▪ Deputy Director of People	5/6
▪ Deputy Medical Director	0/2
▪ Associate Director of People (Resourcing)	5/6
▪ Associate Director of People (Transformation)	4/6
▪ Associate Director of People (Operations)	5/6
▪ Head of Communications	1/1

- |                                          |     |
|------------------------------------------|-----|
| ▪ Community Involvement Manager          | 2/6 |
| ▪ Associate Director of AHPs             | 4/6 |
| ▪ Business Support Officer (People Team) | 4/6 |

2 Staff governors are also invited to attend as observers.

Other Directors and Managers have attended meetings in accordance with the People Committee work programme and/or in response particular work being identified.

## Positive Stories

*I'm really excited to be completing my apprenticeship soon and using that as a way of developing my career...*

*I enjoy working at Sherwood because there's been a great sense of community here.. you also get the support that you need when you need it.*

*I joined the Trust at age 16 as a shy 16-year old school leaver. Working towards my A-levels and degree, it enabled me the flexibility to work and learn about the NHS. Once graduating I moved into a job within the Information Team and have progressed from Information Officer into my current role. Now I'm line managing a small team of people and enabling them to grow for the future aswell.*

*As Chair of the Ethnic Minority Staff Network I feel empowered and supported by the Trust, that gives me a sense of inclusion and belonging.*

Our Staff Story programme for 2024 highlighted some key positive feedback points as highlighted above. These videos were shared via Public Trust Board.

Other positive stories and key achievements which have been shared and identified via People Committee throughout 2024 include:

- Sherwood being voted 'Best Trust in the Midlands' for the 6<sup>th</sup> year running according to National Staff Survey 2023 results. Early indications of the 2023 results are currently embargoed but engagement is promising considering current organisational pressures.
- Engaged with our staff in various other forums from Quarterly Pulse and Health & Wellbeing Surveys, through our Staff Networks, site visits, Newark Team Brief, plus People Strategy events and workshops.
- Being successfully appointed as People Promise Exemplar organisation.

- The People Committee have supported 360 Assurance for Fit and Proper Person tests with significant assurance provided. Safe Staffing is currently being reviewed and is supported by People Committee.
- Successful and well attended events for World Menopause Day (Menopause Conference) and REACH OUT! events.
- Continued our programme of Step into the NHS (and Step into Sherwood) careers fairs throughout 2024 to support organisational recruitment needs.
- Supported the Mansfield CDC (Community Diagnostics Centre) site development projects.

*People Promise*



In January 2024 Sherwood Forest Hospitals were successful in becoming a People Promise Exemplar Organisation and received funding from NHS England for a People Promise Manager (Band 8a) to deliver key objectives aligned to the Trust People Strategy. This forms part of NHS England's cohort two following the success of cohort one in 2023 where 23 NHS Trusts delivered positive outcomes over 7 regions in England. The People Promise Manager commenced employment with the Trust on 15<sup>th</sup> April 2024 for a period of 12 months to focus on the key areas highlighted below following a self-assessment early in 2024. This was further reinforced by the results of the National Staff Survey 2023.

The programme's key areas of focus aim to improve colleague experiences and retention at the Trust:

- Implementation of a 'Talk to TOM' (thinking of moving) process.
- Review and enhancement of the Trust's exit interview process.
- Review of the Trust's flexible working process.
- Development of a veteran's network and veterans champions.
- Delivery of the NHS Sexual Safety Charter (and it's 10 key principles)
- Implementation of the Trust's Violence Prevention and Reduction Improvement Plan 2024/2025.
- Development of information to support latest NHS Pension flexibility guidance.

The People Promise Manager has now been in post for 9 months with significant progress made under each workstream. Monthly updates continue to be submitted to the Regional Team and presented at the People Cabinet meeting. Updates have also been provided to People Committee.



Outstanding Care,  
Compassionate People,  
Healthier Communities



Sherwood Forest Hospitals  
NHS Foundation Trust

Outstanding Care, Compassionate People, Healthier Communities

Sherwood Forest Hospitals NHS Foundation Trust

## TOM Thinking of Moving

A Thinking of Moving conversation is an informal discussion between an individual and their line manager or an individual with whom they feel comfortable with which covers many of the same topics as an exit questionnaire but with retention in mind.

They provide an early indication of whether an individual's needs and opportunities are met, and so that they can be discussed before they think of leaving.

### Exit Interview: Guidance

**Purpose** of an exit interview  
To understand staff member's reasons for leaving and their experience within the service and wider Trust, including any feedback or recommendations for improvement, so that as a Trust we can continuously improve and retain colleagues within the Trust.

**Before the exit interview**

- Provide members of staff with appropriate notice of the interview date that can be included on integration, acknowledgment letters. Allowance date to be offered. If initial suggestion is not suitable.
- Book a quiet room, convenient enough date to allow confidential discussions to take place (subject to review or on 100 Years).
- Inform the member of staff they will receive a further questionnaire (separate to the exit interview).

**During the exit interview**

- Start by thanking the member of staff and explaining the purpose of the interview.
- Explore the interview and remain confidential, unless concerns of conflict, whistleblowing or criminal activity are raised.
- Refer to the exit interview topic to guide discussion, additional questions may be included where relevant.
- Allow time for the staff member to think and formulate answers.
- Take notes particularly if there are options.
- End by thanking the staff member for their time and encouraging any areas that will be taken forward.

**TOP TIPS**

- Encourage staff to be as open and honest as they can when giving their feedback.
- Be prepared to provide support to staff in full understanding of the staff member's requirements.
- Support a knock if they are unable to attend an interview. If necessary, arrange the interview for a later date.

This is a summary document containing key points for your exit interviews.

To read the full document please click here.

### Flexible Working

Sherwood Forest Hospitals NHS FT

At Sherwood Forest Hospitals FT we value our colleagues and seek to ensure their health and well-being by providing a safe, healthy, and flexible working environment. These guidelines are intended to support staff to achieve a healthy work-life balance, whilst ensuring service provision supports the delivery of the Trust's vision and a cost effective, flexible and responsive service.

For any queries, please contact:  
ofo@operations@nhs.uk

[Flexible Working Policy](#)

[Make a Flexible Working Request](#)

### Information for colleagues

NHS PENSIONS SCHEME

At NHS the pension rules will help you to understand how your pension works and how you can get the most out of it. This guide will help you to understand the basics of the scheme and how it works.

**Joining the scheme**

When you join the NHS you will be automatically enrolled into the pension scheme. You will be asked to choose how much you want to pay into the scheme each month.

**Choosing how much to pay**

You can choose to pay a fixed amount each month, or a percentage of your salary. You can also choose to pay more if you want to.

**How much you can pay**

You can pay up to 10% of your salary each month. If you pay more, you will get more in return.

**How much you will get**

When you retire, you will get a pension. The amount you get will depend on how much you have paid in and how long you have been in the scheme.

**How long you need to be in the scheme**

You need to be in the scheme for at least 2 years to get a pension. If you leave the NHS before 2 years, you will not get a pension.

**How to get more information**

You can get more information about the pension scheme by visiting the NHS website or by contacting the pension team.



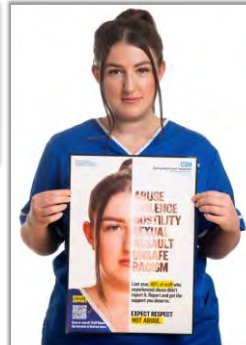
## "IT'S JUST FLIRTING"

### SEXUAL HARASSMENT

We have a zero-tolerance approach to any unwanted, inappropriate or harmful sexual behaviour.

**EXPECT RESPECT  
NOT ABUSE.**

**KNOW WHERE THE LINE IS.**



Home, Community, Hospital.

## People Directorate

There are over 150 individuals that make up the People Directorate. The visual below shows our People Directorate Leads at the time of this report:

## Meet the team

### #TeamSFH People Directorate Leads



Last updated: July 2024

Since their recruitment in June 2022 the Director of People, with support from their senior leadership team has supported development and implementation of a clear People Strategy for 2022-2025. Strategic vision and supporting governance around the People portfolio has been provided, with the People Directorate's mantra at the heart of everything they do; **empowering and supporting our people to be the best they can be.**

In 2024 the People Directorate have continued to embed their identity and work more efficiently across all services.

There have been minimal changes to the People Directorate senior leadership structure in 2024. The main changes are:

- Recruitment of our People Promise Manager who supports delivery of the People Promise Exemplar Programme.
- Recruitment of our People Development Operational Lead, who oversees the day-to-day running of People Development Admin, e-Learning, Education Centre, Apprentices & Events (all People Development services excluding our trainers)

## People Strategy 2022-2025

The Trust introduced a 3-year People, Culture and Improvement Strategy for 2022-2025 which was implemented with effect from June 2022.

In June 2023 this was streamlined into the People Strategy 2022-2025 to align to current Executive leadership portfolios. The People Directorate complete an annual refresh of their People Strategy, which was last updated based on Year 3 priorities in June 2024. The latest version (Version 1.9) is live and can be found [here](#) on the Trust website.

Our People Strategy has been built in support of National and SFH priorities. It builds on the firm foundations that have been established at Sherwood over a number of years. We believe this has been a positive step forwards for Sherwood and provides a strong platform to keep improving experiences for our patients and colleagues. The People Strategy and agendas are vital to enabling the Trust to achieve its overall vision and the revised reporting lines and structures enable greater effectiveness and collaborative working. The agendas and workplans continue to be reported to the People Committee, with quarterly People Strategy progress reports.

An overview of our People Strategy 2024/25 is shown below:

The graphic is a colorful overview of the People Strategy 2024-2025. It features the NHS logo and Sherwood Forest Hospitals NHS Foundation Trust name. The title 'People Strategy 2024-2025' is prominently displayed. Below the title, a paragraph states: 'We are pleased to share an update on our plans for 2024/2025 following successful delivery of Year 2 of our People Strategy 2022-2025. We are committed to developing a culture of compassion, kindness and inclusivity to ensure Sherwood is a great place to work and belong.' The graphic is divided into four main sections, each with a heading and a list of actions:

- Looking after our People** (purple box):
  - Undertake an evaluation of our Clinical Psychology offer to ensure it meets the needs of the service.
  - Implement our Violence Prevention & Reduction Improvement Plan to provide more guidance and support to colleagues.
  - Develop an enhanced wellbeing offer for all employees involved in a people process (e.g. Employee Relations)
  - Develop focussed engagement plans to all Clinical staff, including our Medical Workforce.
- Belonging in the NHS** (teal box):
  - Implement a revised exit interview process and Thinking of Moving (TOM) conversations to support our ambitions as a People Promise exemplar organisation.
  - Deliver our Trust Equality, Diversity and Inclusion (EDI) Improvement Plan and model employer goals.
  - Define and develop the Trust Organisational Development offer to support the cultural aspects of the organisation.
  - Develop a #TeamSFH reward and recognition calendar.
- Growing for the future** (green box):
  - Become the local employer of choice by creating strategic partnerships with local universities, colleges, and schools.
  - Grow the work experience placements we offer at Sherwood.
  - Introduce a Talent Approach including development of an integrated talent map.
  - Implement a Coaching and Mentoring programme at Sherwood.
- New ways of working and delivering care** (pink box):
  - Deliver Year 3 of the Strategic People Plan including delivery and monitoring of associated tactical people plans.
  - Development and implementation of a workforce plan for the Community Diagnostics Centre (CDC)
  - Optimise the systems within the People Directorate to support working more digitally.
  - Triangulate the workforce element of the planning process with activity and finance.

At the bottom, it states: 'Best NHS Acute Trust in the Midlands (2018 - 2023 NHS Staff Survey)'.

To support the delivery of action plans within the People Strategy we established a new governance structure in February 2023. This has since been reviewed in Quarter 3 2024/25. Recent changes were made to work more efficiently across our services, reducing 3 Sub-Cabinets to 2. The following Sub-Cabinets are aligned to the People Strategy delivery pillars and report into People Cabinet, with relevant updates to People Committee via hot topic or assurance items:

- People Wellbeing and Belonging Sub-Cabinet
- People Resourcing, Development and Transformation Sub-Cabinet



## People Strategy 2025 - 2029

In Summer 2024, the People Directorate completed engagement events to gather feedback from our people in relation to the People Strategy and priorities for the new People Strategy 2025 – 2029. The aim of the engagement has been to engage with a variety of colleagues in different roles around the organisation. Throughout engagement we proposed 2 key questions:

- Are our delivery pillars still relevant?
- What would you like to see the People Strategy 2025-2029 focus on as key priorities?

Key statistics following engagement:

71

People Strategy feedback forms completed

9

People Strategy Stalls/Workshops held

149

colleagues attended a People Strategy workshop

85%

of colleagues told us our People Strategy delivery pillars are still relevant

62%

Staff Survey response rate (2023)

450

Health & Wellbeing surveys completed YTD

69

Health & Wellbeing sessions completed YTD\*

26

Staff Network sessions / action groups YTD

17

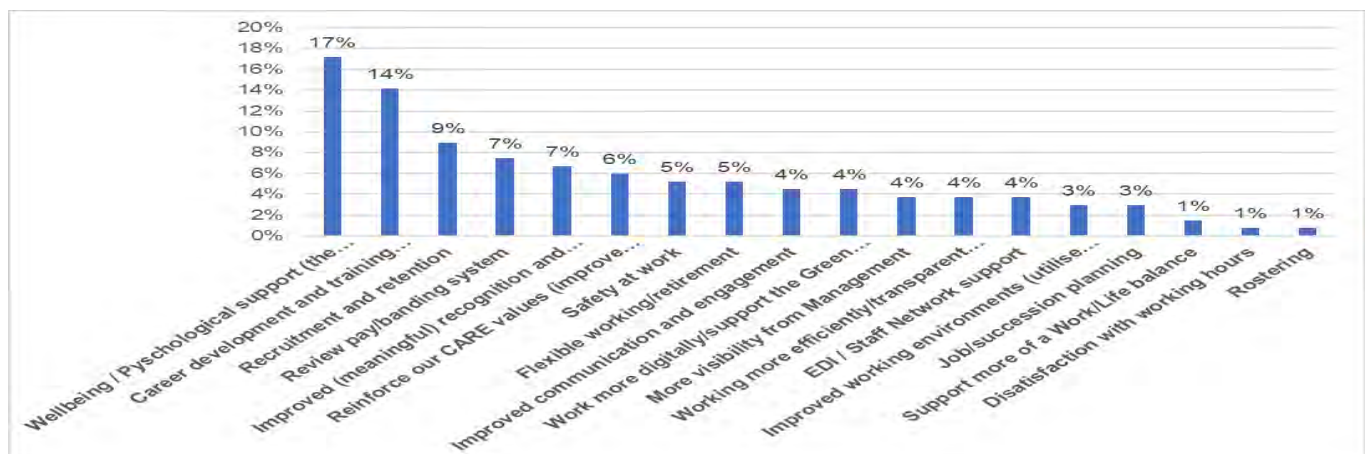
Walk arounds\* completed YTD  
(led by Director of People)

7

Newark Team Briefs held YTD  
(11 every month, led by Director of People)

\*Data based on November 2024 Committee Workshop

Feedback themes:



Engagement timeline and status at 28 January 2025:

- ✓ Workshops and engagement stalls to gather feedback from colleagues –  
*July to October 2024* **[COMPLETED]**
- ✓ Colleague feedback reviewed –  
*August to October 2024* **[COMPLETED]**
- ✓ Development of key priorities and measures –  
*November 2024 to January 2025* **[COMPLETED]**
- First draft to be ready –  
*January 2025* **[CURRENT STAGE – ON TRACK]**
- Final draft to be approved at People Committee / Trust Board –  
*March / April 2025* **[NEXT STAGE / ON TRACK]**

Our People Strategy 2025-2029 will be shaped with all feedback received in mind. Our priorities will be finalised over the coming months, with a first draft being shared at People Committee in January 2025 and final sign-off in March 2025.

### Board Assurance Framework Risks

The People Committee monitors the Board Assurance Framework (BAF) workforce and improvement risks.

The principal risks on the BAF reviewed by the People Committee are;

#### Workforce capacity and capability

- Inability to attract and retain staff, resulting in critical workforce gaps in some clinical and non-clinical services.
- A significant loss of workforce productivity arising from short-term reduction in staff availability or a reduction in morale and engagement.

All associated operational risks are on DATIX with appropriate action plans and any risks mitigation plans in place. At the time of this report, 19 operational risks are logged on the DATX Risk Register for the People Directorate.

A robust governance process is embedded within the People Directorate whereby the Deputy Director of People and the Business Support Officer meet with SLT leads on a Bi-Monthly basis to keep track of risks and progress mitigation plans.



## Horizon Scanning

The People Committee identify and review any risks and work plans which are on the horizon. The main area identified as per our Departmental Risk Report to Risk Committee in November 2023 (which is still currently relevant) is: the impact of the workforce efficiency programme on our people.

## People Cabinet agenda

At each meeting the Deputy Director of People has presented an assurance papers on the progress to achieving the actions regarding delivery of the People Strategy. These assurance items provide evidence that the operationalisation of the strategy is transacted via the People Cabinet and its associated sub-cabinets.

In addition, the committee been kept up-to-date regarding key local, regional and national initiatives and issues including the continuing maturity of the people agenda in the integrated care system and the workforce efficiency programme.

The workforce efficiency programme, which comprises of schemes including vacancy control, reduction of bank rates, medical agency reduction rates, and rostering efficiencies has been a regular assurance item at the committee. The Committee has been provided assurance in terms of the schemes and associated risks assessments which have taken place to ensure patients, and our people are safe. The Board Assurance Framework (BAF) has been updated to reflect the workforce efficiency programme and the potential impact on our people which is reviewed at each meeting.

## Equality, Diversity & Inclusion

People Committee has received regular reports with updates on the achievements, progress and developments in relation to the Equality, Diversity and Inclusivity agenda at Sherwood Forest Hospitals NHS Foundation Trust.

Committee has received assurance that the Trust has met its statutory duties as outlined in the Equality Act 2010 and has been provided with the following reports prior to being published in line with statutory requirements;

- Equality, Diversity and Inclusion Annual Report
- Workforce Race Equality Standards (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap Report
- 

During 2024 we have continued to celebrate diversity and embed our People Strategy delivery pillar of Belonging in the NHS through key pieces of work and awareness raising events:

- We have progressed the Six High Impact Action Plan for 24/25 as outlined within the NHS EDI Improvement Plan which launched in June 2023 and are on track to deliver the actions for 2025/26.

- In May 2024 the Staff Networks were successfully relaunched with a new and improved structure. The new approach has enabled greater engagement from members, the staff networks action plan to be streamlined and consolidated into one overarching plan and the curation of safe spaces for colleagues to access peer to peer support.
- For the second year running, the Trust had a stand at Nottinghamshire PRIDE where we were able to engage with thousands of local citizens; colleagues showcased Sherwood as a place to work and receive care. We also celebrated with two local SFH Marches and KMH and Newark Hospital.
- New Neurodiversity Guidance and Carers Guidance has been created following feedback through the WAND Staff Network and Carers Staff Network.
- The NHS Health Passport was promoted during Disability History Month in November and December as outlined within the WDES Action Plan and lunch and learn sessions were provided to support colleagues and managers in the effective use of the passport.
- Our annual REACH OUT! event took place in September during National Inclusion Week and was very well received by those in attendance. The event was supported by various colleagues from across the Trust who joined on the day to discuss and promote their areas of work and the support available to colleagues; for the third year running, feedback from colleagues in attendance was very positive.
- The Equality Impact Assessment guidance and template for People policies has been reviewed and updated. E-learning and lunch and learn sessions are being developed to support policy writers in the effective completion of assessments.
- The 2024 EDI calendar was published which continues to support the EDI team and organisation to celebrate several EDI events throughout the year.
- We've extended the organisation's EDI training offer by creating a package of EDI training that has been added to the E-Academy, this includes, hearing loss awareness training, neurodiversity training, carers awareness training, and disability awareness training. This is in addition to continued face to face sessions; Allyship Training, bespoke EDI training for teams, and EDI training for the Leadership Programme (Fundamentals, Emerging, and Established)
- We have launched our Inclusive Recruitment Champions programme which is aimed at ensuring diversity on recruitment panels for senior roles and to support achievement of our Model Employer Goals for BAME representation in senior roles in the organisation with a number of our network colleagues trained in Recruitment and Selection. We continued to offer this to increase the number of trained champions in the Trust.
- A new Faith and Belief Network Staff Network has been created which will be launched in 2025.
- An Internationally Educated Nurses Action Plan was created in collaboration with the EDI team and Nursing colleagues following feedback received by the CEO. The action plan contained 10 actions to improve the experience of Internationally Educated Nurses, each of these actions has been successfully delivered.

This year we saw EDI celebrated at our annual Excellence Awards for the first time where a new award 'Outstanding Contribution to EDI' was included.

Looking forward to 2024/25, we will continue to focus on delivering the actions arising from our mandatory reporting, Six High Impact Action Plan and Staff Survey. We will also continue to grow and develop our Staff Networks with a particular focus on our Safe Spaces ensuring these are fully accessible for colleagues who need them.

We have committed to reviewing our Anti-Racism strategy and we will continue to develop our training offer to support everyone in creating and sustaining diverse and inclusive teams.

## Freedom to Speak Up

People Committee has received assurance throughout 2024 in relation to the Freedom to Speak Up agenda.

Effective speaking up arrangements protect patients and improve the experience of NHS Workers. Senior leaders have a responsibility for creating a safe culture and an environment where workers can highlight problems and make suggestions for improvement.

FTSU data continues to demonstrate consistent engagement from workers with the FTSU route throughout 2024. The majority of concerns are raised openly, allowing a route for escalation and therefore more opportunity to get a positive outcome and greater support to the individual.

The most prevalent theme from the reports presented, remain in the Worker Safety & Wellbeing category as defined by the National Guardians Office reporting categories. The themes within this category include workers poor experience in informal and formal processes at leadership level and the impact of these processes on the individual. Unresolved behaviours and poor behaviours affecting colleagues is also a main theme in this category. Fairness and equity in processes at leadership level is also featured as a theme. Operationally the toil of working in continuous pressured systems and the impact of this resulting in more speaking up around moral distress and injury.

Actions from these concerns include the continued collaboration with OD, EDI and Wellbeing teams to share information where focus can be directed and offers of support to teams in need of support. As the majority of FTSU concerns are People centred and involve people in processes and concerns involving the Care Values, a FTSU Cabinet is being established to be able to channel these types of concerns directly to the senior People Team and senior Divisional Leads to enable guidance, support and action for concerns in this genre.

The FTSU Guardian delivers sessions and content on all the Leadership Development Training & Education courses – this allows real time feedback to be given to leaders and awareness of their role as a leader in receiving concerns and what best practice looks like.

Presence is also maintained at Trust Induction for all new starters and new for 2024 is presence at all nursing and midwifery student inductions, empowering the message of speaking up to students when on placement at SFH.

## Safe Staffing Nursing and Medical

### ***Nursing***

The Chief Nurse has presented Bi-Monthly staffing reports to provide an overview for Nursing, Midwifery and Allied Health Professional staffing and compliance within the Trust with the National Institute for Clinical Excellence (NICE) Safe Staffing, National Quality Board (NQB) Standards and the NHS Improvement Workforce Safeguards guidance.

The reports presented provided assurance of the staffing availability over the previous six months and process with assessing acuity and dependency for patients on ward areas.

The information and data presented has supported the review of the Nursing and Midwifery establishment reviews for 2024/2025. In 2025/2026 the Chief Nurse will present the Nursing and Midwifery establishment review to the committee and will continue to present reports to provide an overview and assurance regarding the staffing and safety compliance of the Nursing, Midwifery and Allied Health Professional workforce.

### ***Medical***

The Medical Workforce Report presented to the Committee twice yearly has highlighted the developments during the year and the key challenges. The investment in both additional non training and training posts has continued in August there was an increase of Foundation Year 1 posts where an additional 15 posts were allocated to the Trust together with a further 8 training posts.

Industrial action continued throughout the first half of the year involving both resident doctors and consultants. A pay deal agreed towards the end of the year for all grades of Medical Staff has now been implemented. This pay deal has resulted in the introduction of a pay progression process for Consultants. The Industrial Action has had a considerable impact not only on patients and staff but also on the long-term effects for our resident doctors in relation to their training.

This year there has also been a considerable increase in the numbers of doctors who are working less than full time (LTFT), the majority of which are either working 60%,70% or 80% of a full-time post. This trend is likely to continue, and we do need to consider the implications of most of our resident doctors working LTFT in the future.

In August the Trust also recruited to the role of Chief Registrar, one of the Chief Registrars first projects in conjunction with the Medical Education Team was to re-organise the structure of the Resident Doctors forums and in doing so the revised structure has incorporated a mechanism to enable the doctors to meet with members of the Executive Team on a quarterly basis to raise any issues or concerns.

Guardian of Safe Working quarterly reports presented to the Committee in 2024 provided a regular update on resident doctor exception reporting, and action relating from the exception reports. The Guardian of Safe Working has walked around the wards/departments on a monthly basis with the



aim of meeting as many resident doctors as possible and encouraging them to complete exception reports where appropriate.

During 2024 two of the areas that were considered as fragile specialties due to the number of vacancies have been successful in recruiting to posts, these include Gastroenterology and Geriatrics. Some good progress has also been made in Haematology, however, Task and Finish Groups continue to support challenged services with recruitment to vacancies in the short term and their workforce plan in the medium term. Task and Finish groups continue to take place in Cardiology, Anaesthetics and Stroke medicine.

Individual meetings have been held with the SAS doctors and fixed term Consultants. A commitment was made to meet individually with these doctors, the aim of which was to understand career aims and objectives and ensure that support is provided to achieve these where possible with the overall aim of growing our senior medical workforce of the future. The Trust has also committed to supporting the SAS 6 principles and has produced an analysis of progress against each principle with an action plan detailing where further work is required together with timescales.

The Medical Workforce report and the annual NHS England (NHSE) quality assurance report for appraisal and revalidation have also provided assurance of the Appraisal and Revalidation process. Reports from the Medical Director have provided assurance that action being undertaken in relation to the Medical Workforce ensures the provision of safe and effective care to patients.

Revised bank rates have been developed for Specialty Doctors and resident doctors and these were implemented in April 2024. Work is now ongoing to review the bank rates for Consultants and Specialists.

An annual leave audit for Consultants, Specialists and Specialty Doctors has taken place, this work has reviewed annual leave entitlements and booking patterns to ensure that these are correct and in line with the doctors working pattern. This has been commissioned due to the number of changes that have taken place in working patterns since COVID with a considerable number of clinicians working either compressed weeks or LTFT. This work is now coming to a conclusion.

### **Integrated Performance Report**

The Integrated Performance Report (previously known as the Single Oversight Framework) is reported to People Committee and Trust Board on a quarterly basis, it was shared with People Committee throughout 2024. The latest Integrated Performance Report as of the end of Quarter 3 2024/2025 is below along with a summary of action plans for indicators in focus.

At a Glance	Indicator	Standard	Apr-24	May-24	Jun-24	2024/25 Qtr 1	Jul-24	Aug-24	Sep-24	2024/25 Qtr 2	Oct-24	Nov-24	Dec-24	2024/25 Qtr 3
Belonging in the NHS	Engagement Score	≥6.9%	-	-	-	6.8	-	-	-	6.8	-	-	-	-
Growing the Future	Vacancy rate	≤8.5%	✓ 8.2%	✓ 8.0%	✓ 8.1%	✓ 8.1%	✓ 8.4%	✓ 7.7%	✓ 7.4%	✓ 7.9%	✓ 8.4%	✓ 8.3%	✓ 8.1%	✓ 8.3%
	Turnover in month	≤0.9%	✓ 0.54%	✓ 0.25%	✓ 0.61%	✓ 0.47%	✓ 0.46%	✓ 0.64%	✓ 0.46%	✓ 0.52%	✓ 0.40%	✓ 0.44%	✓ 0.67%	✓ 0.51%
	Appraisals	≥90%	✗ 88.5%	✓ 90.1%	✗ 88.8%	✗ 88.4%	✓ 90.3%	✗ 90.0%	✗ 89.7%	✗ 90.0%	✗ 88.8%	✗ 86.9%	✗ 88.8%	✗ 88.2%
	Mandatory & Statutory Training	≥90%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.4%	✓ 91.3%	✓ 90.9%	✓ 91.2%	✓ 90.9%	✓ 90.7%	✓ 91.8%	✓ 91.1%
Looking after our People	Sickness Absence	≤4.2%	✗ 4.3%	✗ 4.4%	✗ 4.7%	✗ 4.4%	✗ 4.9%	✗ 4.2%	✗ 4.6%	✗ 4.6%	✗ 5.6%	✗ 5.7%	✗ 6.1%	✗ 5.8%
	Total Workforce Loss	≤7.0%	✓ 6.4%	✓ 6.4%	✓ 6.8%	✓ 6.5%	✓ 6.9%	✓ 6.3%	✓ 6.7%	✓ 6.6%	✗ 7.6%	✗ 7.8%	✗ 8.1%	✗ 7.8%
	Flu vaccinations uptake - front line staff										35.3%	43.6%	47.1%	
	Employee Relations Management	<17	✗ 20	✗ 23	✗ 15	✗ 19	✗ 20	✗ 20	✗ 21	✗ 20	✗ 19	✗ 20	✗ 18	✗ 19
New Ways of Working	Bank Usage (%)	9.0%	✓ 8.2%	✗ 10.3%	✓ 9.3%	✓ 9.3%	✗ 9.8%	✗ 10.3%	✓ 8.1%	✓ 9.4%	✓ 7.3%	7.8%	9.1%	8.1%
	Agency Usage (%)	<3.2%	✗ 4.6%	✗ 4.5%	✗ 4.7%	✗ 4.6%	✗ 5.1%	✗ 4.2%	✗ 3.4%	✗ 4.2%	✗ 3.6%	3.7%	3.2%	3.5%
	Agency (Off Framework)	0.0%	✓ 0.1%	✓ 0.1%	✓ 0.1%	✓ 0.0%	✓ 0.1%	✓ 0.1%	✓ 0.1%	✓ 0.1%	✓ 0.1%	✓ 0.1%	✓ 0.1%	✓ 0.1%
	Agency (Over Price Cap)	≤40.0%	✗ 55.1%	✗ 55.6%	✗ 59.7%	✗ 56.8%	✗ 60.3%	✗ 53.6%	✗ 55.3%	✗ 56.4%	✗ 45.1%	✗ 43.1%	✗ 47.9%	✗ 45.4%

## Appraisals

- Service lines with low appraisal rates are supported to develop trajectories for improvement.
- Service lines are sighted on non-compliance rates and assurance is sought via monthly service line performance meetings. This is addition to monthly People and Performance review meetings within each department.
- Training and coaching managers on how to enter appraisals onto ESR is in place along with “A how to” video guide to support our written user guidance.

## Sickness Absence

- Service lines are supported with high sickness absence rates and sickness cases.
- Reported and discussed via Divisional Performance Reviews (DPRs).

## Employee Relations Management

- All cases are managed using Just Culture Principals and take a person-centred approach with additional training taking place.
- Partnership working continues with Staff Side representatives, Clinical colleagues and People Directorate colleagues in management of cases.

## Agency Usage

- During 2024/25 we have continued the significant work to reduce reliance on agency usage and support the financial recovery challenge.
- We continue to advertise and fill medical posts, that has gradually reduced our agency level.
- We organise medical speciality groups where there is a focus on agency spend and vacancies, with a view to support our service lines in filling these roles substantively, if not moving staff, where possible, on to direct engagement contracts.

## Conclusion

The Committee has a challenging and substantial work plan and agenda seeking assurance regarding the development, delivery, and impact of the Trust's People Strategy for 2022-2025 and supporting action plans. This includes activity undertaken to promote and embed effective organisation culture, equality, diversity and inclusion.

Although 2024 has been a demanding and tough due to Industrial Action and financial pressures, the committee has gained assurance in relation to the work undertaken in relation to People agenda which is underpinned by the Directorate's commitment to ***empowering and supporting our people to be the best they can be.***