

# MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

## AGENDA

**Date:** Thursday 7<sup>th</sup> April 2022  
**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><br>To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest :-<br><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><br><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><br>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>Minutes of the meeting held on 3<sup>rd</sup> March 2022</b><br>To be agreed as an accurate record   | Agree                               | Enclosure 4                                   |
| 5.              | 09:05 | <b>Matters Arising/Action Log</b>   | Update                              | Enclosure 5                                   |
| 6.              | 09:10 | <b>Chair's Report</b>   | Assurance                           | Enclosure 6                                   |
| 7.              | 09:15 | <b>Chief Executive's Report</b><br><br><ul style="list-style-type: none"> <li><b>Integrated Care System Update</b><br/>Report of the Chief Executive <ul style="list-style-type: none"> <li><b>Provider Collaborative</b></li> </ul> </li> <li><b>Covid Vaccinations Update</b><br/>Report of the Director of People</li> </ul>   | Assurance<br>Assurance<br>Assurance | Enclosure 7<br>Enclosure 7.1<br>Enclosure 7.2 |
| <b>Strategy</b> |       |   |                                     |   |
| 8.              | 09:30 | <b>Strategic Priority 1 – To provide outstanding care</b><br><br><ul style="list-style-type: none"> <li><b>Maternity Update</b><br/>Report of the Chief Nurse <ul style="list-style-type: none"> <li><b>Safety Champions update</b></li> <li><b>Maternity Perinatal Quality Surveillance Model</b></li> <li><b>Maternity Continuity of Carer</b></li> <li><b>Kirkup recommendations</b></li> <li><b>Ockenden Report update</b></li> </ul> </li> <li><b>Learning from Deaths</b><br/>Report of the Medical Director</li> </ul> | Assurance<br>Assurance              | Enclosure 8.1<br>Enclosure 8.2                |

|     | Time                   | Item  | Status   | Paper  |
|-----|------------------------|---|--|--|
| 9.  | 10:10                  | <b>DEFERRED TO MAY BOARD MEETING</b><br><b>Strategic Priority 4 – To continuously learn and improve</b> <ul style="list-style-type: none"> <li><b>Research Strategy – Annual Report</b><br/>Report of Head of Research &amp; Innovation</li> </ul>  | Assurance  | Enclosure 9.1  |
|     |                        |   |  |  |
| 10. | 10:25                  | <b>Patient Story – A Journey Through NICU</b><br>Rhian Cope, Matron   | Assurance  | Presentation   |
|     | <b>BREAK (10 mins)</b> |   |  |  |
|     | <b>Operational</b>     |   |  |  |
| 11. | 10:55                  | <b>Single Oversight Framework Performance – Monthly Report</b><br>Report of the Executive   | Consider   | Enclosure 11   |
|     | <b>Governance</b>      |   |  |  |
| 12. | 11:40                  | <b>Application of the Trust Seal</b><br>Report of the Director of Corporate Affairs   | Approval   | Enclosure 12   |
| 13. | 11:40                  | <b>Standing Financial Instructions (SFIs) and Scheme of Delegation</b><br>Report of the Chief Financial Officer   | Approval   | Enclosure 13   |
| 14. | 11:45                  | <b>Annual Sign Off of Declarations of Interest</b><br>Report of the Director of Corporate Affairs   | Approval   | Enclosure 14   |
| 15. | 11:50                  | <b>Gender Pay Gap Report</b><br>Report of the Director of People  | Approval   | Enclosure 15   |
| 16. | 11:55                  | <b>Well Led Review actions</b><br>Report of the Director of Corporate Affairs   | Assurance  | Enclosure 16   |
| 17. | 12:05                  | <b>Assurance from Sub Committees</b> <ul style="list-style-type: none"> <li>Audit and Assurance Committee<br/>Report of the Committee Chair (last meeting)</li> <li>Finance Committee<br/>Report of the Committee Chair (last meeting)</li> <li>Quality Committee<br/>Report of the Committee Chair (last meeting)</li> <li>People, Culture and Improvement Committee<br/>Report of the Committee Chair (last meeting)</li> </ul> | Assurance<br><br>Assurance<br><br>Assurance<br><br>Assurance | Enclosure 17.1<br><br>Enclosure 17.2<br><br>Enclosure 17.3<br><br>Enclosure 17.4 |
| 18. | 12:20                  | <b>Outstanding Service – Improving Paediatric Surgical Pathways</b>   | Assurance  | Presentation   |
| 19. | 12:25                  | <b>Communications to wider organisation</b><br>(Agree Board decisions requiring communication to Trust)   | Agree  | Verbal   |
| 20. | 12:30                  | <b>Any Other Business</b>   |  |  |

|     | Time  | Item  | Status | Paper |
|-----|-------|---|--------|-------|
| 21. | 12:30 | <b>Date of next meeting</b><br>The next scheduled meeting of the Board of Directors to be held in public will be<br><b>5<sup>th</sup> May 2022, Lecture Theatre 2, King's Mill Hospital</b>   |        |       |
| 22. |       | <b>Chair Declares the Meeting Closed</b>  |        |       |
| 23. |       | <b>Questions from members of the public present</b><br>(Pertaining to items specific to the agenda)   |        |       |
|     |       | <b>Resolution to move to the closed session of the meeting</b><br>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:<br><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.

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| <b>Enc 17.1</b><br><b>Enc 17.2</b><br><b>Enc 17.3</b><br><b>Enc 17.4</b> | <ul style="list-style-type: none"> <li>• <b>Audit and Assurance Committee – previous minutes</b></li> <li>• <b>Finance Committee – previous minutes</b></li> <li>• <b>Quality Committee – previous minutes</b></li> <li>• <b>People, Culture and Improvement Committee – previous minutes</b></li> </ul> |
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**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 09:00 on  
Thursday 3<sup>rd</sup> March 2022 via video conference

|                       |                      |  |     |
|-----------------------|----------------------|--|-----|
| <b>Present:</b>       | Claire Ward          | Chair                                  | CW  |
|                       | Manjeet Gill         | Non-Executive Director                 | MG  |
|                       | Graham Ward          | Non-Executive Director                 | GW  |
|                       | Neal Gossage         | Non-Executive Director                 | NG  |
|                       | Barbara Brady        | Non-Executive Director                 | BB  |
|                       | Steve Banks          | Non-Executive Director                 | StB |
|                       | Aly Rashid           | Non-Executive Director                 | AR  |
|                       | Andy Haynes          | Specialist Advisor to the Board        | AH  |
|                       | Paul Robinson        | Chief Executive                        | PR  |
|                       | Richard Mills        | Chief Financial Officer                | RM  |
|                       | Shirley Higginbotham | Director of Corporate Affairs          | SH  |
|                       | Julie Hogg           | Chief Nurse                            | JH  |
|                       | David Selwyn         | Medical Director                       | DS  |
|                       | Emma Challans        | Director of Culture and Improvement    | EC  |
|                       | Simon Barton         | Chief Operating Officer                | SiB |
|                       | Clare Teeney         | Director of People                     | CT  |
|                       | Marcus Duffield      | Associate Director of Communications   | MD  |
| <b>In Attendance:</b> | Sue Bradshaw         | Minutes                                |     |
|                       | Danny Hudson         | Producer for MS Teams Public Broadcast | DH  |
|                       | Francesca Di Furia   | Ward Leader                            | FD  |
| <b>Observers:</b>     | Vishal Savjani       | 360 Assurance                          |     |
|                       | Robin Binks          | Deputy Chief Nurse                     |     |
|                       | Sue Holmes           | Public Governor                        |     |
|                       | Karen Glover         |  |     |
| <b>Apologies:</b>     | None                 |  |     |

**The meeting was held via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.**

| Item No.      | Item   | Action | Date |
|---------------|--|--------|------|
| <b>18/322</b> | <b>WELCOME</b>   |        |      |
| 1 min         | <p>The meeting being quorate, CW 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>Noting that due to the circumstances regarding Covid-19 and social distancing compliance, the meeting was held, via video conferencing 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. All participants confirmed they were able to hear each other.</p> |        |      |
| <b>18/323</b> | <b>DECLARATIONS OF INTEREST</b>  |        |      |
| 1 min         | There were no declarations of interest pertaining to any items on the agenda.  |        |      |
| <b>18/324</b> | <b>APOLOGIES FOR ABSENCE</b>   |        |      |
| 1 min         | There were no apologies for absence.   |        |      |
| <b>18/325</b> | <b>MINUTES OF THE PREVIOUS MEETING</b>   |        |      |
| 1 min         | <p>Following a review of the minutes of the Board of Directors in Public held on 3<sup>rd</sup> February 2022, the following amendment was identified:</p> <ul style="list-style-type: none"> <li>Item number 18/295, final line of final paragraph should read "DS acknowledged the work of AH, when he was Medical Director for the Trust, in starting the Clinical Fellows programme"</li> </ul> <p>The Board of Directors APPROVED the minutes as a true and accurate record, subject to this amendment being made.</p>  |        |      |
| <b>18/326</b> | <b>MATTERS ARISING/ACTION LOG</b>  |        |      |
| 1 min         | The Board of Directors AGREED that action 18/291 was complete and could be removed from the action tracker.  |        |      |
| <b>18/327</b> | <b>CHAIR'S REPORT</b>  |        |      |
| 1 min         | <p>CW 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 the forthcoming governor elections.</p> <p>The Board of Directors were ASSURED by the report</p>  |        |      |
| <b>18/328</b> | <b>CHIEF EXECUTIVE'S REPORT</b>  |        |      |
| 4 mins        | PR presented the report, highlighting the launch of the Anti-Racism Strategy and Simon Barton's appointment as Deputy Chief Executive at University Hospitals, Leicester.  |        |      |

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| 2 mins  | <p>There has been a reduction in the number of Covid positive patients receiving treatment at the Trust. While national Covid restrictions have been relaxed, there is a need to remain vigilant as community transmissions remain high. All visitors to the Trust are required to wear a face covering, maintain good hand hygiene and adhere to distancing. Visiting arrangements have been relaxed and will be kept under review.</p> <p>There is a high level of demand for urgent care and the Trust is working hard to reduce the number of patients waiting for planned care.</p> <p>The Trust is working hard to support colleagues impacted by events in Ukraine and ways of providing support with charitable donations are being investigated. There is a programme of events planned to mark International Women's Day on 8<sup>th</sup> March 2022. The requirement for staff to have mandated Covid vaccines has been reversed. Further guidance is awaited. However, the Trust continues to encourage all colleagues to have the vaccine.</p> <p>The Board of Directors were ASSURED by the report</p> <p><b>COVID-19 Vaccination Update</b></p> <p>CT presented the report, advising over 200,000 vaccines have been administered through the Hospital Hub. Covid vaccinations for healthcare staff are no longer mandated. Further guidance in relation to this is expected on 15<sup>th</sup> March 2022. However, the Trust is still encouraging colleagues to have the vaccine. Colleagues who have received a vaccine overseas and require this to be validated on the system, can have this completed at the Hospital Hub.</p> <p>Work to create a substantive home for the Hospital Hub continues. It is anticipated this will be in place and the hosting arrangements in the Education Centre will cease in April 2022.</p> <p>The Board of Directors were ASSURED by the report</p> |  |  |
| 18/329  | <b>STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE</b>   |  |  |
| 16 mins | <p><b>Maternity Update</b></p> <p><b><i>Safety Champions update</i></b></p> <p>JH presented the report, highlighting the Professional Midwifery Advocacy (PMA) service, key themes identified from the walkarounds and Maternity Forum, compliance with NHS Resolution (NHSR) safety actions for Year 3, regional quality improvement programme for maternity, procurement of the SCORE safety survey and the Maternity Voices Partnership.</p> <p>The Board of Directors were ASSURED by the report</p>  |  |  |

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|  | <p><b>Maternity Perinatal Quality Surveillance</b></p> <p>JH presented the report, highlighting Apgar and Friends and Family Test.</p> <p>The Board of Directors were ASSURED by the report</p> <p><b>Maternity Board Assurance Framework</b></p> <p>JH presented the report, advising 86.2% of the standards are green, with the remaining 13.8% being amber with clear plans in place. The ambers relate to the Maternity Voices Partnership, progress with mandatory training, appraisals, the requirement for a quality board in all areas, reinstating learning events and development of a safety strategy.</p> <p>AH referenced the requirement for a dynamic maternity safety plan to be in place, noting the Trust is developing a stand-alone plan. AH queried the timeframe for this to be completed. JH advised this aligns to the national programme to reduce still births. There is a local maternity and neonatal strategy which captures a lot of these actions. However, there is a specific requirement for the Trust to have its own plan. The aim is for the document to be presented to the Maternity Assurance Committee in April 2022.</p> <p>StB queried when the work to support Black, Asian and minority ethnic (BAME) women and families will restart and when the home births service will be restored. JH advised in terms of the BAME population, the Saving Babies Lives care bundle is in place. The Maternity Continuity of Carer work is dependent on having certain building blocks in place. The aim is to reinstate home births in May and it should also be possible to begin the rollout of Maternity Continuity of Carer at that point. The Trust will prioritise women from a BAME background.</p> <p>The Board of Directors were ASSURED by the report</p> <p><b>Maternity Services Workforce Strategy</b></p> <p>JH presented the report, advising the strategy will form part of the wider Women and Children's Workforce Strategy.</p> <p>AR noted there is a 12.37 whole time equivalent (WTE) shortfall for midwives and queried how these posts will be recruited to. AR sought clarification in relation to the role of maternity support workers. JH advised the 12.37 WTE are new roles based on increased activity in maternity. The Trust has a good pipeline of international recruitment, a good preceptorship programme and has been attracting experienced midwives via a rolling advert. In addition, funding is available regionally to improve retention.</p> <p>There have always been healthcare support workers in maternity and there is a clear framework for the duties they undertake. They have a role in postnatal care for supporting infant feeding, bathing, supporting with nappy changes, etc. Some are also able to do the heel prick on Day 5 but they are not a substitute for midwives. Their work on the labour ward involves supporting midwives to ensure women are kept clean and tidy, rooms are turned around, etc.</p> |  |  |
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|               | <p>BB noted there is no reference to Allied Health Professionals (AHPs) in the strategy and queried if this is the first of a series of different workforce plans by service area. JH advised it is a nationally mandated requirement for maternity for the Board of Directors to have oversight of the workforce plan. It is not yet complete as it does not include neonatology and some of the other supporting structures. It is in the early stages of development.</p> <p>CT advised the updated Strategic Workforce Plan will be presented to the People, Culture and Improvement Committee. This will be broken down by service area. There is a national steer from NHSI/E to prioritise a piece of work in relation to workforce planning at an organisational and system level.</p> <p>The Board of Directors were ASSURED by the report</p>  |  |  |
| <b>18/330</b> | <b>STRATEGIC PRIORITY 2 – TO PROMOTE AND SUPPORT HEALTH AND WELLBEING</b>  |  |  |
| 5 mins        | <p><b>Guardian of Safe Working</b></p> <p>DS presented the report, advising there have been no fines or work schedule reviews in the past quarter and the vacancy rate is relatively low. There have been 39 exception reports in the past quarter, none of which were classed as an immediate safety concern. There was one immediate safety concern in the previous quarter which has now been closed. Some comparative data is included in the report. The Clinical Fellows are now using exception reporting. The impact of the medical business case is outlined in the report, which also contains some reflections by Dr Martin Cooper, Guardian of Safe Working, following events he has held with trainees.</p> <p>The Board of Directors were ASSURED by the report</p>  |  |  |
| <b>18/331</b> | <b>STRATEGIC PRIORITY 4 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</b>   |  |  |
| 23 mins       | <p><b>Equality, Diversity and Inclusion (EDI) Update</b></p> <p>CT presented the report, highlighting the launch of the Anti-Racism Strategy, review of the EDI policy, the launch of a staff network to support carers and Project SEARCH.</p> <p>AR noted there is a difference between abuse against BAME colleagues versus other colleagues, this being 5% colleague to colleague and 10% abuse from managers. AR queried what this equates to in numbers. CT advised she would need to clarify this information but the numbers which are reported proportionately for colleagues within the organisation are relatively small. Some people have spoken up but there is a need for a greater level of visibility. From the Staff Survey it is known the experience of staff with protected characteristics is not as good as those without. More information is available via the Staff Survey than via complaints, incidents and issues which are raised directly. This is improving but there is more work to do.</p> |  |  |

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|  | <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>The difference between abuse against BAME colleagues versus other colleagues to be provided as a number rather than a percentage</b></li> </ul> <p>AR queried how the impact of abuse on individuals in terms of health, psychological wellbeing and career progression is measured. CT advised there is no programme of absolute measures, but information is available annually through the Staff Survey, which enables trends to be tracked. There is currently no work looking at a direct correlation in terms of career progression. There is nothing to suggest a higher level of known absence for BAME colleagues as opposed to White colleagues. However, what is not known is where people are at work but are experiencing trauma as a consequence of abuse. This is an important piece of work.</p> <p>AR felt there needs to be a programme of work looking at this issue, particularly in relation to career progression. CT advised it is important to engage with the staff networks as they are key in understanding people's experience and what needs to be measured. As the Trust moves forward with the overall EDI strategy there is a need to set out measures and be clear about setting the ambition of the organisation.</p> <p>MG queried if consideration has been given to having an independent review looking at anti-racism, etc. to draw upon best practice. CT advised nothing has been commissioned but this can be considered. The issues are not isolated to SFHFT so it may be beneficial to do a broader piece of work with partners.</p> <p>MG felt one of the key measures relates to managers and sought clarification if the strategy provides more detail about the actions being taken to develop managers, etc. CT advised this information is detailed in the strategy. However, the focus is on supporting colleagues, with a particular focus on anti-racism. Behind this is a broader drive to redefine what is acceptable and unacceptable. Further details are in the Anti-Racism Strategy and the EDI policy.</p> <p>AH noted the Trust's medical workforce is diverse, but medical colleagues do not always use the Staff Survey as a way of providing feedback. AH queried if it is known what it is like to be a medic from an ethnic minority working at SFHFT and if enough is being done to ensure their voice is heard. CT advised the development and launch of the strategy has been embraced by clinicians who have worked with the staff network to run consultation and 'let's talk' sessions. This helps to make the strategy 'live'.</p> <p>DS advised the Trust is starting to hear the medical voice through Freedom to Speak Up (FTSU). The anti-racism campaign started from a story from one of the medical trainees. DS acknowledged it is difficult for him to understand some of the racist comments and microaggression which the workforce receive every day. It was noted the population the Trust serves is not as ethnically diverse as the Trust's workforce. The key challenge is to have a clear stance on racism and to spread education to the community.</p> | <p>CT</p> | <p>07/04/22</p> |
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|        | <p>One of the Trust's senior leaders is doing a bespoke piece of work supporting colleagues at Nottingham University Hospitals (NUH) to review and consider equality and diversity of their senior medical roles.</p> <p>JH advised when looking at the development and ethnicity of nurses, midwives and AHPs in roles at Band 7 and above, there is clearly more work to do as the Trust does not have a strong pipeline. Matrons, heads of nursing and ward leaders are supporting a piece of work supporting the Anti-Racism Strategy. The Trust is launching a development programme which will be open to all, but a number of places will be reserved for colleagues from a BAME background. In addition, the Trust is adopting a strengths based recruitment approach which is proven to increase diversity. The Board of Directors and Senior Leadership Team will be completing cultural humility training.</p> <p>EC advised steps are being taken to ensure the Trust's internal offers are representative and there is equity of access in terms of career progression and development. The culture collaborative is a key enabler for open conversations in relation to the challenges some colleagues face.</p> <p>PR welcomed the strategy advising this sets expectations and the zero tolerance approach. The next level is to gain a better understanding of the issues and measure the impact.</p> <p>The Board of Directors were ASSURED by the report</p>  |  |  |
| 18/332 | <b>STRATEGIC PRIORITY 5 – TO ACHIEVE BETTER VALUE</b>  |  |  |
| 6 mins | <p><b>Place Based Partnership (PBP) Strategic Objectives update</b></p> <p>PR presented the report, advising the paper was previously presented to the PBP Forum. The report provides examples of actions and impacts at a Place and neighbourhood level. A query was raised at the PBP Forum in relation to the green status of Objective 3.2, <i>(Make sure people known to be frail are looked after in the best possible way)</i>. It was felt the narrative did not indicate that green status is appropriate. This is being followed up.</p> <p>The role and purpose of the PBP is being refreshed. As of 1<sup>st</sup> July 2022 it will become a formal part of the new system architecture. The Forum is reviewing future priorities to incorporate the responsibilities which will be delegated from the Integrated Care Board (ICB) and the governance processes required.</p> <p>CW queried, in terms of engagement from other partners, if consideration has been given to how we can be more ambitious and if this is being built into what is already being delivered by the Trust's work in terms of outreach into the community. PR advised there are active discussions in relation to budgetary responsibilities, which might be delegated to Place. There is strong joint working in terms of the end of life pathway and the Trust is working with the independent sector and voluntary partners to improve this. While the PBP will have statutory responsibilities, the 'art of the possible' is being explored in terms of what the partnership can add value to.</p> |  |  |

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|               | <p>AH felt there is an opportunity in terms of reset and recovery. The local profile has changed as a result of the pandemic. AH queried if there are plans to reset the view of the local population and to be clear what we want the PBP to move forward on. PR advised the key piece of work to enable the PBP to move forward in setting priorities, is looking at health inequalities, what community services offer and the role primary care play. There is a need to ensure there are bespoke community offers, designed to improve health inequalities.</p> <p>The Board of Directors were ASSURED by the report</p>  |  |  |
| <b>18/333</b> | <b>PATIENT STORY – A FINAL WISH</b>  |  |  |
| 10 mins       | <p>Due to technical difficulties FD was unable to speak to the meeting.</p> <p>A video was played, which highlighted the work of the staff on Ward 32 in making a terminally ill patient's final wish of getting married become reality.</p> <p>JH acknowledged the extraordinary effort of the team in arranging the wedding.</p> <p>CW felt it was an incredibly moving story and expressed thanks to the staff for what they did for the family.</p> <p>PR noted this is a good example of patient centred care in difficult circumstances.</p>   |  |  |
| <b>18/334</b> | <b>SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT</b>   |  |  |
| 47 mins       | <p><b>PEOPLE AND CULTURE</b></p> <p>EC highlighted mandatory and statutory training, apprenticeships, career development pathways and Staff Survey.</p> <p>NG queried when the Board of Directors will have sight of the results of the Staff Survey. EC advised the results will be published at the end of March 2022. The aim is to present a report to the April meeting of the People, Culture and Improvement Committee, detailing actions for improvement. This will then be reported to the May meeting of the Board of Directors held in Public.</p> <p>CT advised the overall absence rate is 6%, which remains higher than normal. The formal flu vaccination reporting finished at the end of February 2022. 76.7% of front line staff have had the flu vaccine. This is lower than last year but is in line with the national trend. Appraisals are below target but the Trust derogated from completing appraisals due to prioritising other operational activity.</p> <p>BB queried if any assurance is available in relation to the quality of appraisals. CT advised the Trust continues to perform well in terms of completing appraisals. A metric and report are available through the Staff Survey in relation to the quality of appraisals. However, this does underperform compared to the number of appraisals undertaken and is variable across the organisation. This needs to be addressed.</p> |  |  |

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|  | <p>MG advised the People, Culture and Improvement Committee look at the quality of appraisals and has asked for a deeper dive looking at non-Covid related sickness. MG asked EC to expand on the next stage of the staff wellbeing support journey.</p> <p>EC advised a wellbeing lead has been appointed, who is reviewing the current offer and defining future offers. An assessment is being undertaken from an evidence based perspective. The Trust is linking into the system offer to ensure consistency and equitable access.</p> <p>CT advised the Trust has continued to put additional resource into occupational health and an assessment is being undertaken to determine the onward requirement. A piece of work is ongoing to gain an understanding of who is accessing wellbeing offers and ensuring colleagues who are in need, are the people who are accessing the support. There is a need to ensure the right psychological support is in place.</p> <p><b>QUALITY CARE</b></p> <p>JH highlighted falls and nosocomial Covid infections.</p> <p>DS highlighted venous thromboembolism (VTE) and cardiac arrests.</p> <p>BB queried if there is a risk for the Trust being able to access lateral flow tests following the recent government announcement about lateral flow tests not being widely available. CT advised further guidance on the changes made in relation to 'Living with Covid' and the implications on NHS working and NHS staff is due to be issued on 15<sup>th</sup> March 2022. It is hoped staff will still be able to access lateral flow tests.</p> <p>NG queried if the policy of encouraging patients to mobilise, rather than keeping them in bed, has impacted on the increase in the number of falls. JH advised this policy has been in place for approximately 6 months. However, JH felt the increase in falls is not attributable to that. There is data showing patients are out of bed where possible. There will always be some falls and falls where patients are lowered to the floor have been separated out in the data. The increase in falls is more likely to be due to conditions within the organisation.</p> <p>AH noted the organisation has been stress tested due to the pandemic and there will be a threshold level of risk when the falls rate increases. AH queried what learning has been taken from this in relation to being more proactive in terms of escalation and proactively flagging to key areas or staff when a level of 'busyness' is reached. JH advised the Trust has invested in the falls team and the 'yellow blanket' system is rolling out in ED. This is as a result of learning from when ED was crowded. There is more work to do in considering how to put in plans which can be stepped up when there is a surge. This will need to be built into staffing plans in terms of people working differently.</p> |  |  |
|--|--|--|--|

|  |  |           |                 |
|--|--|-----------|-----------------|
|  | <p>SiB advised there has been a significant increase in the number of patients who are medically fit for discharge, noting these patients are often complex and elderly. During December 2021 and January 2022 there was a record numbers of beds occupied by patients aged over 70 and who are, therefore, at a higher falls risk. This is a contributing factor. The number of patients who are at a risk of falls is growing, largely due to the fact they are unable to get to their onward care.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Consider how plans can be put in place, which can be stepped up when there is a surge, to assist with falls prevention</b></li> </ul> <p><b>TIMELY CARE</b></p> <p>SiB advised the ED 4 hour was 86%, ranking SFHFT third in the NHS. It was noted 40 patients waited over 12 hours for admission to a bed in the first week of January 2022. The number of medically fit patients continues to increase. A business case is being developed by the local councils to develop a more strategic approach to workforce within the community. 18% of the Trust's bed baseline is occupied by patients waiting for onward care. There were a small number of elective cancellations during February 2022.</p> <p>In terms of cancer care, performance was slightly above the reforecast trajectory. The overall concern is the increase in demand, which is almost 20% of 2 week wait referrals. The Trust has worked with the Integrated Care System (ICS) to get some work in train across SFHFT and NUH to identify what capacity the system requires to meet the growth in demand. There is a need for a sustained capacity plan. Overall the average wait is two weeks longer than in 2019 and at the 85<sup>th</sup> percentile this is five weeks longer.</p> <p>NG queried if harm reviews are completed for patients who cannot be seen within the set standards and if there is sufficient diagnostic capacity to service the increased demand for cancer diagnosis. SiB advised harm reviews are completed for all patients who go over 104 days and there is a safety netting process in place for patients who are in the backlog. There will have been some harm to cancer patients caused by waits and delays due to the pandemic. From the growth in referral demand, there is no marked increase in cancers being diagnosed. The diagnostic capacity falls into the ICS piece of work. Capacity has improved but a lot of this is temporary capacity. The Trust is trying to ensure patients are diagnosed who have been waiting the longest. There is not enough capacity and this requires a system approach.</p> <p>AR sought further clarification in relation to what constitutes a harm review, for example, are serial scans and tumour markers completed where possible. SiB advised a report has been presented to the Quality Committee outlining the process for harm reviews and risk management of patients. The initiation is for a clinical nurse specialist to make contact with patients, doing relevant tests as necessary and pulling them out of the backlog to see a clinician if there are any concerns.</p> | <p>JH</p> | <p>07/04/22</p> |
|--|--|-----------|-----------------|

|               |  |  |  |
|---------------|--|--|--|
|               | <p>Most of the harm relates to when patients were not seen during the pandemic. There is less risk of a longer wait with some cancers than others. The specialist nurse reviews are crucial.</p> <p>DS advised the Trust undertakes a forensic review of cancer backlogs per tumour site and there is regional oversight of this. Very little harm is identified from the harm reviews, but there is soft intelligence in relation to presentation and staging of cancers. Further tests are not undertaken as patients are on specific pathways. The risk is if a patient is not on a cancer pathway, but is in the general backlog and they have cancer. This is the unknown risk. The Trust contacts patients on the general waiting list to clarify their symptoms and identify if they need escalating. No specific cancers have been found.</p> <p>AR queried if a patient with Stage 1 ovarian cancer, who was not symptomatic would have any scans or tumour markers as this is the only way to measure if the cancer is progressing. DS advised if the cancer had been diagnosed, this would be tracked. SiB advised the current wait is only two weeks longer than pre-pandemic.</p> <p>GW noted there has been a high number of patient cancellations or patients not attending their appointments and queried if patients who do not attend are followed up. In addition, is there anything which can be done proactively to ensure patients do attend and to bring other patients in at short notice in the event of cancellations. SiB advised there was a spike in cancellations in December 2021 and January 2022 due to positive Covid tests. The did not attend (DNA) rate in a 'normal' month is relatively low. The Trust has a strong text messaging service, which allows interaction. If a patient cancels and the clinician is concerned about the risk to that patient, they are followed up by phone. There is a strong correlation between DNA and deprivation indices. More work will be required in the future with patients in higher areas of deprivation.</p> <p>SiB advised elective activity was 99% in January 2022 when compared to January 2019. Protecting critical care was the Trust's number one priority for Winter and this has been largely successful. It was noted for the last two weeks critical care have just been in A and B side of their unit and have not had to expand into theatre recovery.</p> <p><b>BEST VALUE CARE</b></p> <p>RM outlined the Trust's financial position at the end of Month 10.</p> <p>The Board of Directors CONSIDERED the report</p> |  |  |
| <b>18/335</b> | <b>LOG4J - GLOBAL CYBER SECURITY VULNERABILITY</b>   |  |  |
| 6 mins        | <p>DS presented the report, advising this reflects guidance from the National Cyber Security Centre. There is a widespread vulnerability in a tracking/logging utility which is opensource. The report highlights the Trust's response and plans. Currently there are no known NHS security breaches related to Log4J. It was noted there is a heightened cyber security interest relating to events in Ukraine. There has been significant surveying of software which is logged and tracked.</p>   |  |  |

|               |   |  |  |
|---------------|---|--|--|
|               | <p>GW advised he was assured the Trust is proactive in this area and cyber security is monitored through the Audit and Assurance Committee and Risk Committee.</p> <p>DS advised the Trust will be involved in a nationally run desktop exercise on 4<sup>th</sup> March 2022 in relation to cyber security. The Trust's emergency planning lead is taking the lead on most of this work. Penetration tests are being undertaken to understand the vulnerability across the Trust's own sites. In addition, an external test of cyber security processes, profile and vulnerabilities has been completed.</p> <p>PR advised the Trust has strong governance and oversight in respect of identifying threats and vulnerabilities of cyber security. The Head of NHIS and the Trust's Senior Information Risk Owner (SIRO) maintain good oversight for the organisation and across the system. Regular reports are presented to the Risk Committee on specific issues, which feeds into oversight at the Audit and Assurance Committee and, if necessary, into the Board of Directors.</p> <p>The Board of Directors were ASSURED by the report</p> |  |  |
| <b>18/336</b> | <b>OUTSTANDING SERVICE – E-LEARNING - IMPROVING TRAINING AND DEVELOPMENT THROUGH COVID-19</b>   |  |  |
| 9 mins        | <p>A short video was played highlighting improvements to the Trust's E-Learning offer.</p> <p>EC expressed thanks to Nikki Green, E-Learning Development Officer for her work.</p>  |  |  |
| <b>18/337</b> | <b>COMMUNICATIONS TO WIDER ORGANISATION</b>   |  |  |
| 1 min         | <p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Equality, Diversity and Inclusivity update</li> <li>• Patient Story</li> <li>• Cyber security</li> <li>• Impact on staff of events in Ukraine</li> <li>• SOF performance</li> </ul>   |  |  |
| <b>18/338</b> | <b>ANY OTHER BUSINESS</b>   |  |  |
| 1 min         | <p>CW advised Andrew Tinsley has recently retired, having worked for the Trust for 26 years within the critical care unit as a charge nurse and as a hospital out of hours practitioner.</p>  |  |  |
| <b>18/339</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 7<sup>th</sup> April 2022 in the Boardroom at King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 11:30.</p>  |  |  |

|               |  |  |  |
|---------------|--|--|--|
| <b>18/340</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>Claire Ward</p> <p><b>Chair</b> <b>Date</b></p> |  |  |

|        |   |  |  |
|--------|---|--|--|
| 18/341 | <b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>   |  |  |
|        | No questions were raised.   |  |  |
| 18/342 | <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 |
|----------|------------|---|---------------------------|-------------------|------------|-------------------|-------------|--|------------|
| 18/195.1 | 04/11/2021 | Vacancy rate to be quoted as the number of people, rather than percentage point increases in future Nursing, Midwifery and Allied Health Professions (AHP) Staffing reports | Public Board of Directors | None              | 05/05/2022 | J Hogg            |             |  | Grey       |
| 18/195.2 | 04/11/2021 | Consider including medical workforce in future Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly reports  | Public Board of Directors | None              | 05/05/2022 | D Selwyn / J Hogg |             |  | Grey       |
| 18/331   | 03/03/2022 | The difference between abuse against BAME colleagues versus other colleagues to be provided as a number rather than a percentage  | Public Board of Directors | None              | 07/04/2022 | C Teeney          |             | <b>Update 24th March 2022</b><br>The revised figures from this years staff survey will be updated and analysed and this information will be reported through the People Culture and Improvement Committee<br><b>Complete</b> | Green      |
| 18/334   | 03/03/2022 | Consider how plans can be put in place, which can be stepped up when there is a surge, to assist with falls prevention  | Public Board of Directors | Quality Committee | 09/06/2022 | J Hogg            |             | <b>Update 15th March 2022</b><br>To be reviewed by the Quality Committee in May  | Grey       |

## Board of Directors Meeting in Public - Cover Sheet

|  |   |   |  |                                |
|--|---|---|--|--------------------------------|
| <b>Subject:</b>  | Chair's Report  |   | 7 April 2022                             |                                |
| <b>Prepared By:</b>  | Marcus Duffield, Associate Director of Communications |   |  |                                |
| <b>Approved By:</b>  | Claire Ward, Chair, Marcus Duffield                   |   |  |                                |
| <b>Presented By:</b>   | Claire Ward, Chair                                    |   |  |                                |
| <b>Purpose</b>   |   |   |  |                                |
| To update on key events and information from the last month.   |   |   | <b>Approval</b>                          |                                |
|  |   |   | <b>Assurance</b>                         | X                              |
|  |   |   | <b>Update</b>                            |                                |
|  |   |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>  |   |   |  |                                |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b>    | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| X  | X   | X   | X  | X                              |
| <b>Overall Level of Assurance</b>  |   |   |  |                                |
|  | <b>Significant</b>                                    | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|  |   |   | X  |                                |
| <b>Risks/Issues</b>  |   |   |  |                                |
| <b>Financial</b>   |   |   |  |                                |
| <b>Patient Impact</b>  |   |   |  |                                |
| <b>Staff Impact</b>  |   |   |  |                                |
| <b>Services</b>  |   |   |  |                                |
| <b>Reputational</b>  |   |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>   |   |   |  |                                |
| N/a  |   |   |  |                                |
| <b>Executive Summary</b>   |   |   |  |                                |
| An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective. |   |   |  |                                |

## **Voting for new Trust governors**

Voting is under way to elect members of the Sherwood Forest Hospitals NHS Foundation Trust governing body.

Email and postal ballot packs have been issued to all Trust members (public membership is currently at 14,391, staff membership stands at 5,706) and they have until 5pm on Monday (April 11, 2022) to vote.

This round of elections will determine who represents the views of the public within the Trust and will elect four public governors for Mansfield, and two for Ashfield.

We have six candidates in the running for the two Ashfield seats, and five candidates competing for the four seats available in our Mansfield constituency.

We also have elections for our staff governors to represent #TeamSFH colleagues from each of our sites on the Council of Governors.

Governors are not responsible for the day-to-day management of the Trust, but they work with the Board of Directors and represent the interests of our members in the planning of services. The Council of Governors is elected by our public and staff members or appointed to represent community partners, such as the local councils and commissioners.

#TeamSFH is a great place to both work and receive care and our governors play a key role in further developing relationships with our community as well as ensuring we continue to provide a positive experience for patients, visitors and staff.

Everyone who votes will be helping us choose representatives who are most suitable to help ensure the public's voice is heard across the Trust.

I'm looking forward to announcing the results, which will be revealed on Tuesday.

## **Changes to our Board**

This will be the last Board meeting for Neal Gossage who has served as NED for 6 years and been Chair of the Finance Committee. We are very grateful for the contribution that Neal has made and he will be very much missed by us all. We wish him well for the future and thank him for the support he has given to SFHT.

The Governors have approved the appointment of a new Non Executive Director, Andrew Rose Britton who joins us to take up the role as Chair of the Finance Committee. Andrew is a qualified accountant with previous experience as a NED. Welcome to Andrew and I look forward to working with you.

Over the next few months, we will be recruiting new executives and I very much looking forward to our new team tackling the challenges facing the Trust and building on the good work to date.

## **Better engagement with the communities we serve**

The new landscape for the NHS continues to take shape with the Nottingham and Nottinghamshire Integrated Care Partnership and Mid-Notts Place-based Partnership due to be fully operational from July 1.

In readiness for this we continue to reach out to key partners to find out how we can all play a part in creating healthier communities and delivering outstanding care.

During March Paul Robinson and I met with district council leaders including David Lloyd from Newark and Sherwood Council and Andy Abrahams from Mansfield to learn more about how we might work together, particularly to establish how we deliver services closer to people's homes and how we could engage with groups within our communities that we are not managing to reach as well as we should.

We know that many of these groups are among the least likely to access health and care services, so we must ensure that we do everything we can, working more closely with our partners to deliver services in the heart of our communities.

### **Meeting our staff**

In March, the Board were the first group to take part in the cultural humility training and it encouraged me to learn more about our equality networks and the work we are doing to make our Trust more inclusive. I was delighted to talk with Ali Pearson, our EDI lead to understand the various networks and their focus. I will continue to meet with our networks to offer my support and to learn more about the challenges being faced by some of our staff.

I was also pleased to meet the brilliant team working in the Medical Equipment Management Department (MEMD). They were recognised in our Staff awards last year for their contribution to keeping our equipment operational and the huge support they give to the rest of the Trust, so I was delighted to see their work in person and meet the team.

I attended the Medical Managers meeting to discuss the changes taking place at Executive and Non Executive level and to listen to their contributions and experience of working at SFH. I have regular walk arounds with Divisional Managers and Staff Side Representative, Roz Norman. If you would like to talk to me or for me to visit your area, please let me know.

### **Well done to our climate team**

It is two years since the creation of the Climate Action Team. During that time, the team of more than 20 colleagues, led by Dr Helena Clements, has put climate action well and truly on the map at Sherwood Forest Hospitals and in our wider communities.

Throughout the Covid-19 pandemic, the team continued to deliver its sustainability agenda, including the creation of its [Green Plan](#) which sets out the Trust's ambitions to reduce its carbon footprint and the environmental impact of its services, while supporting the NHS's net-zero target by 2040.

The team's achievements, so far, include:

- Reaching the finals of the annual HSJ Awards for their work at #TeamSFH and in the local community, and for promoting a greener future for colleagues and patients
- Supporting the Trust as we became one of the first NHS organisations to officially declare a climate emergency, underpinning our commitment to reducing our carbon footprint
- Prioritising and gaining commitment for their Green Plan

- Launching sustainable waste solutions
- Installing more electric vehicle chargers
- Educating the local community, trainee GPs and students on climate action
- Launching two phases of our Hope Orchard in the Trust and in the community.

Well done to the whole team on achieving so much in such a short time.

### **Charitable trust and volunteer activity**

Well done to 23 #TeamSFH volunteers who were presented with their Long Service Awards this month – ranging from five to 20 years of service they have collectively notched up 240 years.

Thanks to our long-serving volunteers and thanks to the 54 new volunteers who were recruited in 2021/22. I am grateful to them all for offering their time, energy and commitment to our hospitals.

We are also grateful for the many donations of Easter eggs we have had received for our children's services, notably Forest Glade Primary School pupils, who, as part of their siblings project, bought eggs with their pocket money to be donated to the brothers and sisters of babies born on the maternity unit over the Easter period.

### **New consultant**

Since my update last month, I am pleased to confirm that locum Trauma and Orthopaedics Consultant, Damian Bragg, has joined the team as a substantive member of staff.

## Board of Directors Meeting in Public - Cover Sheet

|   |   |  |   |                         |
|---|---|--|---|-------------------------|
| <b>Subject:</b>   | Chief Executive's Report                              |  | <b>Date:</b> 7 <sup>th</sup> April 2022 |                         |
| <b>Prepared By:</b>   | Marcus Duffield, Associate Director of Communications |  |   |                         |
| <b>Approved By:</b>   | Paul Robinson, Chief Executive; Marcus Duffield       |  |   |                         |
| <b>Presented By:</b>  | Paul Robinson, Chief Executive                        |  |   |                         |
| <b>Purpose</b>  |   |  |   |                         |
| To update on key events and information from the last month   |   |  | <b>Approval</b>                         |                         |
|   |   |  | <b>Assurance</b>                        | <b>X</b>                |
|   |   |  | <b>Update</b>                           |                         |
|   |   |  | <b>Consider</b>                         |                         |
| <b>Strategic Objectives</b>   |   |  |   |                         |
| To provide outstanding care   | To promote and support health and wellbeing           | To maximise the potential of our workforce | To continuously learn and improve       | To achieve better value |
| <b>X</b>  | <b>X</b>  | <b>X</b>                                   | <b>X</b>                                | <b>X</b>                |
| <b>Overall Level of Assurance</b>   |   |  |   |                         |
|   | <b>Significant</b>                                    | <b>Sufficient</b>                          | <b>Limited</b>                          | <b>None</b>             |
|   |   |  | <b>X</b>                                |                         |
| <b>Risks/Issues</b>   |   |  |   |                         |
| <b>Financial</b>  |   |  |   |                         |
| <b>Patient Impact</b>   |   |  |   |                         |
| <b>Staff Impact</b>   |   |  |   |                         |
| <b>Services</b>   |   |  |   |                         |
| <b>Reputational</b>   |   |  |   |                         |
| <b>Committees/groups where this item has been presented before</b>  |   |  |   |                         |
| N/A   |   |  |   |                         |
| <b>Executive Summary</b>  |   |  |   |                         |
| An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective |   |  |   |                         |

## **NHS National Staff Survey 2021**

I am delighted and proud to report that, once again, #TeamSFH colleagues have rated us as one of the best Trusts in the whole of the Midlands region in [the National NHS Staff Survey results for 2021](#).

The survey confirms almost three-quarters of our colleagues (74.9%) say they would recommend #TeamSFH as a place to work and eight out of ten (81.7%) say they would recommend our hospitals as places to receive treatment for friends and relatives – another top score for the whole Midlands.

Our response rate (66%) was also the highest of any acute and acute and community trust in the Midlands, with more than 3,400 responses. This level of engagement helps us to make #TeamSFH an even better place to work and receive care.

We know the pandemic has taken – and will continue to take - its toll on staff, their families and the way we provide care, and this is reflected in the overall results, nationally and here at #TeamSFH.

There remains so much of which we can feel proud and the headlines, so far, include:

- Morale within #TeamSFH (6.4 out of 10) remains the best in the Midlands and among the best of any acute trust in the country
- Colleagues rank SFH as the third most compassionate and caring acute trust in the country, with a score of 7.6 out of 10
- 78.5% of colleagues said they would feel secure in raising and reporting concerns – a picture that has improved for the fifth year in a row here at SFH
- Nine out of ten said they feel trusted to do their jobs and they feel they make a difference
- We are above national averages for similar organisations in all areas of the People Promise, including those that rate trusts on being safe and healthy, staff feeling that they have a voice that counts, being compassionate and inclusive, recognition and reward, always learning, working flexibly and working as a team.

The results also shine a light on those areas where we need to continue to do more. We know there are areas where scores have declined from last year and work has already begun to support teams across the organisation.

We are working our way through the full results (key headlines will be shared verbally from our Director of Culture and Improvement, Emma Challans), we will bring a full report to the May meeting of the Board of Directors and details will be shared more widely across our divisions, teams and wider stakeholders.

### **One world, one #TeamSFH**

We marked International Day for the Elimination of Racial Discrimination on March 21 with the unveiling of a special piece of artwork.

Under the main headline *One world, one #TeamSFH*, the artwork recognises and celebrates colleagues from a total of 88 backgrounds and nationalities who collectively make up the Trust's 5,500-plus workforce and continues our work to further embrace equality, diversity, and inclusivity.

We officially launched the anti-racism strategy in February as part of our ongoing work to improve behaviours and reduce aggression towards our people.

Every single one of us should be proud of who we are, feel comfortable coming to work and be confident we won't suffer because of things like the colour of our skin, sexual orientation or religious beliefs.

It is important to remember this also applies to our patients and anyone coming into our hospitals – we know that many minority groups are among the least likely to access health and care services, so we must ensure that they are welcomed when they do come to us.

I would encourage colleagues and visitors to our hospitals to look at the artwork and join me in celebrating how diverse our teams are as we work together to deliver outstanding care to our population.

### **Ready to talk, ready to listen**

We have also started having conversations about the poor experiences some of our ethnic minority staff may have had with colleagues and patients. These sessions, being held at all times of the day and night to catch all our teams, started with racism but they are a chance for everyone in #TeamSFH to talk.

We want to listen to anyone who does not feel listened to. We want everyone to get involved in a bigger, wider more open conversation about what it is like for anyone who is different to work at Sherwood Forest Hospitals.

### **Body worn cameras introduced to help keep patients and colleagues safe**

Our security teams have started using body-worn cameras. If they are called to an incident anywhere in our hospitals, the cameras will be used to capture the incident as evidence. Anyone involved will be made aware before the camera is switched turned on. They will be used alongside our existing CCTV to ensure we keep our colleagues and patients safe.

### **Ockenden Report and maternity care update**

The Ockenden Report into Maternity Services at Shrewsbury and Telford Hospitals was published at the end of March and we are working through its full findings as I am sure it will contain lessons to be learned for everyone in the NHS.

The interim report published in 2020 made clear recommendations in the form of Immediate and Essential Actions for all Maternity Services across England.

Sherwood Forest Hospitals are fully compliant in six of the seven immediate actions and have processes in place to ensure that as a maternity system we reach full compliance with the final action.

The seven areas are:

- Enhanced safety
- Listening to women and families (although we can evidence this, we do not currently have a Chair for our Maternity Voices Partnership to provide sign off)
- Staff training and working together
- Managing complex pregnancy
- Risk assessment throughout pregnancy
- Monitoring foetal wellbeing
- Informed consent.

Recognising the impact publication and the subsequent headlines may have on Maternity teams generally, we have spoken to colleagues offering them reassurance and support where needed.

As a Trust, we're proud of what we've achieved and how we are performing. We have all worked hard to ensure our maternity and neonatal services deliver good and safe care. This is reflected in the feedback we receive from families and our safe outcomes as a service. We recently received the results of a CQC Maternity Survey carried out among women that gave birth at Sherwood Forest and we scored very well, particularly in areas such as staff treating new mums with respect and dignity during the birth, being supportive and speaking to them in a way that they understand, as well as involving them in decision making.

A full update will be brought to the Board of Directors meeting in May.

### **Cyberattack risk rating review**

The Sherwood Forest Hospitals Risk Committee has reviewed the likelihood of a cyberattack adversely affecting our IT systems following the introduction of sanctions in response to Russia's invasion of Ukraine and increased the rating from "unlikely" to "possible". This increases the current risk score for PR7 (Principal Risk 7 is the risk of a major disruptive incident) to 12: "High".

### **Support for anyone affected by the conflict in Ukraine**

Recognising the serious nature of the invasion in Ukraine, some colleagues may be understandably anxious if they have relatives and friends in the region. Other members of #TeamSFH may also be feeling anxious about the situation and I would like to remind colleagues that there are wellbeing support services available for them and their families.

### **Please remember, Covid-19 is still with us**

I am pleased that at the beginning of March we were able to relax visiting restrictions to allow our adult patients to have two designated visitors between the hours of 1pm and 5pm each day. This means that the same two visitors can visit individually or together within these visiting hours ([Full details of visiting restrictions are available on the Sherwood Forest website](#)).

Unfortunately, levels of infection have risen during March and this is reflected in the number of Covid-positive patients on our wards and the number of our colleagues who are absent through illness. Covid-19 has not gone away and we must all remain vigilant, so we continue to ask everyone coming into our hospitals to observe best-practice infection prevention and control – wear a mask, wash your hands and keep your distance as much as possible.

We are working hard to keep everyone safe and I would like to thank all colleagues for the remarkable job they do each day.

# Single Oversight Framework

Reporting Period: M11  
2021/22

Inspected and rated

Good



# Single Oversight Framework – Month 11 Overview (1)



Sherwood Forest Hospitals  
NHS Foundation Trust

| Domain   | Overview & risks   | Lead   |
|--|--|--------|
| Quality Care<br>(exception<br>reports pages<br>11 -14) | <p>During February we continued to experience the impact of the Omicron variant against a back drop of increased external delays for patients medically safe for discharge. This has unfortunately resulted in crowding within the Emergency Department and opening of additional capacity over and above the ambitious winter plan. Despite this the care delivered to our patients has remained as safe as possible and of high quality. We have had no serious incidents declared that were attributed to staffing levels. Hospital acquired pressure ulcers remain consistently low. Infection control remains high on the agenda, both in terms of our Covid-19 response and continued focus on reduction of Cdiff cases.</p> <p>There are 4 exception reports for February 2022:</p> <p><b>COVID-19:</b> during February we had 13 hospital acquired cases (YTD 85). Covid 19 outbreaks are being managed in accordance with national guidance with oversight from UKHSA and NHSE/I. All hospital acquired cases are subject to root cause analysis to ensure a cycle of continuous improvement.</p> <p><b>MRSA:</b> performance 2 cases this financial year. Detailed review across the system has taken place with learning identified and associated actions being delivered.</p> <p><b>VTE risk assessments:</b> performance 92.6% (YTD 93.3%) target 95%. Manual data collection recommenced and compliance with this care process is expected to improve.</p> <p><b>Cardiac arrest rate:</b> performance 1.59 (YTD 1.18) against a target of &lt;1.0. Rate remains low, all cardiac arrests have been reviewed, no lapses in care contributing to deterioration.</p> | MD, CN |

# Single Oversight Framework – 11 Overview (2)



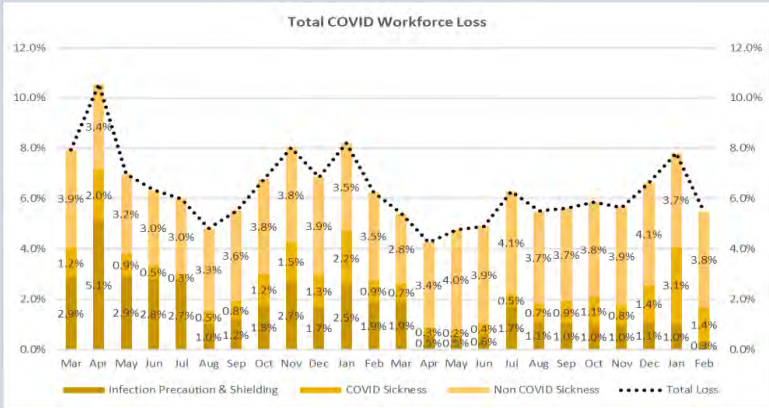
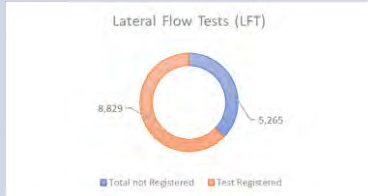
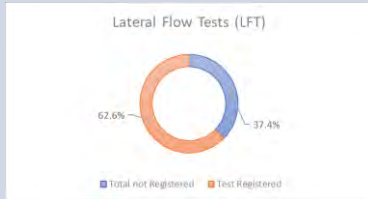
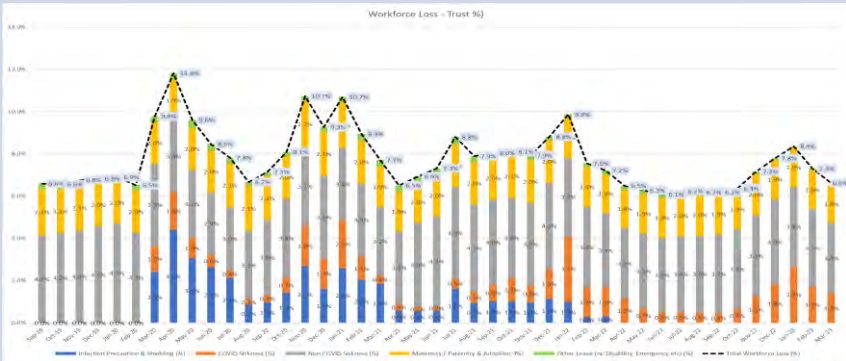
**Sherwood Forest Hospitals**  
NHS Foundation Trust

| Domain   | Overview & risks   | Lead            |
|--|--|-----------------|
| <b>People &amp; Culture (exception reports )</b> | <p><b>People</b></p> <p>During M10 we have noted a decrease in the overall sickness absence level, sickness absence levels were recorded at 5.2%. It also sits the Trusts performance below the upper SPC level but above the Trust target (3.5%). Our workforce loss forecasting predicts this will continue to reduce over the next few months.</p> <p>Additional activity is evidenced through the services provided from the Trust <b>Occupational Health</b> Service, during M10 there has been decreased activity level, however the activity still sits above plan. It is anticipated that this level will continue to decrease over the next few months.</p> <p>Across M10 <b>appraisals</b> levels have shown a marginal decrease and currently sit at 85%, this is below the Trust target, we are anticipating a continual increase to the appraisal levels over the next few months.</p> <p>People, Culture and Improvement strategy and key priorities identified for 2022/2025, latest draft shared at Culture and Improvement Cabinet on 15th February, along with a Q3 update on 21/22 priorities.</p> <p><b>Culture and Engagement</b></p> <ul style="list-style-type: none"> <li>▪ Update provided to Culture and Improvement Cabinet on a Culture Insights process and key themes. April agenda item on PCI Committee.</li> <li>▪ National Staff Survey 21 closed at 66.4% embargo lifted and nationally released 30 March. Ongoing internal communications and planning.</li> <li>▪ New OD and Engagement Partner model deployed to support Divisions and increase visibility and organisational insight.</li> <li>▪ SFH Proud2bAdmin event in planning stage to celebrate World Admin Day in April.</li> </ul> <p><b>Improvement</b></p> <ul style="list-style-type: none"> <li>▪ F2F ICS-wide QI training restarted with QSIR Cohort 12 on 23rd Feb</li> <li>▪ Second cohort of trainee doctors 'QIP Club' launched to coach through Clinical Audit and Improvement</li> <li>▪ Review and re-set of Improvement and Learning Sub Cabinet with 22/23 focus including increasing visibility of QI offer and increasing citizen engagement in QI</li> <li>▪ QI project on Discharge and flow scoped in February, ready for launch in April</li> <li>▪ SFH QI Maturity Matrix closed end Feb with EMAHSN collating the results independently</li> <li>▪ 360 Clinical Effectiveness Review concluded and report due in April</li> <li>▪ SCORE Safety Attitude Questionnaire Business Case approved by Executive Team and currently being commissioned.</li> </ul> <p><b>Learning and Development</b></p> <ul style="list-style-type: none"> <li>▪ People Development Sub-Cabinet held with good attendance and ToR approved</li> <li>▪ Mandatory &amp; Statutory Training Compliance as of end of Feb shows 88%, increasing from 86% in Jan. MAST Recovery Task &amp; Finish Group launched in Feb, key actions identified; workbook reviews with subject leads and the creation of a Governance group to be developed.</li> </ul> | <p>DOP, DCI</p> |

# Single Oversight Framework – Month 11 Overview (3)



Sherwood Forest Hospitals  
NHS Foundation Trust

| Domain   | Overview & risks   | Lead     |
|--|--|----------|
| People & Culture<br>(exception reports 15 - 17 ) | <p><b>COVID Absence</b> - The Trust produces a daily Workforce SitRep for the organisation; this includes all COVID related absence elements which are wider than the sickness element reported above. When this is reviewed the total COVID related absence for February 2022 was 5.5%, (January 2022 7.8%). <b>Lateral Flow Tests</b> – Overall there were 14,094 test distributed, with 8,829 test registered (62.6%). Of the completed tests there has been 1,622 positive test (0.6% positive results). This increase is due to the Omicron variance</p> <div><div><p>Total COVID Workforce Loss</p></div><div><p>Lateral Flow Tests (LFT)</p><p>Lateral Flow Tests (LFT)</p></div></div> <p>We have undertaken some <b>forecasted sickness modelling</b> until March 2023. The forecasts includes Infection Precaution, COVID and non COVID sickness, maternity and other leave types (inc emergency leave etc). The modelling shows that our sickness will peak each Winter. We have assumed that after March there will not be a need to self isolate.</p>  | DOP, DCI |

# Single Oversight Framework – M10 Overview



Sherwood Forest Hospitals  
NHS Foundation Trust

| Domain   | Overview & risks   | Lead |
|--|--|------|
| <b>Timely care (exception reports pages 18-22)</b> | <p>Emergency attendances in February slightly increased at 456 against the month of January, which had an average daily attendance of 424. This was further exacerbated with attendances peaking at or around 500 18 times over the 28 day period. Overall occupancy within the trust remained high with peak days reaching above 98%. The increase in the number of patients who are medically safe waiting for home care remains the key driver in high bed occupancy as demand has actually fallen below 19/20 corresponding months in the past quarter (although some this may be Covid related in January 22). The number of patients who are MFFD awaiting onward placement has increased further and is driven by severe workforce capacity issues in the homecare market, exacerbated by Covid+ colleagues working in that sector. Additional beds remain open and additional staffing is still in place for ED, notably in the evenings, although fill rates are variable. An implementation recovery plan has been developed across the ICS to mitigate the impact of this growth with a trajectory in place, but at this stage is not having the impact forecast on the trajectory.</p> <p>For cancer services, the number of patients waiting more than 62 days on a suspected cancer pathway at the end of February has reduced to 122 patients, adverse to the original trajectory set in H1 but better than the re-forecast position of 127 set in H2. An exception report detailing the root cause and actions being taken is included. 62 day performance for January was 52.7% which holds the Trust national ranking at 100th/126. January's 62 day performance nationally was 61.8% and as a Nottinghamshire system 56.6%. The average wait for first definitive treatment in January was 67 days (55 in January 20) and the 85<sup>th</sup> percentile wait was 93 days v 89 days in Jan 20'. The number of patients waiting 104 days at the end of January was 39 (23 in January 20). The Faster Diagnosis Standard (FDS) failed to achieve the 75% standard in January at 69.7%, giving a national ranking of 50th/125 (rank 36th in December).</p> <p>For elective care in February the Trust delivered 106% of 19/20 activity levels and whilst the size of the waiting list was 3.6% higher than planned the number of patients waiting over 52 weeks and 104+ weeks remain well below trajectory. All long wait (78+) patients are monitored on a weekly basis, with a plan for next steps agreed. Outpatient and day case activity continues to perform well with inpatient activity at 76% against 19/20 levels. As previously reported to Board the root cause of inpatient activity below 19/20 remains the shift to day case activity predominantly in medical specialties in addition to surgical specialties (specifically general surgery and urology) as a result of short term (now resolved) urology staffing pressures and patients cancelling after testing positive for covid. The published national median wait for incomplete pathways at the end of January was 12 weeks and 92nd percentile 37 weeks; for the Trust it was 10 and 33, these waits have been maintained for February. Pre pandemic waits for the Trust were at 7 and 22 weeks.</p> <p>Diagnostics continue to perform well despite increased pressure from both emergency and cancer pathways. Insourcing has begun to reduce the volume of patients waiting for a non obstetric ultrasound. Mutual aid remains in place across the Nottinghamshire with both trusts supporting each other where there is inequity of wait.</p> | COO  |

# Single Oversight Framework – Month 11 Overview (5)



**Sherwood Forest Hospitals**  
NHS Foundation Trust

| Domain   | Overview & risks   | Lead |
|--|--|------|
| <b>Best Value care (exception reports pages 23 - 25)</b> | <p>The Trust has reported a deficit of £1.18m for the month of February 2022 (Month 11). This represents an adverse variance to plan of £1.83m.</p> <p>Expenditure for the month totals £38.36m and includes the direct Covid-19 costs of £0.90m and costs relating to the Covid-19 vaccination programme of £1.11m, with offsetting income of £1.11m assumed. Based on the initial system-level calculation of elective recovery, no Elective Recovery Fund (ERF) income is included for the month of February.</p> <p>The reported year-to-date position to the end of February 2022 is a deficit of £8.51m, an adverse variance of £8.19m compared to the year-to-date plan. This includes the deficit of £1.86m previously reported for the H1 period (01 April to 31 September 2021).</p> <p>The financial forecast outturn for 2021/22 remains at a deficit of £13.34m (on an ICS achievement basis).</p> <p>The Financial Improvement Programme (FIP) delivered savings of £0.53m in February, compared to a plan of £0.87m. Year-to-date savings of £5.23m have been reported and the current forecast for the full year 2021/22 shows expected savings of £6.36m, which represents a shortfall against revised plan of £1.68m.</p> <p>Capital expenditure to the end of February 2022 totals £11.84m, which is £1.87m lower than planned.</p> <p>The closing cash position is £7.85m. The cash flow forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required.</p> | CFO  |

# Single Oversight Framework – M11 Overview (1)



Sherwood Forest Hospitals  
NHS Foundation Trust

| <u>Indicator</u>  | <u>Plan / Standard</u> | <u>Period</u> | <u>YTD Actuals</u> | <u>Monthly / Quarterly Actuals</u> | <u>Trend</u> | <u>RAG Rating</u> | <u>Executive Director</u> | <u>Frequency</u> |
|---|------------------------|---------------|--------------------|------------------------------------|--------------|-------------------|---------------------------|------------------|
| Patient safety incidents per rolling 12 month 1000 OBDs                 | ≥41                    | Feb-22        | 46.47              | 42.67                              |              | G                 | CN                        | M                |
| All Falls per 1000 OBDs   | 6.63                   | Feb-22        | 7.00               | 6.71                               |              | A                 | CN                        | M                |
| Number of Assisted Falls  | TBC                    | Feb-22        | 107                | 7                                  |              |                   |                           |                  |
| Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's | 22.6                   | Feb-22        | 21.87              | 17.18                              |              | G                 | CN                        | M                |
| Covid-19 Hospital onset   | <37                    | Feb-22        | 85                 | 13                                 |              | R                 | CN                        | M                |
| Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's      | 0                      | Feb-22        | 1.04               | 5.73                               |              | R                 | CN                        | M                |
| Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's      | 17                     | Feb-22        | 10.41              | 11.46                              |              | G                 | CN                        | M                |
| Eligible patients having Venous Thromboembolism (VTE) risk assessment   | 95.0%                  | Jan-22        | 93.3%              | 92.6%                              |              | R                 | CN                        | M                |
| Safe staffing care hours per patient day (CHPPD)                        | >8                     | Feb-22        | 9.0                | 9.0                                |              | G                 | CN                        | M                |
| Complaints per rolling 12 months 1000 OBD's                             | <1.9                   | Feb-22        | 1.52               | 1.43                               |              | G                 | MD/CN                     | M                |
| Recommended Rate: Friends and Family Accident and Emergency             | <90%                   | Feb-22        | 91.4%              | 93.9%                              |              | G                 | MD/CN                     | M                |
| Recommended Rate: Friends and Family Inpatients                         | <96%                   | Feb-22        | 97.8%              | 97.9%                              |              | G                 | MD/CN                     | M                |
| Cardiac arrest rate per 1000 admissions                                 | ≤1.0                   | Feb-22        | 1.18               | 1.59                               |              | R                 | MD                        | M                |

# Single Oversight Framework – M11 Overview (2)



Sherwood Forest Hospitals  
NHS Foundation Trust

| <u>Indicator</u>                             | <u>Plan / Standard</u> | <u>Period</u> | <u>YTD Actuals</u> | <u>Monthly / Quarterly Actuals</u> | <u>Trend</u> | <u>RAG Rating</u> | <u>Executive Director</u> | <u>Frequency</u> |
|--|------------------------|---------------|--------------------|------------------------------------|--------------|-------------------|---------------------------|------------------|
| Sickness Absence                             | 3.5%                   | Feb-22        | 4.8%               | 5.2%                               |              | R                 | DoP                       | M                |
| Take up of Occupational Health interventions | 800 - 1200             | Feb-22        | 24941              | 1799                               |              | R                 | DoP                       | M                |
| Flu vaccinations uptake - Front Line Staff   | TBC                    | Feb-22        | 76.3%              | -                                  |              |                   |                           | DoP              |
| Employee Relations Management                | <10-12                 | Feb-22        | 107                | 5                                  |              | G                 | DoP                       | M                |
| Vacancy rate                                 | >6.0%                  | Feb-22        | 5.3%               | 3.0%                               |              | G                 | DoP                       | M                |
| Mandatory & Statutory Training               | <90%                   | Feb-22        | 87.0%              | 88.0%                              |              | A                 | DoP                       | M                |
| Appraisals                                   | <95%                   | Feb-22        | 88.0%              | 85.0%                              |              | R                 | DoP                       | M                |

# Single Oversight Framework – M11 Overview (3)



Sherwood Forest Hospitals  
NHS Foundation Trust

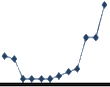
| <u>Indicator</u>   | <u>Plan / Standard</u> | <u>Period</u> | <u>YTD Actuals</u> | <u>Monthly / Quarterly Actuals</u> | <u>Trend</u> | <u>RAG Rating</u> | <u>Executive Director</u> | <u>Frequency</u> |
|--|------------------------|---------------|--------------------|------------------------------------|--------------|-------------------|---------------------------|------------------|
| Number of patients waiting >4 hours for admission or discharge from ED                                       | >90%                   | Feb-22        | 86.2%              | 84.5%                              |              | R                 | COO                       | M                |
| Mean waiting time in ED (in minutes)   | 220                    | Feb-22        | 177                | 181                                |              | G                 | COO                       | M                |
| Number of patients who have spent 12 hours or more in ED from arrival to departure                           | TBC                    | Feb-22        | 945                | 133                                |              |                   | COO                       | M                |
| Mean number of patients who are medically safe for transfer  | 22                     | Feb-22        | 68                 | 91                                 |              | R                 | COO                       | M                |
| Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes                                    | <10%                   | Feb-22        | 3.8%               | 3.3%                               |              | G                 | COO                       | M                |
| Number of patients waiting over 62 days for Cancer treatment   | 49                     | Feb-22        | -                  | 122                                |              | R                 | COO                       | M                |
| Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral | 75.0%                  | Jan-22        | 76.4%              | 69.7%                              |              | R                 | COO                       | M                |
| Elective Day Case activity against Yr2019/20   | 95.0%                  | Feb-22        | 97.5%              | 95.6%                              |              | G                 | COO                       | M                |
| Elective Inpatient activity against Yr2019/20  | 95.0%                  | Feb-22        | 73.0%              | 75.6%                              |              | R                 | COO                       | M                |
| Elective Outpatient activity against Yr2019/20   | 95.0%                  | Feb-22        | 99.6%              | 107.2%                             |              | G                 | COO                       | M                |
| Number of patients on the elective PTL   | 37408                  | Feb-22        | -                  | 38,779                             |              |                   | COO                       | M                |
| Number of patients waiting over 1 year for treatment   | 1006                   | Feb-22        | -                  | 622                                |              |                   |                           |                  |
| Number of patients waiting over 2 years for treatment  | 22                     | Feb-22        | -                  | 16                                 |              |                   |                           |                  |
| Number of completed RTT Pathways against Yr2019/20   | ≥89%                   | Feb-22        | 102.6%             | 103.6%                             |              | G                 | COO                       | M                |

# Single Oversight Framework – M11 Overview (4)



Sherwood Forest Hospitals  
NHS Foundation Trust

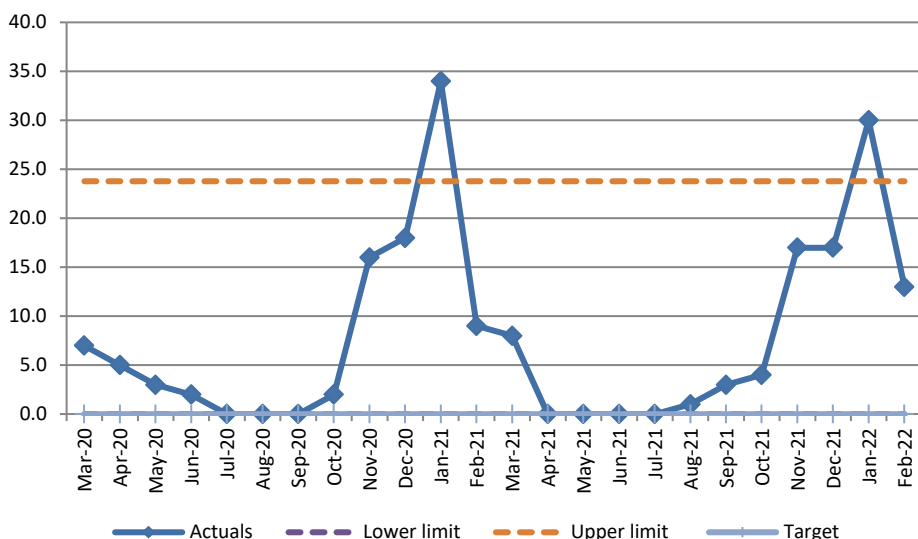
| <u>Indicator</u>                               | <u>Plan / Standard</u> | <u>Period</u> | <u>YTD Actuals</u> | <u>Monthly / Quarterly Actuals</u> | <u>Trend</u> | <u>RAG Rating</u> | <u>Executive Director</u> | <u>Frequency</u> |
|--|------------------------|---------------|--------------------|------------------------------------|--------------|-------------------|---------------------------|------------------|
| Trust level performance against Plan           | £0.00m                 | Feb-22        | -£8.19m            | -£1.83m                            |              | R                 | CFO                       | M                |
| Underlying financial position against strategy | £0.00m                 | Feb-22        | tbc                | tbc                                |              |                   | CFO                       | M                |
| Trust level performance against FIP plan       | £0.00m                 | Feb-22        | -£1.68m            | -£0.34m                            |              | R                 | CFO                       | M                |
| Capital expenditure against plan               | £0.00m                 | Feb-22        | -£1.87m            | £0.19m                             |              | A                 | CFO                       | M                |

|                         |     |        |    |    |  |   |    |   |
|-------------------------|-----|--------|----|----|--|---|----|---|
| Covid-19 Hospital onset | <37 | Feb-22 | 85 | 13 |  | R | CN | M |
|-------------------------|-----|--------|----|----|--|---|----|---|



## Sherwood Forest Hospitals

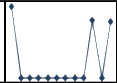
NHS Foundation Trust



### National position & overview

- All cases of Covid-19 deemed to be hospital associated are subject to an RCA.
- New cases identified 8 days post admission are deemed probable hospital acquired and new cases identified 15 days or more after admission are definite hospital acquired cases.
- During February we had 9 cases post 8-14 days of admission and 13 cases post 15 days of admission. This is a significant decrease on the number of cases in January which totalled 42.

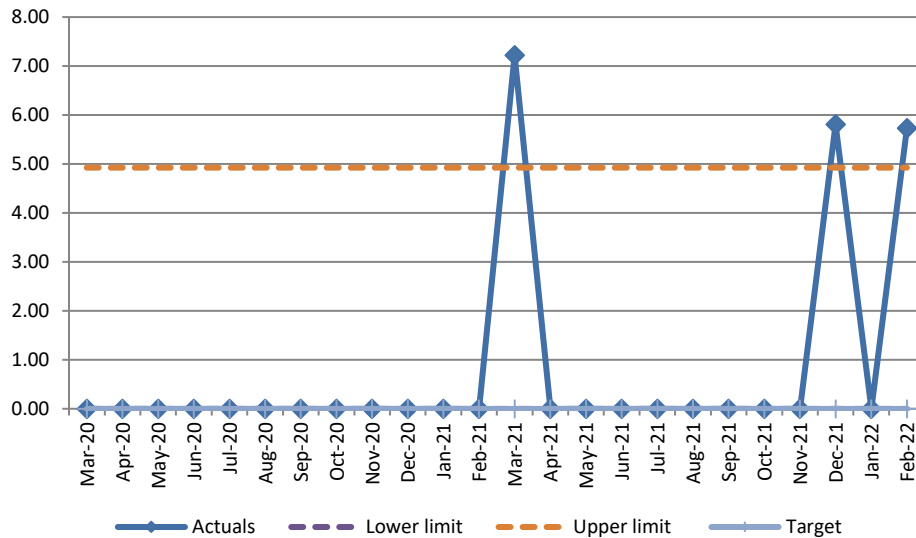
| Root causes   | Actions  | Impact/Timescale   |
|---|--|--|
| <ul style="list-style-type: none"> <li>• The majority of the cases were related to a ward outbreaks of Covid-19 involving both patients and Staff.</li> </ul> | <ul style="list-style-type: none"> <li>• Enhanced cleaning is in place across all outbreak and high risk areas</li> <li>• Daily hand hygiene, PPE and social distancing audits of any areas with an active</li> <li>• Regular outbreak meetings with NHSE/I and UKHSA to monitor progress of the outbreaks</li> <li>• Ensure patients are screened every 48 hours to enable early identification of Covid infection and prevent ongoing transmission.</li> <li>• Ventilation supported by use of mobile ventilation systems in outbreak areas</li> <li>• Colleagues encouraged to utilise lateral flow testing and receive vaccination</li> <li>• Restricted visiting in outbreak areas</li> </ul> | <ul style="list-style-type: none"> <li>• All in place</li> </ul> |

|  |   |        |      |      |  |   |    |   |
|--|---|--------|------|------|--|---|----|---|
| Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's | 0 | Feb-22 | 1.04 | 5.73 |  | R | CN | M |
|--|---|--------|------|------|--|---|----|---|



## Sherwood Forest Hospitals

NHS Foundation Trust



### National position & overview

- The Trusts national trajectory for MRSA bacteraemia is zero for 2021-22.
- This is our second MRSA bacteraemia this financial year.
- We reported one case in 2020-21.
- Regionally Chesterfield Royal Hospital is the only organisation that has not breached the zero threshold.

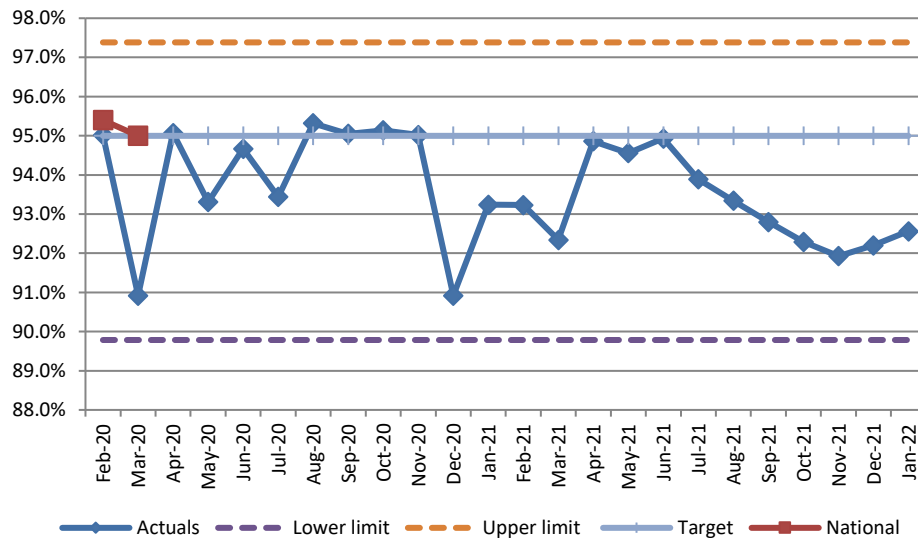
| Root causes  | Actions  | Impact/Timescale   |
|--|--|--|
| <p>Patient agitated and colonised with MRSA on admission. It is most likely the MRSA entered the blood stream via a cannula. The cannula was deemed to still be required as part of the RCA and had been re-sited.</p> | <ul style="list-style-type: none"> <li>• Review our practice when maintaining IV access on the ward; particularly in patients who are agitated.</li> <li>• Raise on external meeting to identify any learning from external colleagues on managing complex cases</li> <li>• Undertake monthly audits on cannula care processes.</li> <li>• Increase frequency of audits if compliance reduces.</li> <li>• IPC Team to provide additional update training on cannula management.</li> <li>• Identify an IPC lead nurse for IV Access</li> </ul> | <ul style="list-style-type: none"> <li>• Completed</li> <li>• Completed</li> <li>• On going</li> <li>• On going</li> <li>• April 2022</li> <li>• April 2022</li> </ul> |

|   |       |        |       |       |  |   |    |   |
|---|-------|--------|-------|-------|--|---|----|---|
| Eligible patients having Venous Thromboembolism (VTE) risk assessment | 95.0% | Jan-22 | 93.3% | 92.6% |  | R | CN | M |
|---|-------|--------|-------|-------|--|---|----|---|



## Sherwood Forest Hospitals

NHS Foundation Trust



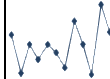
### National position & overview

- National reporting of VTE risk assessment screening was paused in March 2020 in response to the pandemic. SFH continued with data collection for our own internal monitoring process.
- The national target for VTE screening on admission to hospital is 95%.
- The resumption of the pre-Covid method of data collection, January's compliance standing at 92.56%

|             |        |
|-------------|--------|
| Medicine    | 97.84% |
| Surgery     | 96.71% |
| Urgent Care | 84.12% |
| W & C       | 95.55% |

- Despite screening compliance not meeting the desired 95% target, the Trust incidence of hospital acquired VTE remains low. There has been one case during November 2021, in the past two years. The patient was successfully treated and has since made a good recovery.

| Root causes  | Actions  | Impact/Timescale  |
|--|--|---|
| <ul style="list-style-type: none"> <li>The GSU team have resumed the pre Covid method of form collection from 1 April 21.</li> <li>The data collection process for VTE risk assessment is a manual process requiring a significant number of hours to complete the collection.</li> <li>Currently awaiting an electronic solution which may be via EPMA or via NerveCentre.</li> </ul> | <ul style="list-style-type: none"> <li>The GSU team resumed the pre Covid method of form collection from 1<sup>st</sup> April 21.</li> <li>GSU to meet with NerveCentre colleagues to support development of the electronic screening tool.</li> <li>Electronic screening tool now built based on NG89 standards.</li> <li>Plans for EPMA roll out currently being finalised for presentation to the Executive team for approval.</li> <li>NerveCentre VTE screening implementation is strategy not yet agreed/confirmed. A Hazard Workshop is planned (date to be confirmed) where the best approach to roll out will be agreed.</li> <li>VTE Hazard Workshop to be arranged to identify safe roll out plan.</li> </ul> | <ul style="list-style-type: none"> <li>Completed</li> <li>Completed</li> <li>Completed</li> <li>EPMA roll out planned to commence end April 2022.</li> <li>On going</li> <li>Spring 2022</li> </ul> |

|   |      |        |      |      |  |   |    |   |
|---|------|--------|------|------|--|---|----|---|
| Cardiac arrest rate per 1000 admissions | <1.0 | Feb-22 | 1.18 | 1.59 |  | R | MD | M |
|---|------|--------|------|------|--|---|----|---|

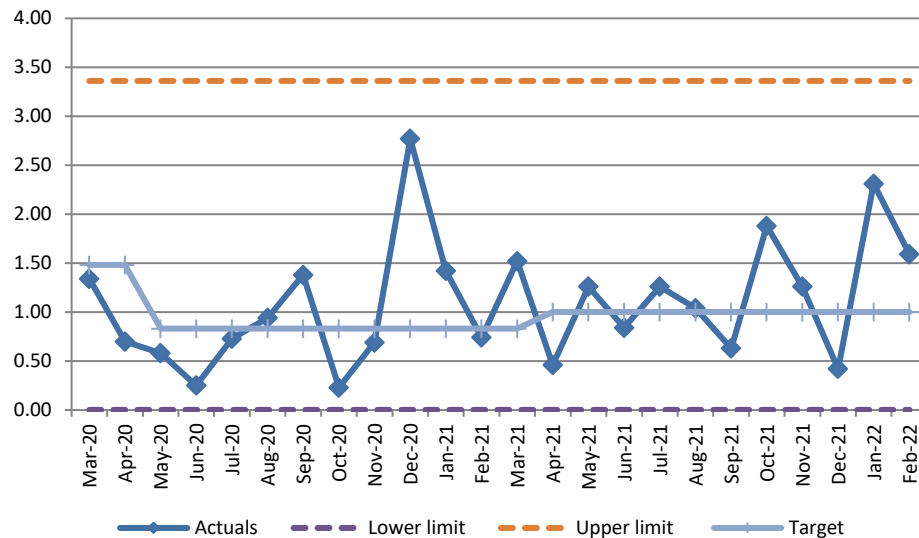


## Sherwood Forest Hospitals

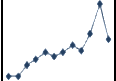
NHS Foundation Trust

### National position & overview

- The annual incidence of in hospital cardiac arrest (IHCA) is 1 to 1.5 per 1,000 hospital admissions (Resus Council UK, 2021)
- We continue to report into NCAA and receive reports. With Low numbers of arrests and wide confidence intervals, continuing caution is needed in interpreting results.



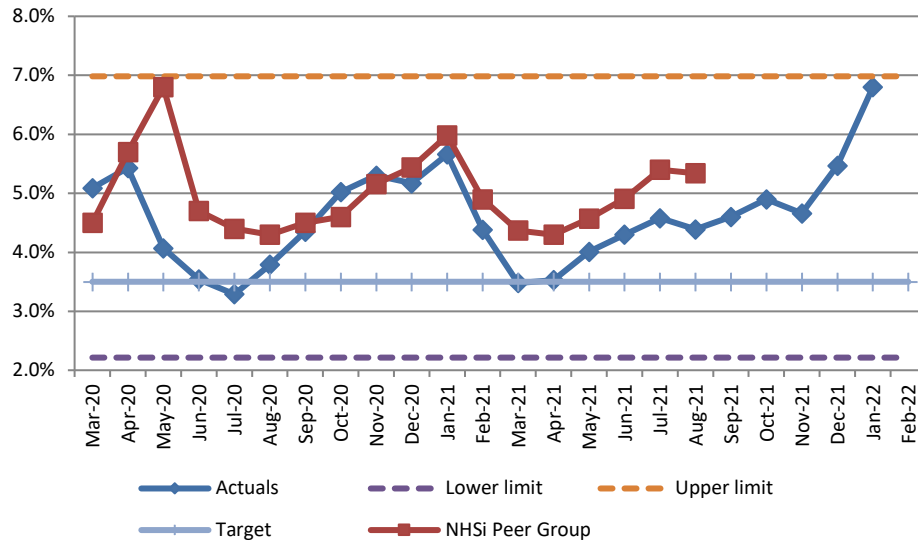
| Root causes   | Actions   | Impact/Timescale   |
|---|---|--|
| <ul style="list-style-type: none"> <li>Cardiac arrest numbers are low across the trust after sustained reductions year on year since 2010. Small to moderate fluctuations in activity appear significant due to this.</li> <li>1 cardiac arrest was deemed avoidable as patient had DNACPR in place. Community DNACPR was not transferred with the patient to hospital</li> </ul> | <ul style="list-style-type: none"> <li>Deep dive of cardiac arrests presented to the QC for assurance</li> <li>Align SOF threshold to annual incidence of in-hospital cardiac arrest for 2022/23.</li> <li>Escalated to responsible medical teams for review regarding why lack of form not identified and addressed on admission.</li> </ul> | <ul style="list-style-type: none"> <li>Complete</li> <li>April 2022</li> <li>On going</li> </ul> |

|                  |      |        |      |      |  |   |     |   |
|------------------|------|--------|------|------|--|---|-----|---|
| Sickness Absence | 3.5% | Feb-22 | 4.8% | 5.2% |  | R | DoP | M |
|------------------|------|--------|------|------|--|---|-----|---|



## Sherwood Forest Hospitals

NHS Foundation Trust

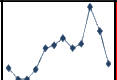


### National position & overview

The Trust benchmarks favourably against a national and localised sickness figure, across NHS providers in Nottinghamshire SFH sits below the ICS average (5.9%)

Our NHSi peer group follows a similar trend to the sickness absence level at Sherwood Forest Hospitals, however the Trust level has sat below the NHSi peer group.

| Root causes  | Actions   | Impact/Timescale  |
|--|---|---|
| <p>Sickness absence levels has shown a decrease since January 2022 to a position of 5.2% in February 2022. This now sits below the upper SPC and shows and sits above the Trust Target (3.5%). The sickness absence levels is above the sickness absence level in February 2021 (4.2%)</p> <p>The short term sickness absence rate for February 22 is 3.3%. (January 2021 – 4.9%).</p> <p>The long term sickness absence rate for February 22 is 1.9%. (January 2022 – 2.0%).</p> <p>COVID related absence make up 1.4% of the sickness absence level and has shown a gradual decrease from last month</p> <p>Non COVID related absence has seen an gradual increase, however this is an expected annual movement.</p> | <p>The decrease in absence levels coincidences with the increase nationally with the COVID surges and sicknesses associated with the winter period (Cold, Coughs and Flu)</p> <p>We have forecasted an decrease in sickness absence level over the next few months, to support our workforce during this period we have developed a Winter Wellbeing programme and are continuing to promote the COVID Booster and Influenza vaccine.</p> | <p>The sickness levels are recorded above the Trust target (3.5%), and this sits below the upper SPC level.</p> |

|  |            |        |       |      |  |   |     |   |
|--|------------|--------|-------|------|--|---|-----|---|
| Take up of Occupational Health interventions | 800 - 1200 | Feb-22 | 24941 | 1799 |  | R | DoP | M |
|--|------------|--------|-------|------|--|---|-----|---|



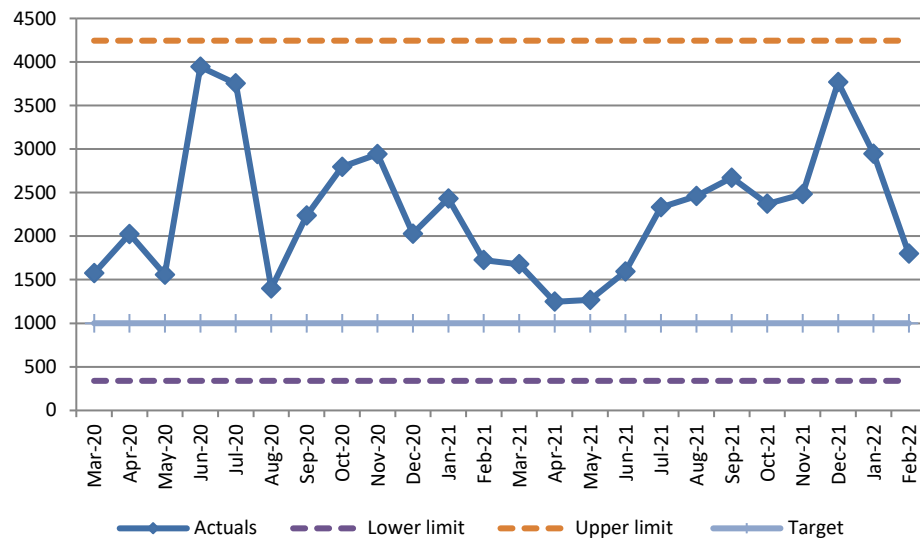
## Sherwood Forest Hospitals

NHS Foundation Trust

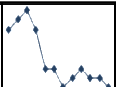
### National position & overview

Local intelligence suggests the Trust is not a anomaly due to national increase in the requirements for Occupational Health services and support.

The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers in Nottinghamshire SFH sits above the ICS average (83.6%)



| Root causes   | Actions   | Impact/Timescale  |
|---|---|---|
| Over the last month there has been a further reduction in the overall workload, however this still remains above the target. The key cause of the increased levels and the above trajectory performance on the take up of Occupational Health interventions is mainly associated with the enhanced national increase with the pandemic and additional workload via the flu campaign and winter pressures. | <p>The additional workload is being managed by:</p> <ul style="list-style-type: none"> <li>New ways of working (Telephone /virtual consultations)</li> <li>Paper screening for work health assessments instead of face to face</li> <li>Smart working</li> <li>All substantive OH staff working overtime</li> <li>Bank admin support</li> </ul> | <p>The expectations are that this workload will continue to show a decrease until March 22.</p> <p>Pre COVID-19 pandemic, the Occupational Health service had already experienced a substantial increase in utilisation of the service with a 51% increase in overall activity seen over the last 5 years</p> |

|            |      |        |       |       |  |   |     |   |
|------------|------|--------|-------|-------|--|---|-----|---|
| Appraisals | <95% | Feb-22 | 88.0% | 85.0% |  | R | DoP | M |
|------------|------|--------|-------|-------|--|---|-----|---|



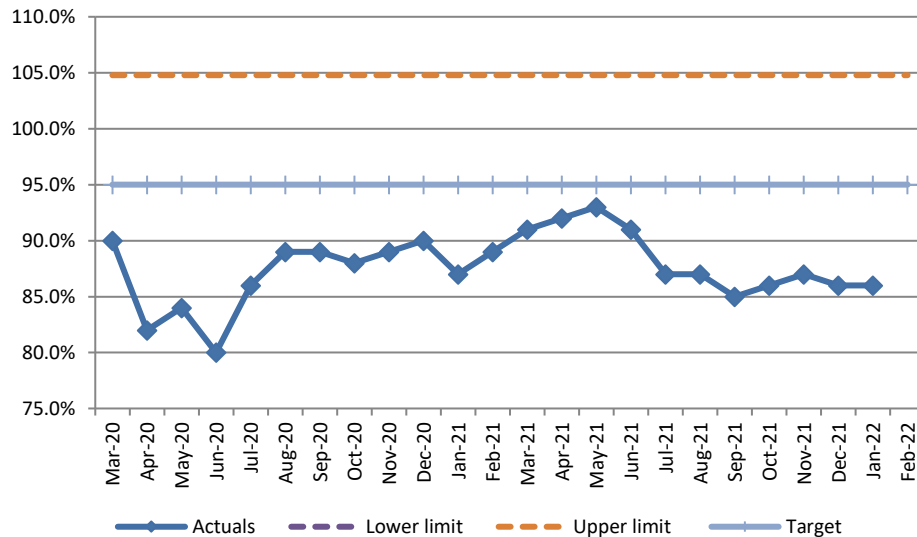
## Sherwood Forest Hospitals

NHS Foundation Trust

### National position & overview

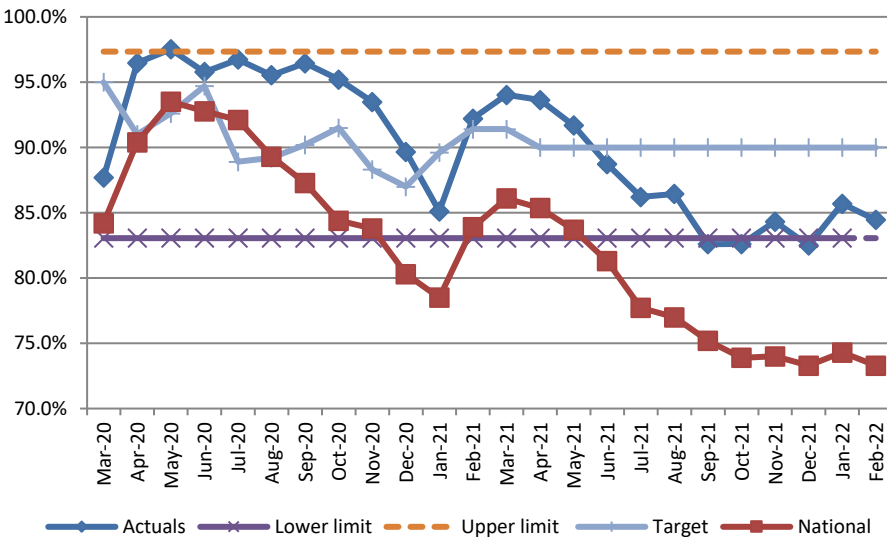
The Trust benchmarks favourably nationally and local intelligence suggests the Trust's appraisal rates are amongst the highest in the region.

The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers in Nottinghamshire SFH sits above the ICS average (83.6%)



| Root causes   | Actions  | Impact/Timescale                                      |
|---|--|---|
| <p>The Appraisal position is reported at 85.0%, and shows a reduction from to last month (January – 86.2%)</p> <p>The key cause of below trajectory performance on the appraisal compliance is related to the delivery and capacity issues associated with the pandemic and winter pressures.</p> | <p>The Human Resources Business Partners are supporting discussions with line managers at confirm and challenge sessions to identify appraisals which are outstanding and seeking assurance regarding timescales for completion.</p> | <p>Appraisal compliance to 90% by end of March 22</p> |


|  |      |        |       |       |  |   |     |   |
|--|------|--------|-------|-------|--|---|-----|---|
| Number of patients waiting >4 hours for admission or discharge from ED | >90% | Feb-22 | 86.2% | 84.5% |  | R | COO | M |
|--|------|--------|-------|-------|--|---|-----|---|



### National position & overview

- SFH 84.5% - performance driven by bed exit block from ED which is mainly caused by high numbers of medical fit for discharge patients awaiting onward care outside of SFH.
- National rank 5th out of 111 reporting Trusts
- Attends overall are higher than in February 2020. This is likely to be due to the surge in Covid-19
- Newark UTC performance remained excellent at 99%
- Bed pressure was a key driver of performance. The number of MSFT patients remained in excess of the ICS agreed threshold throughout the month and is showing a deteriorating position. MSFT is driving a total of 4 wards worth of demand against 3 in January and against a threshold of 1. This is shown in a further slide later in the SOF
- There were 41 patients who waited over 12 hours for admission to a bed, all in the middle of the month where the trust saw a surge in Omicron admission. A sample of these patients have had harm reviews that will go to the patient safety committee for review

| Root causes  | Actions  | Impact/Timescale   |
|--|--|--|
| <b>Bed capacity pressure –</b><br>The Trust saw a further surge in COVID admissions mid February which significantly affected performance and the ability to move patients through the urgent and emergency care pathway in a timely way. This was further exacerbated by the increased numbers of MSFT patients which represented 4 wards worth of capacity pressure above the agreed threshold | <p>In line with the winter plan agreed at Board in November, 66 additional beds continue to be open during February. The Respiratory Support Unit opened on 29/12/21 and the Orthopaedic elective ward became a medical ward as planned and will be returned to Orthopaedics in early March.</p> <p>An additional 46 beds were identified to open as part of a wider surge plan to manage increasing admission and lower discharges due to the Omicron variant. 30 of these beds were opened in January and remained open for the whole of February.</p> <p>The maximisation of Same Day Emergency care continues to be successful and 40-50% more patients are seen in this service than in 2019, thereby avoiding admission to a bed</p> <p>A mitigation plan has been developed across the system for the opening of capacity to reduce patients waiting times for their onward needs when they are MSFT, this has been presented and there is now a weekly improvement trajectory the system is monitoring. However, this group continues to increase (as shown on a separate exception report to Board). The benefits of this plan are yet to be evidenced within the Trust</p> | <ul style="list-style-type: none"> <li>Implemented</li> <li>Implemented</li> <li>Ongoing</li> <li>Ongoing</li> </ul> |

|   |    |        |    |    |  |   |     |   |
|---|----|--------|----|----|--|---|-----|---|
| Mean number of patients who are medically safe for transfer | 22 | Feb-22 | 68 | 91 |  | R | COO | M |
|---|----|--------|----|----|--|---|-----|---|



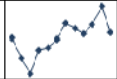
**Sherwood Forest Hospitals**  
NHS Foundation Trust

**National position & overview**

- The local position continues to significantly worsen and remains above the agreed threshold of 22 patients ,in the acute trust, in delay.
- The worsening position is a direct link to workforce issues within adult social care, care agency hand back of care, closed care homes and further covid impact.
- The super surge capacity has closed with winter capacity remaining open.
- Further work is being undertaken locally to focus on P0 as well as continuing work on P1-P3
- Further national drive to support the roll out of Virtual Wards for early supported discharge is in progress.
- Internal



| Root causes  | Actions   | Impact/Timescale  |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Pathway 1 demand and the available capacity to meet the variation in demand. This reflects the lack of available staff in care agencies (on the framework) to meet demand in particular for double up care QDS and TDS , as well as availability of social workers to manage the allocations. Recruitment into care and social worker roles is proving very difficult with posts unfilled and no agency cover.</li> <li>• Care home closures for staffing and infection prevention issues have also contributed to delayed discharge allocation.</li> <li>• Internal process issues contributing to referral delays due to minimum staffing numbers on the wards and IPC issues.</li> </ul> | <ul style="list-style-type: none"> <li>• Report on P0-3 audit presented internally</li> <li>• Changes to daily meeting escalation process from the MADE outputs</li> <li>• QI programme commencing to focus on ward based discharge process- audit outcomes required</li> <li>• Daily bed capacity received</li> <li>• NHSEI supporting complex transfers and placements</li> <li>• Virtual ward T+F group in progress to launch broader service from 1<sup>st</sup> April 22</li> <li>• Trusted Assessor development and training commenced</li> <li>• HoS recruited</li> </ul> <p><b>Escalation</b></p> <ul style="list-style-type: none"> <li>• Delays and workforce issues escalated through CEO group, D2A Board with daily system conversations.</li> <li>• Potential patient harms as becoming unwell whilst waiting to be discharged</li> </ul> | <p>March 2022<br/>In place</p> <p>April 22</p> <p>In place<br/>As required on individual basis<br/>1<sup>st</sup> April<br/>20<sup>th</sup> March 22 full impact<br/>Start date TBC</p> |

|  |    |        |   |     |  |   |     |   |
|--|----|--------|---|-----|--|---|-----|---|
| Number of patients waiting over 62 days for Cancer treatment | 49 | Feb-22 | - | 122 |  | R | COO | M |
|--|----|--------|---|-----|--|---|-----|---|

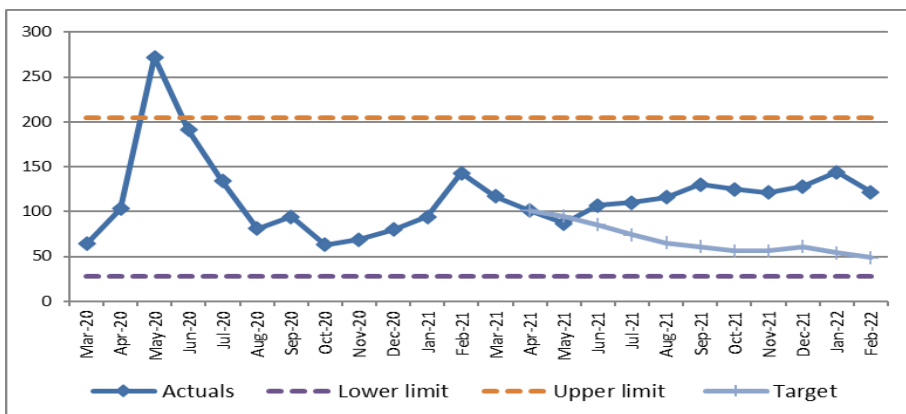


## Sherwood Forest Hospitals

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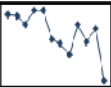
### National position & overview

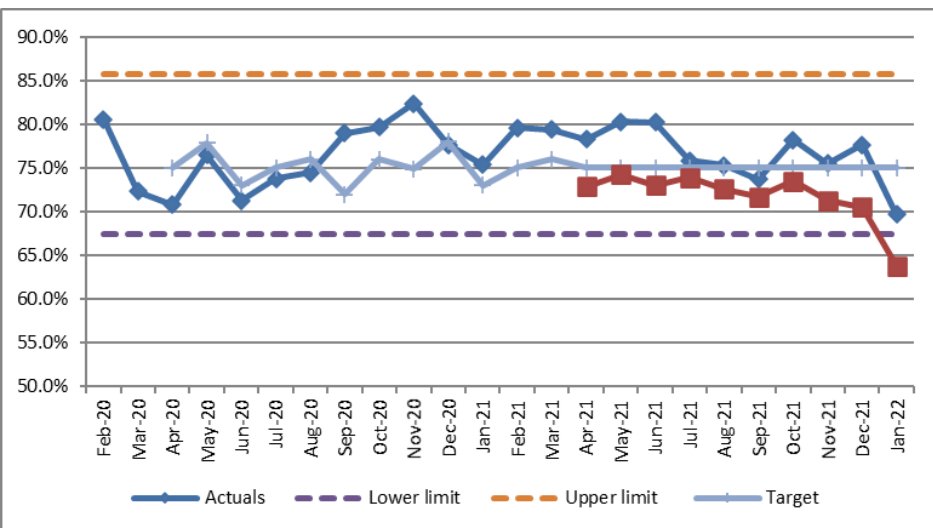
- In the 2021/22 operational planning guidance, NHS England (NHSE) set out a key objective to return the number of people waiting for longer than 62 days ("the backlog") to the level seen in February 20 (45 patients for SFH).
- A trajectory was developed in March 21 with 5 key risks to delivery highlighted: demand, diagnostic capacity, lower GI, dependency on the tertiary provider and the residual impact of covid. A re-forecast was shared with Board in October 21 (left). February ended at 122, above the trajectory of 49 but below the reforecast of 127.
- The latest wait data shows average waits at 67 days for January 22 against 55 days for January 20 with 85<sup>th</sup> percentile waits were at 93 days (89 days December 19).



|                     | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---------------------|-------|-----|------|------|-----|------|-----|-----|-----|-----|-----|-----|
| Original trajectory | 98    | 95  | 85   | 74   | 65  | 61   | 56  | 56  | 61  | 54  | 49  | 45  |
| Re-forecast         |       |     |      |      |     |      | 140 | 132 | 129 | 129 | 127 | 126 |
| Actual              | 101   | 87  | 110  | 110  | 116 | 130  | 125 | 121 | 128 | 144 | 122 |     |

| Root causes  | Actions   | Impact/Timescale   |
|--|---|--|
| <ul style="list-style-type: none"> <li>Year to date <b>referrals 20% above the 19/20</b> average (average is currently 1,500 per month compared to 1,270). LGI has seen a 30% increase.</li> <li>Referral increase <b>impact on diagnostic capacity</b> such as CT colon; compounded by a high volume of DNA/patient cancellations.</li> <li><b>Other diagnostic and treatment delays</b> provided by the tertiary centre including PET scans, surgical dates and oncology.</li> </ul> | <ul style="list-style-type: none"> <li>Increasing CTC list capacity by 1 patient per list (14%) by utilising imaging assistants for cannulation and preparation.</li> <li>Increase outpatient/triage and testing capacity through Rapid Diagnostic Centre funding: <ul style="list-style-type: none"> <li>Gynae – increase consultant workforce, expand see and treat capacity, streamline straight to test (STT)</li> <li>Urology and head and neck – expand STT capacity</li> </ul> </li> <li>ICS assessment and review of sustained increased demand</li> <li>Gynaecology mutual aid meetings set up to support tertiary provider with capacity. Likely to extend SFH waits further but support an overall reduction across the system. Derby also supporting tertiary provider with complex cases.</li> </ul> | <ul style="list-style-type: none"> <li>Appointments started in January 22. Training will be complete by March 22.</li> <li>Throughout Q4 21/22 into Q1 22/23: <ul style="list-style-type: none"> <li>Consultant interviews planned, sufficient capacity now in place with additional sessions planned in March to reduce waits further (waits reduced by 10+ days to date).</li> <li>CSW in post (Jan 22), locum in place (Feb 22).</li> </ul> </li> <li>Underway – discussions ongoing between COO and Director of Commissioning</li> <li>Weekly meetings in place. Supporting protocols have been developed and the first patient has been transferred. Ongoing impact to be confirmed.</li> </ul> |

|  |       |        |       |       |  |   |     |   |
|--|-------|--------|-------|-------|--|---|-----|---|
| Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral | 75.0% | Jan-22 | 76.4% | 69.7% |  | R | COO | M |
|--|-------|--------|-------|-------|--|---|-----|---|



## National position & overview

- In the 2021/22 operational planning guidance, NHS England (NHSE) set out a key objective for systems to meet the Faster Diagnosis Standard (FDS) from October 21, initially set at a level of 75%. Data has been published since spring 21.
- In January, 69.7% of patients received their diagnosis by day 28 at SFH, compared to 63.8% nationally and 71.1% as a Nottingham system.
- February's forecast is 82.1%, returning to achievement of the standard.
- The latest FDS data shows average waits for a patient to be informed of their diagnosis to be 23.7 days for January 22 (19.1 days January 21), with 85<sup>th</sup> percentile waits at 42 days January 22 (36 in January 20).

| Root causes  | Actions  | Impact/Timescale   |
|--|--|--|
| <ul style="list-style-type: none"> <li>Referral increases continue to drive pressure on <b>triple assessment clinics in breast services</b>, particularly in terms of radiology staffing and the ability to expand first seen capacity.</li> <li>A combination of referral increases and staffing challenges have seen pressure in <b>lower GI</b>, in terms of <b>CTC reporting and clinical capacity</b>. The service continues to see almost 30% more referrals compared to 19/20.</li> </ul> | <ul style="list-style-type: none"> <li>Breast and radiology services are working together closely to review expansion, considering providers and working towards the development of a case. In the meantime, additional capacity is being provided on an ad-hoc basis.</li> <li>Radiology continue to outsource reporting however through January, both SFH staff and the external provider's staff experienced increased rates of covid and therefore loss of staff.</li> <li>Whilst lower GI has made significant improvements in it's backlog with 25 patients in the backlog at the end of February compared to a re-forecast of 50, additional capacity is regularly sought to allow timely clinical review of patients.</li> <li>A root cause analysis of worsening underperformance has been requested of the lower GI team.</li> </ul> | <ul style="list-style-type: none"> <li>Ongoing</li> <li>Resolved</li> <li>Ongoing</li> </ul> |

## National position & overview

- For February 2022 (working day adjusted) the activity volume is at 106% when compared to February 2020 (36,482 vs. 38,620)
- This is further split by:
  - Day case - 96% (3,223 vs. 3,371)
  - Outpatient – 107% (35,137 vs. 32,767)
  - Elective inpatient – 76% (260 vs. 344)
- For H2 the allocation of elective recovery funds (ERF) is based on the volume of RTT clock stops compared to 19/20 and remains on a system basis. For February the volume of clock stops is 104% of 19/20 levels (admitted 90% and non admitted 106%) this is against a backdrop of the impact of the Omicron variant.
- The on-going risk to elective activity due to the Omicron variant continued into early February, although an improved position was noted compared to January. Staffing absence has continued to impact however where possible theatre lists were merged or re-ordered to ensure that negative patients were not cancelled.

## Root causes

- 44% of the IP gap is in surgical specialties, notably in General Surgery and Urology. This continues to be driven by short term capacity issues in urology and is forecast to improve in March. Increased patient cancellations after testing positive have impacted both specialties.
- 13% of the gap sits within gynaecology due to reduced theatre capacity, allowing specialties with greater numbers of urgent cases to take priority.
- 43% of the gap to 19/20 is where medical specialties have seen a **shift to day case**. This is in a number of areas such as Gastroenterology, Cardiology and Clinical Haematology and is driven by case mix, use of MDCU and some cancellations to facilitate non-elective care.

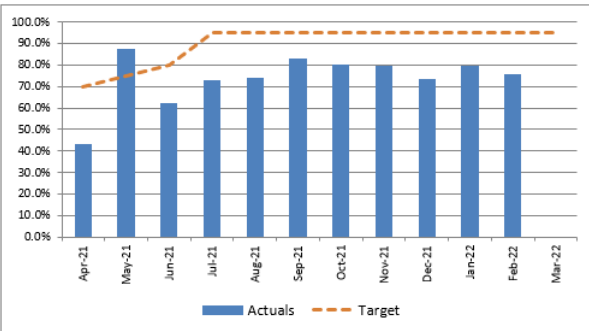
## Actions

- Daily surgical prioritisation call established from 04/01
- A shift to day case where appropriate to do continues to be supported

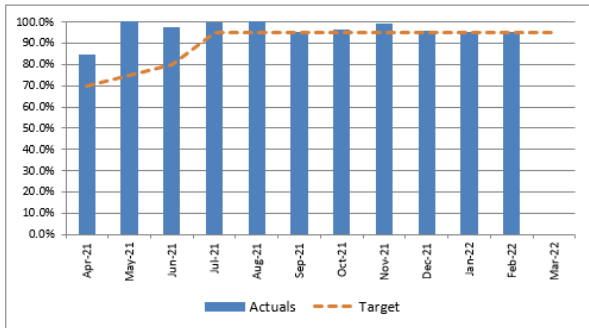
## Impact/Timescale

- Staffing and patient position reviewed daily flexing capacity where required to ensure that cancer / urgent and long wait patient operating is maintained.

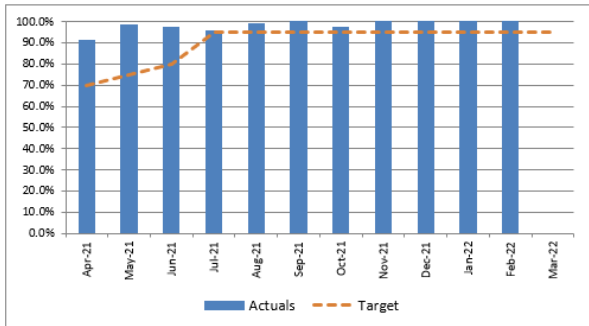
Elective Inpatient activity against Yr2019/20



Elective Day Case activity against Yr2019/20



Elective Outpatient activity against Yr2019/20



## M11 Summary

- The Trust has reported a YTD deficit of £8.19m at M11, against a plan of £0.33m deficit.
- The Trust's forecast deficit position of £13.34m for 2021/22 is unchanged from M10.
- Capital expenditure YTD was £11.84m, which is £1.87m lower than planned due to delays in the Estates element of the capital plan.
- Closing cash at 28<sup>th</sup> February £7.85m. The forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required

|  | February In-Month (H2 Plan) |               |               | YTD           |               |               | Plan     | Forecast | Forecast Variance |
|--|-----------------------------|---------------|---------------|---------------|---------------|---------------|----------|----------|-------------------|
|  | Plan                        | Actual        | Variance      | Plan          | Actual        | Variance      |          |          |                   |
|  | £m                          | £m            | £m            | £m            | £m            | £m            |          |          |                   |
| Income   | 37.88                       | 37.20         | (0.68)        | 414.00        | 404.11        | (9.89)        | 451.64   | 442.16   | (9.48)            |
| Expenditure                                      | (37.23)                     | (38.38)       | (1.15)        | (414.33)      | (412.62)      | 1.71          | (451.64) | (455.50) | (3.86)            |
| <b>Surplus/(Deficit) - ICS Achievement Basis</b> | <b>0.65</b>                 | <b>(1.18)</b> | <b>(1.83)</b> | <b>(0.33)</b> | <b>(8.51)</b> | <b>(8.19)</b> | 0.00     | (13.34)  | <b>(13.34)</b>    |
| Capex (including donated)                        | (0.98)                      | (1.17)        | (0.19)        | (13.71)       | (11.84)       | 1.87          | (14.69)  | (19.81)  | (5.12)            |
| Closing Cash                                     | 12.18                       | 7.85          | (4.33)        | 12.18         | 7.85          | (4.33)        | 12.18    | 8.60     | (3.58)            |

## Best Value Care

### ICS Achievement Basis, All values £'m

|   | In Month       |                  |               |                |               | Year-to-Date    |                  |                |                 |               | Forecast        |                    |                |                 |                |
|---|----------------|------------------|---------------|----------------|---------------|-----------------|------------------|----------------|-----------------|---------------|-----------------|--------------------|----------------|-----------------|----------------|
|   | Plan           | Non-Covid Actual | Covid Actual  | Total Actual   | Variance      | Plan            | Non-Covid Actual | Covid Actual   | Total Actual    | Variance      | Plan            | Non-Covid Forecast | Covid Forecast | Total Forecast  | Variance       |
| <b>Income:</b>                              |                |                  |               |                |               |                 |                  |                |                 |               |                 |                    |                |                 |                |
| Block Contract                              | 23.82          | 23.75            | 0.00          | 23.75          | (0.08)        | 262.22          | 261.97           | 0.00           | 261.97          | (0.25)        | 286.04          | 285.79             | 0.00           | 285.79          | (0.25)         |
| Top-Up System                               | 3.71           | 3.71             | 0.00          | 3.71           | 0.00          | 40.83           | 40.83            | 0.00           | 40.83           | 0.00          | 44.54           | 44.54              | 0.00           | 44.54           | 0.00           |
| ERF   | 1.27           | 0.00             | 0.00          | 0.00           | (1.27)        | 18.37           | 4.68             | 0.00           | 4.68            | (13.69)       | 19.36           | 4.68               | 0.00           | 4.68            | (14.68)        |
| COVID Income                                | 1.73           | 0.88             | 0.85          | 1.73           | (0.00)        | 19.05           | 10.71            | 8.34           | 19.05           | (0.00)        | 20.78           | 11.59              | 9.19           | 20.78           | (0.00)         |
| Growth and SDF                              | 0.60           | 0.60             | 0.00          | 0.60           | 0.00          | 6.55            | 6.55             | 0.00           | 6.55            | 0.00          | 7.14            | 7.14               | 0.00           | 7.14            | 0.00           |
| Other Income                                | 6.73           | 7.39             | 0.00          | 7.39           | 0.66          | 66.42           | 70.43            | 0.00           | 70.43           | 4.01          | 73.20           | 78.61              | 0.00           | 78.61           | 5.41           |
| <b>Total Income</b>                         | <b>37.86</b>   | <b>36.33</b>     | <b>0.85</b>   | <b>37.18</b>   | <b>(0.68)</b> | <b>413.44</b>   | <b>395.16</b>    | <b>8.34</b>    | <b>403.50</b>   | <b>(9.93)</b> | <b>451.06</b>   | <b>432.35</b>      | <b>9.19</b>    | <b>441.54</b>   | <b>(9.52)</b>  |
| <b>Expenditure:</b>                         |                |                  |               |                |               |                 |                  |                |                 |               |                 |                    |                |                 |                |
| Pay - Substantive                           | (19.12)        | (19.48)          | (0.12)        | (19.60)        | (0.48)        | (206.56)        | (200.87)         | (1.39)         | (202.25)        | 4.31          | (224.87)        | (221.28)           | (1.52)         | (222.80)        | 2.06           |
| Pay - Bank                                  | (3.19)         | (2.64)           | (0.54)        | (3.18)         | 0.02          | (43.88)         | (35.08)          | (5.01)         | (40.09)         | 3.80          | (46.90)         | (37.48)            | (5.55)         | (43.03)         | 3.87           |
| Pay - Agency                                | (1.32)         | (1.42)           | (0.03)        | (1.46)         | (0.14)        | (12.85)         | (13.92)          | (1.15)         | (15.07)         | (2.23)        | (14.29)         | (15.61)            | (1.19)         | (16.81)         | (2.52)         |
| Pay - Other (Apprentice Levy and Non Execs) | (0.13)         | (0.14)           | 0.00          | (0.14)         | (0.01)        | (1.21)          | (1.53)           | 0.00           | (1.53)          | (0.33)        | (1.34)          | (1.67)             | 0.00           | (1.67)          | (0.33)         |
| <b>Total Pay</b>                            | <b>(23.76)</b> | <b>(23.68)</b>   | <b>(0.69)</b> | <b>(24.37)</b> | <b>(0.62)</b> | <b>(264.50)</b> | <b>(251.40)</b>  | <b>(7.55)</b>  | <b>(258.94)</b> | <b>5.55</b>   | <b>(287.39)</b> | <b>(276.04)</b>    | <b>(8.27)</b>  | <b>(284.30)</b> | <b>3.08</b>    |
| Non-Pay                                     | (11.25)        | (11.52)          | (0.21)        | (11.73)        | (0.48)        | (123.64)        | (124.35)         | (3.04)         | (127.40)        | (3.76)        | (135.09)        | (138.50)           | (3.43)         | (141.93)        | (6.84)         |
| Depreciation                                | (1.07)         | (1.12)           | 0.00          | (1.12)         | (0.05)        | (12.05)         | (12.07)          | 0.00           | (12.07)         | (0.03)        | (13.10)         | (13.14)            | 0.00           | (13.14)         | (0.04)         |
| Interest Expense                            | (1.14)         | (1.14)           | 0.00          | (1.14)         | (0.00)        | (13.59)         | (13.60)          | 0.00           | (13.60)         | (0.02)        | (14.85)         | (14.87)            | 0.00           | (14.87)         | (0.02)         |
| PDC Dividend Expense                        | 0.00           | 0.00             | 0.00          | 0.00           | 0.00          | 0.00            | 0.00             | 0.00           | 0.00            | 0.00          | (0.64)          | (0.64)             | 0.00           | (0.64)          | 0.00           |
| <b>Total Non-Pay</b>                        | <b>(13.46)</b> | <b>(13.78)</b>   | <b>(0.21)</b> | <b>(13.99)</b> | <b>(0.53)</b> | <b>(149.27)</b> | <b>(150.03)</b>  | <b>(3.04)</b>  | <b>(153.07)</b> | <b>(3.81)</b> | <b>(163.67)</b> | <b>(167.15)</b>    | <b>(3.43)</b>  | <b>(170.58)</b> | <b>(6.91)</b>  |
| <b>Total Expenditure</b>                    | <b>(37.21)</b> | <b>(37.46)</b>   | <b>(0.90)</b> | <b>(38.36)</b> | <b>(1.15)</b> | <b>(413.76)</b> | <b>(401.43)</b>  | <b>(10.59)</b> | <b>(412.02)</b> | <b>1.75</b>   | <b>(451.06)</b> | <b>(443.19)</b>    | <b>(11.69)</b> | <b>(454.88)</b> | <b>(3.82)</b>  |
| <b>Surplus/(Deficit)</b>                    | <b>0.65</b>    | <b>(1.13)</b>    | <b>(0.05)</b> | <b>(1.18)</b>  | <b>(1.83)</b> | <b>(0.33)</b>   | <b>(6.27)</b>    | <b>(2.25)</b>  | <b>(8.51)</b>   | <b>(8.19)</b> | <b>0.00</b>     | <b>(10.84)</b>     | <b>(2.50)</b>  | <b>(13.34)</b>  | <b>(13.34)</b> |

The table above shows the YTD deficit of £8.51m, £8.19m adverse to plan. This reflects a) the impact of a change in ERF thresholds, which reduced the level of ERF income available to support the Trust's elective recovery programme, and b) ERF income being dependent on the performance of the ICS which has meant that SFH has not received all of the ERF income earned on an individual Trust basis.

YTD Covid-19 costs of £10.59m are £2.19m higher than planned. This reflects the increased pressures driven by Covid-19 from July, with an increase in positive patients, workforce unavailability and super surge mitigations including Cardiac Cath beds, Discharge Lounge beds, Lyndhurst Ward and enhanced cleaning costs.

The table includes the Vaccination Programme, YTD costs of £20.12m (£18.24m Pay and £1.88m Non pay), are £2.89m lower than planned. This cost is a pass through and it has been assumed that this is fully offset in income.

## Best Value Care

| FY22 Target   |               | FY22 Forecast |               | FY22 Variance   |                 | M11 Target    |               | M11 Actual    |               | M11 Variance    |                 | YTD Target    |               | YTD Actual    |               | YTD Variance    |                 |
|---------------|---------------|---------------|---------------|-----------------|-----------------|---------------|---------------|---------------|---------------|-----------------|-----------------|---------------|---------------|---------------|---------------|-----------------|-----------------|
| FIP<br>£5.95m | ERF<br>£1.84m | FIP<br>£4.18m | ERF<br>£1.56m | FIP<br>(£1.77m) | ERF<br>(£0.28m) | FIP<br>£0.71m | ERF<br>£0.16m | FIP<br>£0.41m | ERF<br>£0.12m | FIP<br>(£0.30m) | ERF<br>(£0.04m) | FIP<br>£5.23m | ERF<br>£1.68m | FIP<br>£3.78m | ERF<br>£1.45m | FIP<br>(£1.45m) | ERF<br>(£0.23m) |
| £7.79m        |               | £5.74m        |               | (£2.05m)        |                 | £0.87m        |               | £0.53m        |               | (£0.34m)        |                 | £6.91m        |               | £5.23m        |               | (£1.68m)        |                 |

### Overall Status

**R**

Red rated due to YTD and full year forecast delivery.

#### Forecast Movement

1. Based on current forecasts the full year variance will be £2.05m below target. This has deteriorated by £0.63m from month 10. This is due primarily to:

- The removal of savings associated with the Same Day Emergency Care Programme (SDEC), due to difficulties in agreeing the quantification of financial benefits (£0.3m);
- The Estates and Facilities Programme, whereas the Medirest scheme has slipped into 2022-23 (£0.16m);
- The Procurement programme, due to a number of consumable schemes that have slipped into 2022-23 (£0.13m); and
- Elective Recovery Funding under achievement (£0.07m).

2. Corporate non-recurrent pay underspends, the Orthopaedic Prosthesis project and the D&O Divisional Financial Improvement Plan have improved their individual forecasts (£0.04m).

#### Mitigation

1. Mitigation work continues to focus on non-medical pay underspends and 'general' underspends across all budget lines. We are also pursuing all opportunities to realise benefits earlier than originally planned.

#### 2022/23 – 2024/25 Planning

- Support continues to be targeted at Divisions to help review and evaluate the Benchmarking information provided to inform their Transformation and Efficiency plans.
- Focused work continues with programmes and/or individual schemes that did not deliver in 2021-22 (such as the Variable Pay Programme, Procurement Programme and Estates and Facilities Programme). These have all been transferred to 2022-23.
- Work continues with the Divisional Finance Managers to understand the bridge of opportunities from 2019-20 spend to 2022-23 budgets, to highlight 'cost increase-cost out' opportunities.

### Item 2: Summary by Programme

(Note: ERF actual figures are estimated)

Key > 95% > 75% < 75%

| Programme   | Month 11 YTD Target |                   |                   | Month 11 YTD Actual |                   |                   | Delivery RAG |
|---|---------------------|-------------------|-------------------|---------------------|-------------------|-------------------|--------------|
|   | FIP                 | ERF               | Total             | FIP                 | ERF               | Total             |              |
| Outpatients innovation                              | £11,609             | £1,001,000        | £1,012,609        | £14,024             | £1,110,694        | £1,124,718        |              |
| Theatres Productivity                               | £308,220            | £681,818          | £990,038          | £312,626            | £340,909          | £653,535          |              |
| Variable Pay Programme                              | £396,500            | £0                | £396,500          | £0                  | £0                | £0                |              |
| Comparative and Benchmarking - SDEC                 | £750,000            | £0                | £750,000          | £0                  | £0                | £0                |              |
| Comparative and Benchmarking - Procurement          | £142,750            | £0                | £142,750          | £0                  | £0                | £0                |              |
| Comparative and Benchmarking - Estates & Facilities | £133,333            | £0                | £133,333          | £0                  | £0                | £0                |              |
| Comparative and Benchmarking - Workforce            | £27,500             | £0                | £27,500           | £0                  | £0                | £0                |              |
| Pathology Transformation                            | £0                  | £0                | £0                | £18,890             | £0                | £18,890           |              |
| Transactional - Trustwide                           | £2,088,167          | £0                | £2,088,167        | £2,088,167          | £0                | £2,088,167        |              |
| Transactional - Corporate                           | £445,500            | £0                | £445,500          | £654,000            | £0                | £654,000          |              |
| Transactional - D&O                                 | £176,632            | £0                | £176,632          | £203,029            | £0                | £203,029          |              |
| Transactional - Medicine                            | £25,000             | £0                | £25,000           | £0                  | £0                | £0                |              |
| Transactional - Surgery                             | £137,506            | £0                | £137,506          | £71,599             | £0                | £71,599           |              |
| Transactional - UEC                                 | £0                  | £0                | £0                | £0                  | £0                | £0                |              |
| Transactional - W&C                                 | £42,620             | £0                | £42,620           | £953                | £0                | £953              |              |
| Covid spend Reduction                               | £416,667            | £0                | £416,667          | £416,666            | £0                | £416,666          |              |
| Unidentified  | £129,661            | £0                | £129,661          | £0                  | £0                | £0                |              |
| <b>Total</b>  | <b>£5,231,064</b>   | <b>£1,682,818</b> | <b>£6,913,882</b> | <b>£3,779,754</b>   | <b>£1,451,603</b> | <b>£5,231,357</b> |              |

### Item 1: Cumulative Phased Forecast Savings Plan



## Board of Directors Meeting in Public

|   |  |                       |   |   |
|---|--|-----------------------|---|---|
| <b>Subject:</b>   | Application of the Trust Seal                          |                       | <b>Date:</b> 7 <sup>th</sup> April 2022 |   |
| <b>Prepared By:</b>   | Shirley A Higginbotham, Director of Corporate Affairs  |                       |   |   |
| <b>Approved By:</b>   | Shirley A Higginbotham, Director of Corporate Affairs  |                       |   |   |
| <b>Presented By:</b>  | Shirley A Higginbotham, Director of Corporate Affairs  |                       |   |   |
| <b>Purpose</b>  |  |                       |   |   |
| To provide the Board with notification of the use of the Trusts Official Seal   |  |                       | <b>Approval</b>                         | <b>x</b>  |
|   |  |                       | <b>Assurance</b>                        |   |
|   |  |                       | <b>Update</b>                           |   |
|   |  |                       | <b>Consider</b>                         |   |
| <b>Strategic Objectives</b>   |  |                       |   |   |
| To provide outstanding care to our patients   | To support each other to do a great job                | To inspire excellence | To get the most from our resources      | To play a leading role in transforming health and care services |
|   |  |                       |   |   |
| <b>Overall Level of Assurance</b>   |  |                       |   |   |
|   | <b>Significant</b>                                     | <b>Sufficient</b>     | <b>Limited</b>                          | <b>None</b>   |
|   |  | X                     |   |   |
| <b>Risks/Issues</b>   |  |                       |   |   |
| <b>Financial</b>  | There are no risks or issues identified in this report |                       |   |   |
| <b>Patient Impact</b>   |  |                       |   |   |
| <b>Staff Impact</b>   |  |                       |   |   |
| <b>Services</b>   |  |                       |   |   |
| <b>Reputational</b>   |  |                       |   |   |
| <b>Committees/groups where this item has been presented before</b>  |  |                       |   |   |
|   |  |                       |   |   |
| <b>Executive Summary</b>  |  |                       |   |   |
| <p>In accordance with Standing Order 10, the Sherwood Forest Hospitals (NHS) Trust Official Seal has been affixed:</p> <p>(25<sup>th</sup> February 2022), to the following documents by the Chief Executive and the Director of Corporate Affairs/ Company Secretary.</p> <ul style="list-style-type: none"> <li>Seal number 98:<br/>Central Nottinghamshire Hospital PLC and Sherwood Forest Hospitals NHS FT – Deed of variation for waste market testing 2021</li> <li>Seal number 99:<br/>Sherwood Forest Hospitals NHS FT and Cadent Gas Limited – Lease of Gas Governor Site at Kings Mill Hospital</li> </ul> |  |                       |   |   |

# SCHEME OF DELEGATION

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# 1. INDEX OF DELEGATED MATTERS

## DELEGATED MATTERS

| Delegated Matter                                  |
|---|
| STANDING ORDERS / STANDING FINANCIAL INSTRUCTIONS |

**TABLE A**

| Delegated Matter   | Reference No. |
|--|---------------|
| AUDIT ARRANGEMENTS                                       | 1             |
| AUTHORISATION OF CLINICAL TRIALS                         | 2             |
| AUTHORISATION OF NEW DRUGS                               | 3             |
| BANK/OPG ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)   | 4             |
| BUSINESS CASES – INCLUDING TENDERS FOR SERVICES PROVIDED | 5             |
| CAPITAL INVESTMENT                                       | 6             |
| CLINICAL AUDIT   | 7             |
| COMMERCIAL SPONSORSHIP                                   | 8             |
| COMPLAINTS (PATIENTS & RELATIVES)                        | 9             |
| CONFIDENTIAL INFORMATION                                 | 10            |
| DATA PROTECTION ACT                                      | 11            |
| DECLARATION OF INTERESTS                                 | 12            |
| DISPOSAL AND CONDEMNATIONS                               | 13            |
| ENVIRONMENTAL REGULATIONS                                | 14            |
| EXTERNAL BORROWING                                       | 15            |
| FINANCIAL PLANNING / BUDGETARY RESPONSIBILITY            | 16            |
| FINANCIAL PROCEDURES                                     | 17            |
| FIRE PRECAUTIONS   | 18            |
| FIXED ASSETS   | 19            |
| FUNDS HELD ON TRUST                                      | 20            |
| HEALTH & SAFETY  | 21            |
| HOSPITALITY/ GIFTS                                       | 22            |
| INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS               | 23            |
| IM&T   | 24            |
| LEGAL PROCEEDINGS  | 25            |
| LOSSES, WRITE-OFFS & COMPENSATION                        | 26            |
| MEETINGS   | 27            |
| MEDICAL  | 28            |
| NON PAY EXPENDITURE                                      | 29            |
| NURSING  | 30            |
| PATIENTS SERVICES AGREEMENTS                             | 31            |
| PATIENTS' PROPERTY                                       | 32            |
| PERSONNEL & PAY  | 33            |
| QUOTATIONS, TENDERING & CONTRACT PROCEDURES - PURCHASES  | 34            |
| RECORDS  | 35            |
| REPORTING INCIDENTS TO THE POLICE                        | 36            |
| RISK MANAGEMENT  | 37            |
| SEAL   | 38            |
| SETTING OF FEES & CHARGES                                | 39            |
| STORES AND RECEIPT OF GOODS                              | 40            |

**TABLE B - DELEGATED FINANCIAL LIMITS**

| <b>Delegated Limit</b>   | <b>Reference No.</b> |
|--|----------------------|
| CHARITABLE FUNDS   | 1                    |
| General Funds  | 1.1                  |
| LOSSES AND SPECIAL PAYMENTS  | 2                    |
| Losses   | 2.1                  |
| Special Payments – Clinical Negligence   | 2.2                  |
| Special Payments – Non-Clinical Negligence   | 2.3                  |
| Special Payments – Other   | 2.4                  |
| HOSPITALITY/GIFTS  | 3                    |
| Petty Cash Disbursements   | 4                    |
| Sundry Exchequer Items   | 4.1                  |
| Petty Cash Float Reimbursement   | 4.2                  |
| PATIENTS' PROPERTY (including cash)  | 5                    |
| Inpatients and Discharged Patients   | 5.1                  |
| Deceased Patients  | 5.2                  |
| QUOTATIONS AND TENDERS   | 6                    |
| Quotations   | 6.1                  |
| Tenders  | 6.2                  |
| REQUISITIONING GOODS AND SERVICES AND APPROVING PAYMENTS WITHOUT AN APPROVED REQUISITION | 7                    |
| Revenue Expenditure  | 7.1                  |
| Capital Expenditure  | 7.2                  |
| Private Financing Initiative charges   | 7.3                  |
| Mandatory Payments – regulatory charges  | 7.4                  |
| Partnership Arrangements   | 7.5                  |
| CAPITAL EXPENDITURE AND BUSINESS CASES   | 8                    |
| Total Project Value  | 8.1                  |
| Non-Asset Register items   | 8.2                  |
| ASSET DISPOSALS  | 9                    |
| Asset Register Items   | 9.1                  |
| Non-Asset Register Items   | 9.2                  |
| COMMERCIAL SPONSORSHIP   | 10                   |
| VIREMENTS  | 11                   |

## 2 INTRODUCTION

### 2.1. Reservation of Powers

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

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

### 2.2. Role of the Chief Executive

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

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

### 2.3 Caution over the Use of Delegated Powers

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

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

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

### **3. RESERVATION OF POWERS TO THE BOARD OF DIRECTORS**

#### **3.1 Accountability**

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

#### **3.2 General Enabling Provision**

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

#### **3.3 Regulations and Control**

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

- Approval of Standing Orders (SOs), a schedule of matters reserved to the Board of Directors and Standing Financial Instructions for the regulation of its proceedings and business.
- Suspend Standing Orders.
- Vary or amend the Standing Orders.
- Ratification of any urgent decisions taken by the Chairman and Chief Executive in accordance with SO 4.2.
- Approval of a scheme of delegation of powers from the Board of Directors to committees.
- Requiring and receiving the declaration of Directors' interests which may conflict with those of the Foundation Trust and determining the extent to which that director may remain involved with the matter under consideration.
- Requiring and receiving the declaration of officers' interests which may conflict with those of the Foundation Trust.
- Adoption of the organisational structures, processes and procedures to facilitate the discharge of business by the Foundation Trust and to agree modifications thereto.
- To receive reports from committees including those which the Foundation Trust is required by the Constitution and the Health and Social Care Act 2012 or other regulation to establish and to take appropriate action thereon.
- To confirm the recommendations of the Foundation Trust's committees where the committees do not have executive powers.
- Approval of arrangements relating to the discharge of the Foundation Trust's responsibilities as a corporate trustee for funds held on trust.
- To establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board of Directors.

- Approval of arrangements relating to the discharge of the Foundation Trust's responsibilities as a bailer for patients' property.
- Authorise use of the seal.
- Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention.
- Disciplining Board members or employees that report to the Chief Executive, who are in breach of Statutory Requirements or Standing Orders.

### **3.4 Appointments / Dismissal**

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

### **3.5 Policy Determination**

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

### **3.6 Strategy and Business Plans and Budgets**

- Definition of the strategic aims and objectives of the Foundation Trust.
- Approval and monitoring of the Foundation Trust's policies and procedures for the management of risk.
- Approve Business Cases for Capital Investment with significant capital expenditure commitments according to the limits set out in Table B.
- Approve budgets.
- Approve annually the Foundation Trust's proposed business plan including operational budgets and capital expenditure programme.
- Ratify proposals for acquisition, disposal or change of use of land and/or buildings.
- Approve proposals on individual contracts, including purchase orders (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to the limits specified in Table B (Financial Limits) of the Scheme of Delegation.
- Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation (Table B) to the Chief Executive and Chief Financial Officer.

- Approve proposals for action on litigation against or on behalf of the Foundation Trust where the likely financial impact is expected to exceed the limits specified in Table B, or contentious or novel or likely to lead to extreme adverse publicity, excluding claims covered by the NHS risk pooling schemes.
- Review use of NHS risk pooling schemes.

### **3.7 Audit Arrangements**

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

### **3.8 Annual Reports and Accounts**

- Receipt and approval of the Foundation Trust's Annual Report and Annual Accounts prior to submission to NHS England and NHS Improvement and subsequent presentation to the Council of Governors at a Members Meeting.
- Receipt and approval of the Annual Report and Accounts for funds held on trust.

### **3.9 Monitoring**

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

## **4 DELEGATION OF POWERS TO COMMITTEES**

### **4.1 Delegation to Committees**

The Board of Directors may determine that certain of its powers shall be exercised by Standing Committees. The composition and terms of reference of such committees shall be that approved by the Board of Directors. The Board of Directors shall determine the reporting requirements in respect of these committees. In accordance with SO 5.5, committees may not delegate executive powers to sub-committees unless expressly authorised by the Board of Directors. Terms of Reference for these Standing Committees shall be approved by the Board of Directors.

## 5 SCHEME OF DELEGATION TO OFFICERS

### 5.1 Delegation

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

Delegated matters in respect of decisions that may have a far-reaching effect must be reported to the Chief Executive. **The delegation shown below is the lowest level to which authority is delegated.**

Table A - Delegated Authority

Table B - Delegated Financial Limits

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

## Delegated Authority

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

**Table A**

| DELEGATED MATTER   |  | DELEGATED TO   | OPERATIONAL RESPONSIBILITY / AUTHORITY                          |
|--|--|--|---|
| <b>1. Audit Arrangements</b>                                     |  |  |   |
| a)   | Ensure adequate internal and external audit services, for which they are accountable, are provided (and prepare recommendations to the board for the replacement of either internal or external audit. NB. Whilst the board can unilaterally replace the internal auditor, the Council of Governors has to ratify the replacement or removal of the external auditor. See Section 3) | Audit and Assurance Committee  | Chief Financial Officer   |
| b)   | Review, appraise and report in accordance with Public Sector Internal Audit Standards and best practice  | Audit and Assurance Committee  | Head of Internal Audit  |
| c)   | Provide an independent and objective view on internal control and probity  | Audit and Assurance Committee  | Internal Audit / External Audit                                 |
| d)   | Ensure cost-effective audit service  | Audit and Assurance Committee  | Chief Financial Officer   |
| e)   | Implement recommendations  | Chief Executive  | Relevant Officers   |
| f)   | Track progress of recommendation implementation  | Chief Financial Officer  | Risk and Assurance Manager                                      |
| <b>2. Authorisation of Clinical Trials and Research Projects</b> |  | Chief Executive or Chief Financial Officer<br>and Executive Medical Director | Research Governance Committee / Head of Research and Innovation |

TABLE A.2

| DELEGATED MATTER |  | DELEGATED TO            | OPERATIONAL RESPONSIBILITY / AUTHORITY   |
|------------------|--|-------------------------|--|
| <b>3.</b>        | <b>Authorisation of New Drugs</b>  | Chief Executive         | Medicines Management Committee   |
| <b>4.</b>        | <b>Bank Accounts / Cash</b> (Excluding Charitable Fund (Funds Held on Trust) Accounts)   |                         |  |
| a)               | Operation: <ul style="list-style-type: none"> <li>Managing banking arrangements and operation of bank accounts (Board of Directors approves arrangements)</li> <li>Opening bank accounts</li> <li>Authorisation of transfers between Foundation Trust bank accounts</li> <li>Approve and apply arrangements for the electronic transfer of funds</li> <li>Authorisation of: <ul style="list-style-type: none"> <li>CHAPS schedules</li> <li>BACS schedules</li> <li>Automated cheque schedules</li> <li>Manual cheques</li> </ul> </li> </ul>  | Chief Financial Officer | Head of Financial Services   |
|                  |  | Chief Financial Officer | Head of Financial Services   |
|                  |  | Chief Financial Officer | To be completed in accordance with bank mandate / internal procedures  |
|                  |  | Chief Financial Officer | Head of Financial Services   |
|                  |  | Chief Financial Officer | To be completed in accordance with bank mandate / internal procedures  |
| b)               | Investment of surplus funds in accordance with the Foundation Trust's investment policy  | Chief Financial Officer | Head of Financial Services   |
| c)               | Petty Cash   | Chief Financial Officer | <b>Refer To Table B Delegated Limits</b>   |
| <b>5.</b>        | <b>Business Cases – including Tenders for Services Provided</b>  |                         |  |
| a)               | Preparation of business cases / tenders  | Chief Executive         | Executive Directors / Divisional General Managers<br><b>Refer To Table B Delegated Limits</b>                            |
| b)               | Approval of business cases / tenders which generate a positive financial contribution  | Chief Executive         | <b>Refer To Table B Delegated Limits</b>   |
| c)               | Approval of business cases / tenders which generate a negative financial contribution  | Board of Directors      | <b>Refer To Table B Delegated Limits</b>   |
| <b>6.</b>        | <b>Capital Investment</b>  |                         |  |
| a)               | Programme: <ul style="list-style-type: none"> <li>Ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on business plans</li> <li>Preparation of Capital Investment Programme</li> <li>Financial monitoring and reporting on all capital scheme expenditure including variations to contract</li> <li>Responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost</li> <li>Ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences</li> <li>Issue procedures to support: <ul style="list-style-type: none"> <li>Capital investment</li> <li>Staged payments</li> </ul> </li> <li>Issuing the capital scheme project manager with specific authority to commit capital, proceed / accept tenders in accordance with the SOs and SFIs</li> </ul> | Chief Executive         | Chief Financial Officer  |
|                  |  | Chief Executive         | Chief Financial Officer  |
|                  |  | Chief Financial Officer | Deputy Chief Financial Officer/ Head of Financial Services   |
|                  |  | Chief Executive         | Chief Financial Officer t  |
|                  |  | Chief Financial Officer | Deputy Chief Financial Officer<br>Chief Financial Officer  |
|                  |  | Chief Executive         | <b>Refer to Table B Delegated Limits</b>   |
|                  |  | Chief Financial Officer |  |
| <b>7.</b>        | <b>Clinical Audit</b>  |                         |  |
|                  | Design, implement and monitor the Foundation Trust's Clinical Audit Programme  | Chief Executive         | Lead Clinician for Clinical Audit / Service Directors / Clinical Managers / Department Heads / Clinical Audit Department |

TABLE A.3

| DELEGATED MATTER |   | DELEGATED TO                                       | OPERATIONAL RESPONSIBILITY / AUTHORITY  |
|------------------|---|--|---|
| <b>8.</b>        | <b>Commercial Sponsorship</b>   |  |   |
|                  | Agreement to proposal   | Chief Executive                                    | Refer to Table B Delegated Limits   |
| <b>9.</b>        | <b>Complaints (Patients and Relatives)</b>  |  |   |
| a)               | Overall responsibility for ensuring that all complaints are dealt with effectively  | Executive Medical Director                         | Divisional Clinical Directors / Divisional Matrons / Patient Experience Manager   |
| b)               | Responsibility for ensuring complaints relating to a division / department are investigated thoroughly  | Executive Medical Director                         | Divisional Clinical Directors / Divisional Matrons  |
| c)               | Medico - Legal Complaints Coordination of their management  | Executive Medical Director                         | Legal Services Manager  |
| <b>10.</b>       | <b>Confidential Information</b>   |  |   |
|                  | Review of the Foundation Trust's compliance with the Caldicott report on protecting patients' confidentiality in the NHS  | Caldicott Guardian                                 | Chief Nurse / Executive Medical Director  |
|                  | Freedom of Information Act compliance code  | Chief Executive                                    | Senior Information Risk Owner   |
| <b>11.</b>       | <b>Data Protection Act</b>  |  |   |
|                  | Review of Foundation Trust's compliance   | Chief Executive                                    | Senior Information Risk Owner   |
| <b>12.</b>       | <b>Declaration of Interest</b>  |  |   |
|                  | <ul style="list-style-type: none"> <li>Maintaining a register</li> <li>Declaring relevant and material interest</li> </ul>  | Chief Executive<br>All Directors                   | Director of Corporate Affairs<br>All staff  |
| <b>13.</b>       | <b>Disposal and Condemnations</b>   |  |   |
|                  | <ul style="list-style-type: none"> <li>Items obsolete, redundant, irreparable or cannot be repaired cost effectively</li> <li>Develop arrangements for the sale of assets</li> </ul>  | Chief Financial Officer<br>Chief Financial Officer | Refer to Table B Delegated Limits   |
| <b>14.</b>       | <b>Environmental Regulations</b>  |  |   |
|                  | Review of compliance with environmental regulations, for example those relating to clean air and waste disposal   | Chief Executive                                    | Associate Director of Estates and Facilities  |
| <b>15.</b>       | <b>External Financing</b>   |  |   |
| a)               | Advise Board of Directors of the requirements to repay / draw down Public Dividend Capital  | Chief Financial Officer                            | Head of Financial Services  |
| b)               | Application for draw down of Public Dividend Capital and other forms of foundation trust funding  | Chief Financial Officer                            | Head of Financial Services  |
| c)               | Application for draw down of overdrafts and other forms of external borrowing   | Chief Financial Officer                            | In accordance with the Treasury Management Policy   |
| d)               | Preparation of procedural instructions  | Chief Financial Officer                            | Head of Financial Services  |
| e)               | Private Finance: <ul style="list-style-type: none"> <li>Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector. Proposal to use PFI must be specifically agreed by the Board of Directors</li> </ul>                  | Chief Executive                                    | Chief Financial Officer – subject to agreement by NHS <a href="#">E/I</a>   |
| f)               | Leases (including property, equipment and operating leases) <ul style="list-style-type: none"> <li>Granting and termination of leases with Annual rent &lt; £100k</li> <li>Granting and termination of leases of &gt; £100k should be reported to the Board of Directors</li> </ul> | Chief Executive<br>Board of Directors              | Chief Financial officer<br>Chief Executive / Chief Financial Officer<br>Chief Financial Officer – subject to agreement by NHS <a href="#">E/I</a> |
| g)               | Finance leases (any value)  | Board of Directors                                 |   |

| DELEGATED MATTER   |  | DELEGATED TO            | OPERATIONAL RESPONSIBILITY / AUTHORITY                                |
|--|--|-------------------------|---|
| <b>16. Financial Planning / Budgetary Responsibility</b> |  |                         |   |
| a)   | Setting: <ul style="list-style-type: none"> <li>Submit agreed business plan to the Board of Directors</li> <li>Submit capital and revenue budgets to the Board of Directors</li> <li>Submit financial estimates and forecasts to the Board of Directors</li> </ul>   | Chief Executive         | Chief Financial Officer   |
|  |  | Chief Executive         | Chief Financial Officer   |
|  |  | Chief Executive         | Chief Financial Officer   |
| b)   | Monitoring: <ul style="list-style-type: none"> <li>Delegate budgets to budget holders</li> <li>Monitor performance against budget</li> <li>Ensuring adequate training is delivered to budget holders to facilitate their management of the allocated budget</li> <li>Submit in accordance with NHSI's requirements financial monitoring returns</li> <li>Meet reporting requirements of banking terms and conditions</li> <li>Identify and implement cost improvements and income generation activities in line with the Business Plan</li> <li>Monitor performance against the cost improvement programme</li> </ul> Preparation of: <ul style="list-style-type: none"> <li>Annual Accounts</li> <li>Annual Report</li> </ul> | Chief Executive         | Chief Financial Officer / Prime Budget Holders                        |
|  |  | Chief Financial Officer | Executive Directors / Prime Budget Holders                            |
|  |  | Chief Financial Officer | Divisional Finance Managers   |
|  |  | Chief Executive         | Chief Financial Officer   |
|  |  | Chief Executive         | Chief Financial Officer   |
|  |  | Chief Executive         | All budget holders  |
|  |  | Chief Executive         | Associate Director of Transformation                                  |
| c)   | Authorisation of Virement:<br>It is not possible for any officer to vire from non-recurring headings to recurring budgets, from capital to revenue / revenue to capital, or between NHSI Plan expenditure categories<br>Virement between different budget holders requires the agreement of both parties   | Chief Financial Officer | Deputy Chief Financial Officer  |
|  |  | Chief Executive         | Company Secretary   |
|  |  | Chief Financial Officer | <b>Refer To Table B Delegated Limits</b>                              |
| <b>17. Financial Procedures and Systems</b>              |  |                         |   |
| a)   | Maintenance and update of Foundation Trust Financial Procedures  | Chief Financial Officer | Deputy Chief Financial Officer  |
| b)   | Responsibilities: <ul style="list-style-type: none"> <li>Implement Foundation Trust's financial policies and co-ordinate corrective action</li> <li>Ensure that adequate records are maintained to explain Foundation Trust's transactions and financial position</li> <li>Provide financial advice to members of the Board of Directors and staff</li> <li>Ensure that appropriate statutory records are maintained</li> <li>Design and maintain compliance with all financial systems</li> </ul>   | Chief Financial Officer | Deputy Chief Financial Officer  |
|  |  |                         | Head of Financial Services  |
|  |  |                         | Deputy Chief Financial Officer / Head of Financial Services           |
|  |  |                         | Head of Financial Services  |
|  |  |                         | Deputy Chief Financial Officer  |
| <b>18. Fire Precautions</b>                              | <ul style="list-style-type: none"> <li>Ensure that the Fire Precautions and prevention policies and procedures are adequate and that fire safety and integrity of the estate is intact</li> </ul>  | Chief Executive         | Director of People / Fire Prevention & Security Management Specialist |

TABLE A.5

| DELEGATED MATTER   |   | DELEGATED TO   | OPERATIONAL RESPONSIBILITY / AUTHORITY  |
|--|---|--|---|
| <b>19. Fixed Assets</b>  |   |  |   |
| a)   | Maintenance of Trust asset register including asset identification and monitoring   | Chief Financial Officer  | Head of Financial Services  |
| b)   | Maintenance of IT asset register for items associated with other NHIS clients, including asset identification and monitoring  | Chief Financial Officer  | Director of NHIS  |
| c)   | Ensuring arrangements for financial control and financial audit of building and engineering contracts and property transactions are in line with the NHS Premises Assurance Model and latest guidance | Chief Executive  | Associate Director of Estates and Facilities  |
| d)   | Calculate and pay capital charges in accordance with the requirements of the Independent Regulator  | Chief Financial Officer  | Head of Financial Services  |
| e)   | Responsibility for security of Foundation Trust's assets including notifying discrepancies to the Chief Financial Officer and reporting losses in accordance with Foundation Trust's procedures       | Chief Executive  | All staff   |
| <b>20. Funds Held on Trust (Charitable and Non Charitable Funds)</b> |   |  |   |
| a)   | Management: <ul style="list-style-type: none"> <li>Funds held on trust are managed appropriately</li> </ul>   | Chief Financial Officer (supported by the Charitable Trustees)                   | Deputy Chief Financial Officer / Head of Financial Services   |
| b)   | Maintenance of authorised signatory list of nominated fund holders  | Chief Financial Officer  | Head of Financial Services  |
| c)   | Expenditure limits  | Chief Financial Officer  | <b>Refer To Table B Delegated Limits</b>  |
| d)   | Developing systems for receiving donations  | Chief Financial Officer  | Head of Financial Services  |
| e)   | Dealing with legacies   | Chief Financial Officer  | Head of Financial Services  |
| f)   | Fundraising Appeals <ul style="list-style-type: none"> <li>Preparation and monitoring of budget</li> <li>Reporting progress and performance against budget</li> </ul>                                 | Charitable Funds Committee<br>Chief Financial Officer<br>Chief Financial Officer | Community Involvement Manager<br>Community Involvement Manager with advice from Head of Financial Services<br>Community Involvement Manager with advice from Head of Financial Services |
| g)   | Operation of Bank Accounts: <ul style="list-style-type: none"> <li>Managing banking arrangements and operation of bank accounts</li> <li>Opening bank accounts</li> </ul>                             | Chief Financial Officer<br>Chief Financial Officer                               | Head of Financial Services<br>Head of Financial Services  |
| h)   | Investments: <ul style="list-style-type: none"> <li>Nominating deposit taker</li> <li>Placing transactions in accordance with the Charitable Funds Investment Policy</li> </ul>                       | Charitable Funds Committee<br>Chief Financial Officer                            | Chief Financial Officer<br>Head of Financial Services   |
| <b>21. Health and Safety</b>   |   |  |   |
|  | Review of all statutory compliance with legislation and Health and Safety requirements including Control of Substances Hazardous to Health Regulations  | Chief Executive  | Director of People / Health and Safety Manager  |
| <b>22. Hospitality/Gifts</b>   |   |  |   |
| a)   | Keeping of hospitality register   | Chief Executive  | Director of Corporate Affairs   |
| b)   | Applies to both individual and collective hospitality receipt items.  |  | All staff declaration required in Foundation Trust's Hospitality Register<br><b>Refer To Table B Delegated Limits</b>   |
| <b>23. Infectious Diseases and Notifiable Outbreaks</b>              |   | Chief Executive  | Medical Director  |

TABLE A.6

| DELEGATED MATTER                                 |  | DELEGATED TO   | OPERATIONAL RESPONSIBILITY / AUTHORITY           |
|--|--|--|--|
| <b>24. Information Management and Technology</b> |  |  |  |
| a)   | Developing systems in accordance with the Foundation Trust's IM&T Strategy   | Executive Directors / Director of Health Informatics Service | Heads of Service in conjunction with IT advisors |
| b)   | Implementing new systems ensuring that they are developed in a controlled manner and thoroughly tested   |  |  |
| c)   | Seeking third party assurances regarding systems operated externally   |  |  |
| d)   | Ensuring that contracts for computer services for financial applications define responsibility regarding security, privacy, accuracy, completeness and timeliness of data during processing and storage  |  |  |
| <b>25. Legal Proceedings</b>                     |  |  |  |
| a)   | Engagement of Foundation Trust's Solicitors  | Chief Executive / Director of People                         | Director of Corporate Affairs                    |
| b)   | Approve and sign all documents which will be necessary in legal proceedings  | Chief Executive  | Any Executive Director                           |
| c)   | Sign on behalf of the Foundation Trust any agreement or document not requested to be executed as a deed (i.e. any legal contract)  | Chief Executive  | Any Executive Director                           |
| <b>26. Losses and Special Payments</b>           |  |  |  |
| a)   | Prepare procedures for recording and accounting for losses and special payments including preparation of a Fraud Response Plan and informing Counter Fraud Management Services of frauds   | Chief Executive  | Chief Financial Officer                          |
| b)   | <u>Losses</u><br>Losses of cash and cash equivalents due to theft, fraud, overpayment & others<br>Fruitless payments (including abandoned Capital Schemes)<br>Bad debts and claims abandoned (e.g. private patients, overseas visitors, road traffic act claims)<br>Damage to buildings, fittings, furniture and equipment in use due to culpable causes (e.g. fraud, theft, arson, neglect)<br>General losses (e.g. linen and bedding, equipment, stores items)<br>Un-vouched payments<br>Overpayment of salaries, fees and allowances<br><u>Special Payments</u><br>i) Clinical negligence after legal advice <ul style="list-style-type: none"> <li>• Medical negligence</li> </ul> ii) Non-clinical negligence <ul style="list-style-type: none"> <li>• Personal injury</li> </ul> iii) Other (Ex-gratia payments) <ul style="list-style-type: none"> <li>• Compensation payments by Court Order</li> <li>• To patients/staff for loss of personal effects</li> <li>• Extra contractual payments to contractors</li> </ul> |  | Refer To Table B Delegated Limits                |
| c)   | A register of all of the payments should be maintained by the Finance Department and made available for inspection   | Chief Financial Officer                                      | Head of Financial Services                       |
| d)   | A report of all of the above payments should be presented to the Audit and Assurance Committee at least annually   | Chief Financial Officer                                      | Head of Financial Services                       |

TABLE A.7

| DELEGATED MATTER                       |   | DELEGATED TO               | OPERATIONAL RESPONSIBILITY / AUTHORITY  |
|--|---|----------------------------|---|
| <b>27. Meetings</b>                    |   |                            |   |
| a)                                     | Calling meetings of the Foundation Trust Board  | Chairman                   | Director of Corporate Affairs   |
| b)                                     | Chair all Foundation Board of Directors meetings and associated responsibilities  | Chairman                   | Chairman  |
| <b>28. Medical</b>                     |   |                            |   |
|  | <ul style="list-style-type: none"> <li>Clinical Governance arrangements</li> </ul>  | Chief Nurse                | Head of Governance / Lead Clinician for Clinical Audit / Divisional Clinical Directors / Service Directors / Divisional Matrons |
|  | <ul style="list-style-type: none"> <li>Medical Leadership</li> </ul>  | Executive Medical Director | Divisional Clinical Directors / Service Directors   |
|  | <ul style="list-style-type: none"> <li>Programmes of medical education</li> </ul>   | Executive Medical Director | Director of Medical Education   |
|  | <ul style="list-style-type: none"> <li>Clinical staffing plans</li> </ul>   | Chief Executive            | Service Directors   |
|  | <ul style="list-style-type: none"> <li>Matters involving individual professional competence of medical staff</li> </ul>   | Executive Medical Director | Divisional Clinical Directors   |
|  | <ul style="list-style-type: none"> <li>Medical Research</li> </ul>  | Executive Medical Director | Research Governance Committee Chairman / Head of Research and Innovation  |
| <b>29. Non Pay Expenditure</b>         |   |                            |   |
| a)                                     | Maintenance of a list of managers authorised to place requisitions/orders and accept goods in accordance with Table B   | Chief Executive            | Deputy Chief Financial Officer / Head of Financial Services   |
| b)                                     | Obtain the best value for money when requisitioning goods/services  | Chief Executive            | Strategic Head of Procurement Development / Divisional General Managers / Heads of Department                                   |
| c)                                     | Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement. (Subject to the limits specified above in (a)) | Chief Executive            | Chief Financial Officer   |
| d)                                     | Develop systems for the payment of accounts   | Chief Financial Officer    | Head of Financial Services  |
| e)                                     | Prompt payment of accounts  | Chief Financial Officer    | Head of Financial Services  |
| f)                                     | Financial limits for ordering / requisitioning goods and services   | Chief Financial Officer    | <b>Refer To Table B Delegated Limits</b>  |
| <b>30. Nursing</b>                     |   |                            |   |
| a)                                     | Compliance with statutory and regulatory arrangements relating to professional nursing and midwifery practice   | Chief Nurse                | Deputy Director of Nursing / Divisional Matrons   |
| b)                                     | Matters involving individual professional competence of nursing staff   | Chief Nurse                | Deputy Director of Nursing / Divisional Matrons   |
| c)                                     | Compliance with professional training and development of nursing staff  | Chief Nurse                | Deputy Director of Nursing / Divisional Matrons   |
| d)                                     | Quality assurance of nursing processes  | Chief Nurse                | Deputy Director of Nursing / Divisional Matrons   |
| <b>31. Patient Services Agreements</b> |   |                            |   |
| a)                                     | Negotiation of Foundation Trust Contract and Non Commercial Contracts   | Chief Executive            | Chief Financial Officer / Strategic Head of Procurement Deputy Director - Income and Performance                                |
| b)                                     | Quantifying and monitoring out of area treatments   | Chief Financial Officer    | Deputy Director - Income and Performance  |
| c)                                     | Reporting actual and forecast income  | Chief Financial Officer    | Deputy Director - Income and Performance  |
| d)                                     | Costing Foundation Trust Contract and Non Commercial Contracts  | Chief Financial Officer    | Deputy Director - Income and Performance  |
| e)                                     | Reference Costing / Payment by Results  | Chief Financial Officer    | Deputy Chief Financial Officer  |

| DELEGATED MATTER   |  | DELEGATED TO   | OPERATIONAL RESPONSIBILITY / AUTHORITY  |
|--|--|--|---|
| f)   | Ad hoc costing relating to changes in activity, developments, business cases and bids for funding  | Chief Financial Officer                                  | Deputy Director - Income and Performance / Divisional Finance Managers  |
| <b>32. Patients' Property</b> (in conjunction with financial advice from the Head of Financial Services)   |  |  |   |
| a)   | Ensuring patients and guardians are informed about patients' monies and property procedures on admission   | Chief Executive  | Chief Nurse / Divisional General Managers / Heads of Department / Divisional Matrons  |
| b)   | Prepare detailed written instructions for the administration of patients' property   | Chief Nurse / Chief Financial Officer                    | Deputy Director of Nursing / Head of Financial Services   |
| c)   | Informing staff of their duties in respect of patients' property   | Chief Nurse  | Divisional General Managers / Heads of Department / Divisional Matrons  |
| d)   | Issuing property of deceased patients (See SFI 15.9, 15.10)  |  | <b>Refer To Table B Delegated Limits</b>  |
| e)   | Repayment of cash held for safe keeping  | Chief Financial Officer                                  | Divisional General Managers / Head of Financial Services  |
| <b>33. Personnel &amp; Pay</b> (excluding Non-executive Directors whose remuneration, terms and conditions are dealt with by the Board of Governors Nominations Committee) |  |  |   |
| a)   | Develop Human Resource policies and strategies for approval by the board including employee relations  | Director of People / Director of Culture and Improvement | Deputy Director of Human Resources / <del>Head of Learning and OD</del><br><del>Deputy-Director-of Training-and-Education</del> |
| b)   | Authority to fill funded post on the establishment with permanent staff  | Director of People                                       | Budget Holders  |
| c)   | The granting of additional increments to staff within budget   | Director of People                                       | Director of People  |
| d)   | Develop training policies  | Director of Culture and Improvement                      | <del>Head of Learning and OD</del><br><del>Deputy-Director-of Training-and-Education</del>                                      |
| e)   | All requests for re-grading shall be dealt with in accordance with Foundation Trust Procedure  | Director of People                                       | Budget Holders  |
| f)   | Establishments   |  |   |
|  | <ul style="list-style-type: none"> <li>Recurrent changes to establishment outside existing recurrent funding <u>without</u> identified recurrent sources of funding</li> </ul>   | Chief Executive  | Chief Financial Officer   |
|  | <ul style="list-style-type: none"> <li>Recurrent changes to establishment outside existing recurrent funding but <u>with</u> identified recurrent sources of funding</li> </ul>  | Chief Financial Officer                                  | Prime Budget Holders  |
|  | <ul style="list-style-type: none"> <li>Recurrent changes to establishment within existing recurrent funding</li> </ul>   | Chief Financial Officer                                  | Budget Holders  |
|  | <ul style="list-style-type: none"> <li>Terminations</li> </ul>   | Director of People                                       | Line Managers   |
| g)   | Pay  |  |   |
|  | <ul style="list-style-type: none"> <li>Presentation of proposals to the Board of Directors for the setting of remuneration and conditions of service for those staff not covered by the Remuneration and Nominations Committee or national terms and conditions</li> </ul> | Chief Executive  | Director of People  |

TABLE A.9

| DELEGATED MATTER  | DELEGATED TO   | OPERATIONAL RESPONSIBILITY / AUTHORITY   |
|---|--|--|
| <ul style="list-style-type: none"> <li>Authority to commit pay expenditure</li> </ul>   | Director of Human Resources and Organisational Development / Chief Financial Officer | Budget Holders   |
| <ul style="list-style-type: none"> <li>Approval of completed variable pay claims forms</li> </ul>   | Chief Financial Officer  | Budget Holders   |
| <ul style="list-style-type: none"> <li>Approval of travel and subsistence expenses</li> </ul>   | Chief Financial Officer  | Authorised Signatories   |
| h) Leave  |  |  |
| <u>Annual Leave</u>   |  |  |
| <ul style="list-style-type: none"> <li>Approval of annual leave</li> </ul>  | Chief Executive  | Line/Departmental Manager  |
| <ul style="list-style-type: none"> <li>Approval of carry forward up to a maximum 5 days (to occur in exceptional circumstances only)</li> </ul>   | Chief Executive  | Chief Executive / Executive Directors / Chief Operating Officer                          |
| <ul style="list-style-type: none"> <li>Approval to pay outstanding annual leave (except for leavers)</li> </ul>   | Chief Executive  | Chief Executive / Executive Directors / Chief Operating Officer                          |
| <u>Special Leave</u>  | Director of People   |  |
| <ul style="list-style-type: none"> <li>Compassionate leave</li> </ul>   |  | Divisional General Managers / Heads of Department  |
| <ul style="list-style-type: none"> <li>Special leave arrangements for domestic/personal/family reasons               <ul style="list-style-type: none"> <li>Paternity leave</li> <li>Carers leave</li> <li>Adoption leave</li> </ul> </li> </ul>                                  |  | Divisional General Managers / Heads of Department  |
| (to be applied in accordance with Foundation Trust Policy)  |  |  |
| <ul style="list-style-type: none"> <li>Special Leave – this includes Jury Service, Armed Services, School Governor (to be applied in accordance with Foundation Trust Policy)</li> </ul>  |  | Divisional General Managers / Heads of Department  |
| <ul style="list-style-type: none"> <li>Leave without pay</li> </ul>   |  | Divisional General Managers / Heads of Department  |
| <ul style="list-style-type: none"> <li>Medical Staff Leave of Absence – paid and unpaid</li> </ul>  |  | Executive Medical Director   |
| <ul style="list-style-type: none"> <li>Time off in lieu</li> </ul>  |  | Line/Departmental Manager  |
| <ul style="list-style-type: none"> <li>Maternity Leave - paid and unpaid</li> </ul>   | Director of People   | Automatic approval with guidance   |
| <u>Sick Leave</u>   |  |  |
| <ul style="list-style-type: none"> <li>Extension of sick leave on pay</li> </ul>  |  | Executive Director / Chief Operating Officer   |
| <ul style="list-style-type: none"> <li>Return to work part-time on full pay to assist recovery</li> </ul>   |  | Divisional General Managers / relevant Director / Deputy Chief Financial Officer         |
| <u>Study Leave</u>  |  |  |
| <ul style="list-style-type: none"> <li>Non-medical leave</li> </ul>   | Director of People   | Relevant Executive Director / Divisional General Managers                                |
| <ul style="list-style-type: none"> <li>Medical staff study leave               <ul style="list-style-type: none"> <li>Consultant / Career Grade</li> <li>Doctors in training</li> </ul> </li> </ul>   | Executive Medical Director   | Service Directors<br>Post Graduate Tutor   |
| i) Removal Expenses, Excess Rent and House Purchases in accordance with Trust policy  | Director of People   | Director of Human Resources and Organisational Development / Divisional General Managers |
| Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)  |  |  |
| j) Grievance Procedure  |  |  |
| All grievances cases must be dealt with strictly in accordance with the Grievance Procedure and the advice of the Director of Human Resources and Organisational Development must be sought when the grievance reaches the level of Chief Operating Officer / Heads of Department | Director of People   | Executive Directors / Chief Operating Officer / Heads of Department                      |

TABLE A.10

| DELEGATED MATTER  |   | DELEGATED TO  | OPERATIONAL RESPONSIBILITY / AUTHORITY  |
|---|---|---|---|
| k)  | Authorised - Car Users <ul style="list-style-type: none"> <li>Leased car</li> <li>Regular/standard car user arrangements</li> </ul>   | Chief Financial Officer<br>Chief Financial Officer  | Payroll & Pensions Manager<br>Line/Department Manager   |
| l)  | Mobile Phone Users  | Chief Financial Officer   | Line/Department Manager   |
| m)  | Renewal of Fixed Term Contract  | See 33 (f)  | See 33 (f)  |
| n)  | Operation of Staff Retirement Policy  | Chief Executive   | Director of People / Divisional General Managers  |
| o)  | Redundancy <ul style="list-style-type: none"> <li><u>Executive Directors</u></li> <li><u>All staff excluding Board Members</u></li> </ul>   | Board of Directors  | Remuneration and Nominations Committee<br><u>Executive Team</u>   |
| p)  | Ill Health Retirement<br>Decision to pursue retirement on the grounds of ill-health following advice from the Occupational Health Department  | Director of People  | Divisional General Managers   |
| q)  | Disciplinary Procedure <ul style="list-style-type: none"> <li>Chief Executive</li> <li>Others</li> </ul>  | Chairman<br>Chief Executive   | To be applied in accordance with the Foundation Trust's Disciplinary Procedure  |
| r)  | Waiting List Payments <ul style="list-style-type: none"> <li>Approval of Rates of Pay</li> </ul>  | Chief Executive   | Chief Financial Officer / Director of Human Resources and Organisational Development  |
| s)  | Ensure that all employees are issued with a Contract of employment in a form approved by the Board of Directors and which complies with employment legislation.   | Director of People  | Deputy Director of Human Resources  |
| t)  | Engagement of staff not on the establishment <ul style="list-style-type: none"> <li>Management Consultants</li> <li>Management of use and booking of bank staff <ul style="list-style-type: none"> <li>Nursing</li> <li>Other</li> </ul> </li> <li>Management of use and booking of agency staff <ul style="list-style-type: none"> <li>Nursing</li> <li>Other</li> </ul> </li> </ul> | Chief Executive / Chief Financial Officer<br><br>Chief Operating Officer<br>Divisional General Managers<br><br>Chief Operating Officer<br>Divisional General Managers | Budget Holders<br><br>Budget Holders<br>Budget Holders<br><br>Budget Holders<br>Budget Holders  |
| <b>34. Quotation, Tendering &amp; Contract Procedures - Purchases</b> |   |   |   |
| a)  | Services: <ul style="list-style-type: none"> <li>Best value for money is demonstrated for all services provided under contract or in-house</li> <li>Nominate officers to oversee and manage contracts on behalf of the Foundation Trust</li> </ul>  | Chief Financial Officer<br><br>Chief Financial Officer  | Strategic Head of Procurement<br><br>Divisional General Managers / Heads of Department  |
| b)  | Competitive Tenders: <ul style="list-style-type: none"> <li>Authorisation Limits</li> <li>Receipt and custody of tenders received by post prior to opening</li> <li>Opening tenders</li> <li>Decide if late tenders should be considered</li> </ul>   | Chief Executive<br>Chief Executive<br><br>Chief Executive<br>Chief Executive  | <b>Refer To Table B Delegated Limits</b><br>Company Secretary<br><br>Company Secretary and an Executive Director<br>Chief Financial Officer |
| c)  | Quotations  | Chief Executive   | <b>Refer To Table B Delegated Limits</b>  |
| d)  | Waiving the requirement to request <ul style="list-style-type: none"> <li>Tenders - subject to SOs</li> <li>Quotes - subject to SOs</li> </ul>  | Chief Executive<br>Chief Financial Officer  | Chief Financial Officer<br>Budget Holders   |
| e)  | Maintain contract register  | Chief Financial Officer   | Business Support Manager  |

TABLE A.11

| DELEGATED MATTER                                |   | DELEGATED TO   | OPERATIONAL RESPONSIBILITY / AUTHORITY  |
|---|---|--|---|
| <b>35. Records</b>                              |   |  |   |
| a)  | Review Foundation Trust's compliance with the Records Management Code of Practice for Health and Social Care                                      | Senior Information Risk Owner  | Executive Directors / Divisional General Managers / Heads of Department   |
| b)  | Ensuring the form and adequacy of the financial records of all departments  | Chief Financial Officer  | Deputy Chief Financial Officer  |
| <b>36. Reporting of Incidents to the Police</b> |   |  |   |
| a)  | Where a criminal offence is suspected<br>* Criminal offence of a violent nature<br>* Arson or theft<br>* Other                                    | Chief Executive  | Executive/Senior Manager On-call / Divisional General Managers / Heads of Department / Caldicott Guardian   |
| b)  | Where a fraud is involved (reporting to the NHS Directorate of Counter Fraud Services)  | Chief Financial Officer  | Head of Internal Audit / Local Counter Fraud Specialist   |
| <b>37. Risk Management</b>                      |   |  |   |
|   | <ul style="list-style-type: none"> <li>Ensuring the Foundation Trust has a Risk Management Strategy and a programme of risk management</li> </ul> | Chief Executive  | Director of Corporate Affairs   |
|   | <ul style="list-style-type: none"> <li>Developing systems for the management of risk</li> </ul>   | Director of Corporate Affairs  | Risk and Assurance Manager  |
|   | <ul style="list-style-type: none"> <li>Developing incident and accident reporting systems</li> </ul>  | Chief Nurse / Executive Medical Director / Director of Corporate Affairs | Divisional Clinical Directors / Risk and Assurance Manager / Deputy Head of Nursing for Quality Governance / Health & Safety Manager / Patient Safety Manager |
|   | <ul style="list-style-type: none"> <li>Compliance with the reporting of incidents and accidents</li> </ul>  | Chief Nurse / Executive Medical Director / Director of Corporate Affairs | All staff   |
|   | <ul style="list-style-type: none"> <li>Compliance with statutory safeguarding children and young people requirements</li> </ul>                   | Chief Nurse  | Named Nurse / Named Doctor for Safeguarding Children  |
| <b>38. Seal</b>                                 |   |  |   |
| a)  | The keeping of a register of seal and safekeeping of the seal   | Chief Executive  | Director of Corporate Affairs   |
| b)  | Approval of documents for sealing   | Chief Executive / Chief Financial Officer                                | Director of Corporate Affairs / Strategic Head of Procurement/  |
| c)  | Use of seal in accordance with Standing Orders  | Chairman / Chief Executive   | Chairman / Director of Corporate Affairs  |
| d)  | Report to the Board of Directors at least quarterly   | Chief Executive  | Director of Corporate Affairs   |
| e)  | Property transactions and any other legal requirement for the use of the seal   | Chairman / Chief Executive   | Director of Corporate Affairs   |
| <b>39. Setting of Fees and Charges (Income)</b> |   |  |   |
| a)  | Private Patient, Overseas Visitors, Income Generation and other patient related services  | Chief Financial Officer  | <del>Associate Director Business Planning and Partnership</del><br><del>Deputy Director – Income &amp; Performance</del>                                      |
| b)  | Non patient care income   | Chief Financial Officer  | <del>Associate Director Business Planning and Partnership</del><br><del>Deputy Director – Income and Performance</del>  |
| c)  | Informing the Chief Financial Officer of monies due to the Foundation Trust   | Chief Financial Officer  | All Staff   |
| d)  | Recovery of debt  | Chief Financial Officer  | Head of Financial Services  |

TABLE A.12

| DELEGATED MATTER |  | DELEGATED TO            | OPERATIONAL RESPONSIBILITY / AUTHORITY   |
|------------------|--|-------------------------|--|
| <b>40.</b>       | <b>Stores and Receipt of Goods</b>   |                         |  |
| a)               | Responsibility for systems of control over stores and receipt of goods, issues and returns | Chief Financial Officer | Associate Director of Estates & Facilities / Strategic Head of Procurement / Head of Pharmacy / Head of IT |
| b)               | Stocktaking arrangements   | Chief Financial Officer | Head of Financial Services   |
| c)               | Recovery of debt   | Chief Financial Officer | Head of Financial Services   |

## Table B – Delegated Financial Limits

*All thresholds include the cost of non-recoverable VAT.*

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

|            | <b>Financial Limits</b> (Subject to funding available in budget)                                 |  | <b>Includes:</b>  |
|------------|--|--|---|
| <b>6</b>   | <b>QUOTATIONS AND TENDERS (SOs Section 9)</b>  |  |   |
| <b>6.1</b> | <b>Quotations</b>  |  |   |
|            | Chief Financial Officer / Strategic Head of Procurement  | Over £25,000   | To be advertised on the website<br><a href="http://www.gov.uk/contracts-finder">www.gov.uk/contracts-finder</a>   |
|            | Chief Financial Officer / Strategic Head of Procurement  | £5,000 to £25,000  | Obtain minimum of 3 informal quotations for goods/services/disposals  |
| <b>6.2</b> | <b>Tenders</b>   |  |   |
|            | Official Journal of the European Union (OJEU)  | Crown Commercial Service Threshold Levels                      | Works / Supplies & Services levels stated within the Crown Commercial Service's Procurement Policy Note : New Threshold Levels  |
|            | Chief Financial Officer / Strategic Head of Procurement  | Over £25,000 (in compliance with EC Directives as appropriate) | Competitive Tenders: Obtaining a minimum of 3 written competitive tenders for goods, services, materials, manufactured articles, rendering of services (including Management Consultancy) construction and disposals                  |
| <b>7</b>   | <b>REQUISITIONING GOODS AND SERVICES, AND APPROVING PAYMENTS WITHOUT AN APPROVED REQUISITION</b> |  |   |
| <b>7.1</b> | <b>Revenue Expenditure</b>   |  |   |
|            | Board of Directors   | Over £1,000,000  | Over £250,000 subject to NHS E/I approval where necessary   |
|            | Finance Committee  | Up to £1,000,000   | Over £250,000 subject to NHS E/I approval where necessary   |
|            | Executive Team   | Up to £250,000   | Consultancy expenses over £50,000 subject to NHSI approval where necessary  |
|            | Executive Board Members  | Up to £100,000   | Voting and non-voting members<br>Divisional General Managers / Deputy Divisional General Managers / Clinical Directors / Chief Pharmacist / Divisional Nurse Matrons / Deputy Directors reporting directly to Executive Board Members |
|            | Prime Budget Holders   | Up to £50,000  |   |
|            | <u>Discretionary Spend, Consultancy, and Professional fees and training.</u>                     | <u>Up to £50,000</u>   | <u>Divisional General Managers</u>  |
|            | Delegated Budget Holders   | Up to £25,000  | One per cost centre<br>Ward Matrons / Heads of Service / Assistant Divisional General Managers / Deputy Directors   |
|            | Ward/Department Budget Holders   | Up to £5,000   | One per cost centre<br>Ward Leaders / Heads of Department   |
|            | Other Authorised Signatories   | Up to £1,000   |   |
| <b>7.2</b> | <b>Capital Expenditure</b>   |  |   |
|            | Delegated Budget Holders   | Up to the value of the individual capital scheme               | One per cost centre<br>All schemes to be approved by the Board of Directors   |
| <b>7.3</b> | <b>Private Financing Initiative Charges</b>  |  |   |
|            | Chief Financial Officer  | Up to value of monthly charge in agreed contract               |   |
| <b>7.4</b> | <b>Mandatory Payments – regulatory charges</b>   |  |   |
|            | Chief Executive or Chief Financial Officer   | Up to value of assessed charge                                 | Rates<br>CNST   |

|     | Financial Limits (Subject to funding available in budget)   |  | Includes:   |
|-----|---|--|---|
| 7.5 | Partnership Arrangements  |  |   |
|     | Lead Executive Director   | Within the Board of Directors approved agreement | Sustainability & Transformation Partnerships<br>Mid Nottinghamshire Alliance<br>NUH Partnership   |
| 8   | CAPITAL EXPENDITURE AND BUSINESS CASES – including external tenders for services provided, investments and disinvestments |  |   |
| 8.1 | Total Project Value / Cost Implications   |  |   |
|     | Board of Directors  | Over £1,000,000                                  | Advised by Finance Committee - over £250,000 subject to NHSI approval where necessary<br><br>Subject to Executive Team approval and part of approved Capital plan<br>Over £250,000 subject to NHSI approval where necessary |
|     | Finance Committee   | Up to £1,000,000                                 |   |
|     | Executive Team  | Up to £250,000                                   |   |
|     | Capital Oversight Group   | Up to £100,000                                   |   |
| 9   | ASSET DISPOSALS   |  |   |
| 9.1 | Asset Register items (Net Book Value) – including accelerated depreciation  |  |   |
|     | Board of Directors  | Any value  | Land and Buildings  |
|     | Chief Financial Officer<br>- reported to the Audit and Assurance Committee  | Over £25,000                                     | All other assets  |
|     | Head of Financial Services  | Up to £25,000                                    | All other assets  |
| 9.2 | Non-Asset Register items (Replacement Cost)   |  |   |
|     | Chief Financial Officer<br>- reported to the Audit and Assurance Committee  | Over £25,000                                     |   |
|     | Head of Financial Services  | Up to £25,000                                    |   |
|     | Divisional General Managers   | Up to £1,000                                     |   |
| 10  | COMMERCIAL SPONSORSHIP  |  |   |
|     | Chief Financial Officer Executive Directors   | Over £5,000                                      |   |
|     |   | Up to £5,000                                     |   |
| 11  | VIREMENTS   |  | Conditions:   |
|     | Executive Directors / Chief Operating Officer / Deputy Chief Financial Officer  | Over £5,000                                      | Total Division/Department budget remains in balance   |
|     | Budget Holders  | Up to £5,000                                     | Total Division/Department budget remains in balance   |

## Board of Directors - Public

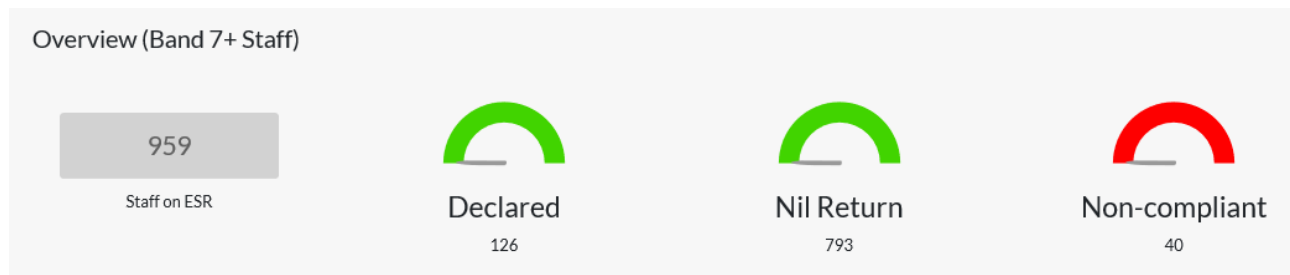
|   |  |   |  |                                |
|---|--|---|--|--------------------------------|
| <b>Subject:</b>   | Standing Financial Instructions and Scheme of Delegation updates |   | <b>Date:</b> 7 <sup>th</sup> April 2022  |                                |
| <b>Prepared By:</b>   | Michael Powell, Head of Financial Services                       |   |  |                                |
| <b>Approved By:</b>   | Richard Mills, Chief Financial Officer                           |   |  |                                |
| <b>Presented By:</b>  | Richard Mills, Chief Financial Officer                           |   |  |                                |
| <b>Purpose</b>  |  |   |  |                                |
| Update of Standing Financial Instructions and Scheme of Delegation in response to changes in responsibility role and other changes of circumstances.  |  |   | <b>Approval</b>                          | ✓                              |
|   |  |   | <b>Assurance</b>                         |                                |
|   |  |   | <b>Update</b>                            |                                |
|   |  |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>   |  |   |  |                                |
| <b>To provide outstanding care</b>  | <b>To promote and support health and wellbeing</b>               | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| ✓   |  |   |  | ✓                              |
| <b>Overall Level of Assurance</b>   |  |   |  |                                |
|   | <b>Significant</b>   | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|   |  | ✓   |  |                                |
| <b>Risks/Issues</b>   |  |   |  |                                |
| <b>Financial</b>  | Potential costs due to inconsistent approval requirements        |   |  |                                |
| <b>Patient Impact</b>   |  |   |  |                                |
| <b>Staff Impact</b>   | Insufficient direction on responsibility and/or authority        |   |  |                                |
| <b>Services</b>   |  |   |  |                                |
| <b>Reputational</b>   |  |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>  |  |   |  |                                |
| Audit and Assurance Committee 15 <sup>th</sup> March 2022   |  |   |  |                                |
| <b>Executive Summary</b>  |  |   |  |                                |
| <p>A review of the SFIs and Scheme of Delegation has been undertaken as is required annually. No changes are proposed to the SFI's.</p> <p>Three changes are proposed to the scheme of delegation.</p> <p>Table A Section 33 o) - new line added to clearly identify responsibility of Remuneration Committee is with regard to executive directors, with all other staff redundancy payments / agreements being approved by the Executive team.</p> <p>Table b Section 7.1) New line added to identify discretionary spend and requirement for Divisional General Manager approval.</p> <p>Table b Section 8.1) New delegated authority limit added for the capital oversight group.</p> <p>No other changes are proposed except for minor changes to responsible officers / associated titles.</p> <p>A tracked changes version of the Scheme of delegation is attached, which highlights the proposed changes.</p> <p>These have been reviewed and agreed by the Audit and Assurance Committee and are presented to Board for Final Approval prior to publishing on the Trust Website.</p> |  |   |  |                                |

**Board of Directors meeting - coversheet**

|  |  |   |  |                                |
|--|--|---|--|--------------------------------|
| <b>Subject:</b>  | Register of Interests  | <b>Date:</b> 7 <sup>th</sup> April 2022           |  |                                |
| <b>Prepared By:</b>  | Laura Webster – Corporate PA   |   |  |                                |
| <b>Approved By:</b>  | Shirley Higginbotham – Director of Corporate Affairs                 |   |  |                                |
| <b>Presented By:</b>   | Shirley Higginbotham – Director of Corporate Affairs                 |   |  |                                |
| <b>Purpose</b>   |  |   |  |                                |
| To provide the annual update of the status of the Trust's Conflicts of Interest register.  |  | <b>Approval</b>                                   | <b>X</b>                                 |                                |
|  |  | <b>Assurance</b>                                  |  |                                |
|  |  | <b>Update</b>                                     |  |                                |
|  |  | <b>Consider</b>                                   |  |                                |
| <b>Strategic Objectives</b>  |  |   |  |                                |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b>                   | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
|  |  |   |  | <b>X</b>                       |
| <b>Overall Level of Assurance</b>  |  |   |  |                                |
|  | <b>Significant</b>   | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|  |  |   | <b>X</b>                                 |                                |
| <b>Risks/Issues</b>  |  |   |  |                                |
| <b>Financial</b>   | Breaches of the policy could result in financial loss for the Trust. |   |  |                                |
| <b>Patient Impact</b>  |  |   |  |                                |
| <b>Staff Impact</b>  | Individual breaches by members of staff could incur fines.           |   |  |                                |
| <b>Services</b>  |  |   |  |                                |
| <b>Reputational</b>  | Potential negative reputational impact to trust.                     |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>   |  |   |  |                                |
| Audit & Assurance Committee 15/03/22<br>(minor amendment to compliance figures since last reporting)   |  |   |  |                                |
| <b>Executive Summary</b>   |  |   |  |                                |
| <p>All staff are required to submit a declaration of interest if they have a conflict, in line with the Trusts Conflict of Interests Policy. This must be made upon appointment with the Trust or when a conflict arises during their employment. The ESR integration of the Declaration of Interests system was established 18<sup>th</sup> March 2019. This has ensured data is updated on a real-time basis and allows new staff members to declare an interest / submit their nil return as soon as they commence work with the Trust. Staff leaving the Trust are automatically be removed from the Trust's register after the mandatory six-month period, archive arrangements are in place.</p> <p>All staff band 7 and above are required to complete an annual declaration. A nil declaration must be submitted if there is no conflict to declare.</p> <p>From April 2021 to date, various methods of employee communication have been used including:-</p> <ul style="list-style-type: none"> <li>• Weekly Bulletin x5.</li> <li>• Screen Splash – Intermittent appearance since April 2021.</li> <li>• Targeted emails – Monthly from April 2021.</li> <li>• Divisional Triumvirates have been emailed with all staff from the division who are non-compliant.</li> <li>• Line Managers have been notified of relevant staff declarations for review.</li> <li>• The Declaration of Interests system has been made available to staff working from home, who do not have VPN access, via the internet.</li> <li>• Individuals who have an undeclared interest (identified via Companies House by 360 Assurance) have been contacted to ensure these are recorded on the Trusts Register of Interests.</li> </ul> |  |   |  |                                |

- Comparison report carried out to identify colleagues who have been non-compliant for 1+ years. These individuals have been contacted with a letter from the AAC Chair. Those who remain non-compliant have been invited to attend the AAC taking place 21<sup>st</sup> September to explain why they remain non-compliant.
- Inclusion of Medical & Dental compliance figures in the Medical Workforce article.
- Updates made to all appraisal documents to include a 'tick box' to confirm the individual is compliant.

### **Dashboard as of 28<sup>th</sup> March 2022**



As of 28<sup>th</sup> March 2022, **40** employees within the Trust who are band 7+ remain non-compliant; this is a reduction from **62** employees who were non-compliant in January 2022. In comparison to March 2021 **88** individuals were reported as being non-compliant which further evidences compliance across the Trust is improving. New-starters have been contacted to ask that they complete their declaration of interests.

The documents associated with this report details the associated individuals.

Arrangements have been made to communicate to all staff with regards to reviewing their Conflict of Interests declaration in April 2022, this will include a daily screen splash upon login, weekly messages within the Staff Bulletin and a monthly message within colleague's payslips.

In line with the NHS Standard Contract, the following documents are required to be published to the Trust's website:-

- Register of Interests for the prior financial year (2021/22).
- List of submitted nil-returns (2021/22).
- List of decision-making staff (Band 7+) who are currently non-compliant (2021/22).

The Register of Interests will be published to the Trust's website once **APPROVED** by members of the Board.

**Nil>Returns for 2021/22 (as of 28/03/22)**

| <b>Last name</b> | <b>First name</b> | <b>Position name</b>  |
|------------------|-------------------|---|
| Colclough        | Karen             | Medical Education Administrator                             |
| Wilkinson        | Neil              | Risk & Assurance Manager                                    |
| Romanova         | Victoria          | Nurse Colposcopist  |
| Roddy            | Rosaleen          | Matron  |
| Lee              | Peter             | Consultant Scientist/Head of Service                        |
| Ashall           | Kim               | Head of Service for HFID                                    |
| Sinkaiye         | Bamidele          | Specialty Doctor Anaesthetics                               |
| Brough           | Melissa           | Registered Nurse  |
| Paulger          | Charlotte         | Health Care Support Worker                                  |
| Brassington      | Tracey            | Community Involvement Manager                               |
| Slater           | Scott             | Resuscitation Training Officer                              |
| Yanney           | Michael           | Consultant  |
| Whysall          | Kimberley         | Outpatient Antibiotic Treatment Lead Nurse (OPAT)           |
| Wyatt            | Justin            | Ward Leader   |
| Hume             | Helen             | Professional Training and Education Nurse Trainer           |
| Cain             | Michelle          | Health Care Support Worker                                  |
| Musson           | Paul              | Registered Nurse  |
| Beale            | Amanda            | Senior Health Care Support Worker                           |
| Shipstone        | Elizabeth         | Ward Leader   |
| Rollinson        | Carly             | Divisional Head of Nursing                                  |
| Villatoro        | Eduardo           | Consultant Surgeon  |
| Thomson          | Michael           | Department Leader/Emergency Nurse Practitioner              |
| Chowdhary        | Ranjan            | Associate Specialist  |
| Marriott         | Sarah             | Department Leader/Emergency Nurse Practitioner              |
| Harris           | Sandra            | Advanced Pharmacist - Education and Training                |
| Straker          | Jennifer          | Senior Physiotherapist                                      |
| Wren             | Joanne            | Blood Transfusion Manager                                   |
| Millard          | Kathleen          | Laboratory Manager  |
| Glendening       | John              | Trust Lawyer  |
| Robinson         | Paul              | Chief Finance Officer                                       |
| Garley           | Janet             | Consultant  |
| Sankey           | Joanne            | Payroll & Pensions Manager                                  |
| Kellock          | David             | Consultant  |
| Thompson         | Debbie            | Admissions/Discharge Facilitator                            |
| Clarke           | Alison            | Clinical Governance Co-ordinator                            |
| Fewkes           | Judith            | Project Administrator                                       |
| Lincoln          | Cornelia          | Dietetics Service Manager & Clinical Lead for Diabetes      |
| Chapman          | Lindsey           | Deputy Divisional Head of Nursing and Midwifery             |
| Lyons            | Kathryn           | Therapy Services Leader                                     |
| Reuter           | Simone            | Consultant  |
| Earle            | Gail              | Senior Radiographer   |
| Ward             | Natalie           | Radiographer  |
| Knighton         | Samantha          | Superintendent Radiographer                                 |
| Smith            | Melissa           | Deputy Radiographer Services Manager                        |
| Read             | Jacqueline        | Human Resources Business Partner                            |
| Knowles          | Lynne             | Lead Physiologist   |
| Loveridge        | Rebecca           | Specialist Clinical Occupational Health Nurse               |
| Walden           | Jane              | Biomedical Scientist  |
| Best             | Diane             | Specialist Midwife Perinatal Mental Health Substance Misuse |
| McCourt          | Lisa              | Chief Medical Photographer                                  |
| Brown            | Chloe             | Higher Specialist Biomedical Scientist                      |
| Morris           | Joseph            | Highly Specialist Divisional Lead Pharmacist - Medicine     |
| Gemmill          | Elizabeth         | Consultant Surgeon  |
| Butler           | Judith            | Service Manager   |
| Baxter           | Jeremy            | Project Manager   |
| Edwards          | Geraldine         | Matron  |
| Fletcher         | Claire            | Project Manager   |
| Ellis            | Silvy             | Lead Duty Nurse Manager                                     |
| Tindall          | Penelope          | Macmillan Lead Cancer Nurse & Cancer Services Manager       |

|                     |           |   |
|---------------------|-----------|---|
| Barata              | Fabiola   | Ward Administration Support                                 |
| West                | Hannah    | Ward Leader   |
| Cordon              | Louise    | Lead Sonographer  |
| Bolt                | Robin     | Senior Solutions Developer                                  |
| Burrows             | Simon     | Advanced Clinical Physiologist                              |
| Steel               | Alison    | Head of Research and Innovation                             |
| Nilan               | Melissa   | Radiology Clerical Services Manager                         |
| Griffiths           | Melanie   | Consultant Clinical Scientist                               |
| Draycon             | Simon     | Finance and Performance Manager                             |
| Munson              | Terri-Ann | Booking Manager   |
| Potter              | Ann       | Nurse Specialist Osteoporosis                               |
| Jogia               | Paresh    | Electronic Prescribing & Medicines Admin Lead Pharmacist    |
| Alshinnawy          | Mohamed   | Specialty Doctor  |
| Rathi               | Sanjay    | Consultant  |
| Stuart-Charlesworth | Nick      | Senior Solutions Developer                                  |
| Ward                | Maria     | Integrated Sexual Health Services Matron                    |
| Allison             | Frances   | Midwifery Practitioner (Co-ordinator Ward/Dept)             |
| Mahmoud             | Hassan    | Locum Consultant Radiologist (P)                            |
| Dunkley             | Colin     | Consultant  |
| Lake                | Alan      | Pathology IT Manager  |
| Eyre                | Joanne    | Department Leader   |
| Bradbury            | Natalie   | Department Leader   |
| Gupta               | Anindya   | Consultant Rheumatologist                                   |
| Wythes-Liddle       | Claire    | Department Leader   |
| Reeve               | Lisa      | Head of Elective Recovery                                   |
| Hawley              | Angela    | Head Of Technical Solutions                                 |
| Faulkner            | Iain      | Matron  |
| Hazard              | Kerry     | Ward Leader   |
| Stones              | Sarah     | Library and Knowledge Services Manager                      |
| Hemmings            | Alexander | Advanced Clinical Practitioner                              |
| Swift               | Jane      | Head of Information   |
| Coulton             | Nicholas  | Project and Business Change Manager                         |
| Elamin              | Ghassan   | Specialty Doctor  |
| Fletcher            | Catherine | Specialist Clinical Pharmacist - Oncolgy & Nutritional Serv |
| Wilson              | Emma      | Matron  |
| Durant              | Matthew   | Higher Specialist Biomedical Scientist                      |
| Hulme               | Anna      | Deputy Divisional Lead Pharmacist                           |
| Jackson             | Rosalyn   | Registered Health Care Professional - Immunisation          |
| Hendley             | Helen     | Deputy Chief Operating Officer                              |
| Toplis              | Mandy     | Matron  |
| Heighway            | Emma      | MacMillian Colorectal Nurse Specialist                      |
| Allison             | Stephen   | Financial Systems Manager                                   |
| Meakin              | Francesca | Senior Clinical Scientist                                   |
| Simpson             | Yvonne    | Corporate Head of Nursing - Professional Development        |
| Salt                | Alan      | RIS/PACS Manager  |
| Toplis              | Sarah     | Lead Clinical Pharmacist - Antimicrobial Therapy            |
| Ben Fredj           | Helen     | Project and Business Change Manager                         |
| Bennett             | Rachel    | Advanced Nurse Practitioner                                 |
| Key                 | Heather   | Advanced/Expert Biomedical Scientist - Immunocytochemistry  |
| Jennison            | Jill      | Quality Control Section Leader                              |
| Whitney             | Michelle  | Histopathology Biomedical Scientific Supervisor             |
| Kemp                | Claire    | Histopathology Biomedical Scientific Supervisor             |
| Cheung              | Ming      | Highly Specialist Pharmacist-Medication Safety & Governance |
| Qureshi             | Asim      | Consultant (P)  |
| Overton             | Jonathan  | IDAT Team Leader  |
| Adlakha             | Sanjay    | Consultant  |
| Lott                | Rebecca   | Head of Medical Workforce                                   |
| Richmond            | Lisa      | Learning Disability Specialist Nurse                        |
| Amankwah            | Ruby      | Specialty Doctor  |
| Richards            | Paul      | Cyber Security Manager                                      |
| Lambert             | Samantha  | Ward Leader   |
| Jacks               | Tracey    | Department Leader (ODP)                                     |

|               |             |  |
|---------------|-------------|--|
| Hyde          | Victoria    | Sonographer  |
| Frederick     | Matthew     | Senior Orthotist                                     |
| Luke          | Alison      | Lead Radiographer CT                                 |
| Sulway        | Ellicia     | Business Manager                                     |
| Gray          | Ann         | Corporate Services Manager                           |
| Rahn          | Lisa        | Breast Care Nurse Specialist                         |
| Smart         | Philip      | Associate Specialist                                 |
| Moore         | Christopher | Principal Technologist - Medical Engineering         |
| Waite         | Claire      | Clinical Integration Manager                         |
| Jenkins       | Gareth      | Senior Divisional Finance Manager (Surgery)          |
| Akers         | Charlotte   | Business Manager                                     |
| Ashton        | Amy         | Senior Physiotherapist                               |
| Lloyd         | Louise      | Midwifery Practitioner (Co-ordinator Ward/Dept)      |
| Clipstone     | Simon       | Higher Specialist Biomedical Scientist               |
| Taphouse      | Joanna      | Data Quality Manager                                 |
| Abougazia     | Ali         | Consultant Radiologist                               |
| Gregory       | Emma        | Department Leader                                    |
| Lynam         | Jacqueline  | PAS Manager  |
| Lim           | Kean        | Consultant   |
| McGowan       | Thomas      | Consultant   |
| Dewhurst      | Jonathan    | Senior Pharmacist Medicines Information              |
| Devine        | Kirsty      | Senior Physiotherapist                               |
| Hopkinson     | Deborah     | Community Team Leader                                |
| Briggs        | Jacqueline  | Child Death Review Specialist Nurse                  |
| Ellis         | Jane        | Consultant   |
| Anwar         | Karim       | Clinical Fellow                                      |
| Geary         | Susan       | Consultant Radiologist                               |
| Briggs        | Rachael     | Divisional General Manager                           |
| Bolus         | Jane        | Nurse Specialist Osteoporosis                        |
| Rhodes        | Simon       | Consultant   |
| Day-Lascelles | Heather     | Cons Clin Scientist/Head Of Audiology                |
| Harrison      | Heather     | Specialist Clinical Pharmacist, Acute Medicine & Tng |
| Harris        | Emma        | Senior Divisional Finance Manager                    |
| Revill        | Jayne       | Matron   |
| Eccleshall    | Helen       | Occupational Therapist                               |
| King          | Debbie      | Corporate Matron - Quality Assurance                 |
| Potts         | Natalie     | Midwifery Practitioner                               |
| Nuttall       | Kathryn     | Ward Leader  |
| Collingwood   | Jacqueline  | Lead Radiographer                                    |
| Gallacher     | Kevin       | Deputy Director Income & Performance                 |
| Hodgkinson    | Sarah       | Paediatric Diabetes Nurse Specialist                 |
| Hodgson       | Lucy        | Haematology Manager                                  |
| Binks         | Robin       | Deputy Chief Nurse                                   |
| Rogers        | Lisa        | Chief Clinical Physiologist                          |
| Srivastava    | Anand       | Consultant   |
| Hewitt        | Heather     | Senior Radiographer                                  |
| Binney        | Julie       | Aseptic Dispensing Unit & Pre Packing Unit Manager   |
| Taylor        | Jacqueline  | Director of NHIS                                     |
| Abouellif     | Ahmed       | Specialty Doctor                                     |
| Simcox        | Robert      | Deputy Director of HR                                |
| Miles         | Shantell    | Corporate Head of Nursing - Professional Development |
| Coultas       | Andrew      | Microbiology Service Manager                         |
| Cant          | Nicole      | Sonographer  |
| Heath         | Louise      | Midwifery Practitioner                               |
| Smart         | Lynn        | Divisional Clinical Lead                             |
| Elleston      | Debra       | Macmillan Lead Nurse for End of Life Care            |
| Meikle        | Karen       | Ward Leader  |
| Elgharbawy    | Mona        | Specialty Doctor                                     |
| Sissons       | Marie       | Deputy Divisional Lead Nurse                         |
| Marriott      | Stacey      | Matron   |
| Ladan         | Saadatu     | Specialty Doctor                                     |
| Al-Samarrai   | Susanna     | Consultant (P)                                       |

|               |             |  |
|---------------|-------------|--|
| Wake          | Matthew     | BI Development Manager                               |
| Fewtrell      | Ann         | Service Improvement Lead                             |
| Martin-Porter | Melanie     | Advanced Clinical Practitioner                       |
| Atif          | Muhammad    | Consultant (P)                                       |
| Morrison      | Delrose     | Department Leader                                    |
| Yemm          | Julia       | Superintendent Radiographer                          |
| Bassi         | Sukhbinder  | Consultant   |
| Hutchinson    | John        | Consultant   |
| Bains         | Kirandeep   | Specialty Doctor                                     |
| Panayiotou    | Daisy       | Sonographer  |
| Turner        | Sharon      | Rheumatology Specialist Nurse                        |
| Norman        | Roz         | Staff Side Chair/Partnership Lead                    |
| Anderson      | Anthony     | Junior Doctor  |
| Mahbub Abir   | Q M         | Specialty Doctor                                     |
| Cantrill      | Wendy       | Duty Nurse Manager                                   |
| Webster       | Rachel      | Ward Leader  |
| Mohamed       | Ahmed       | Specialty Doctor                                     |
| Banner        | Susan       | Duty Nurse Manager                                   |
| Welsh         | Rebecca     | Midwifery Practitioner                               |
| Fischer-Orr   | Nicola      | Consultant   |
| Parnell       | Rebecca     | Specialist Pharmacist -Undergrad Med Stud't Teaching |
| Kirk          | Kimberley   | Head of Patient Experience & Bereavement Services    |
| Fenn          | John        | Emergency Nurse Practitioner/Senior Registered Nurse |
| Hymas-Taylor  | Tina        | Head of Safeguarding                                 |
| Bosworth      | Kerry       | Speaking Up Guardian                                 |
| Dube          | Mukul       | Consultant   |
| Henshaw       | Emma        | Midwifery Practitioner                               |
| Kabia         | Anne        | Matron   |
| Dewhurst      | Sarah       | Extended Scope Practitioner                          |
| Arshad        | Huma        | Specialty Doctor (MC46)                              |
| Alkahky       | Sherif      | Specialty Doctor                                     |
| Hammersley    | Jane        | Registered Nurse                                     |
| Purohit       | Prashant    | Consultant (P)                                       |
| Duignan       | Kathryn     | Midwifery Practitioner (Co-ordinator Ward/Dept)      |
| Knox          | Zoe         | Night Team Leader                                    |
| Woodhouse     | Amanda      | Duty Nurse Manager                                   |
| Humphrey      | Keren       | Ward Housekeeper                                     |
| Stone         | Mark        | Resilience Adviser                                   |
| Poduval       | Ashok       | Consultant (P)                                       |
| Minett        | Leanne      | Corporate Matron - Enhanced Patient Observations     |
| Allsop        | Lynne       | Research Nurse Team Leader                           |
| Randall       | Amanda      | Emergency Nurse Practitioner                         |
| Noor          | Muhammad    | Consultant   |
| Mee           | Anne        | Rheumatology Specialist Nurse                        |
| Sleney        | Clair       | Laboratory Manager                                   |
| Street        | Karen       | Therapy Servs Operational Manager                    |
| Peet          | Michelle    | Project and Business Change Manager                  |
| Brooks        | Lorraine    | Nurse Educator                                       |
| Parker        | Sharon      | Midwifery Practitioner (Co-ordinator Ward/Dept)      |
| Magyar        | Andrew      | Procurement Business Partner                         |
| Bumstead      | Christopher | Urology Practitioner                                 |
| Medley        | Joanne      | Midwifery Practitioner (Co-ordinator Ward/Dept)      |
| Murfitt       | Christopher | IBD Specialist Nurse                                 |
| Downer        | Nicola      | Consultant Physician Medical Education Lead          |
| Adams         | Rebecca     | Business Manager                                     |
| Smith         | Christopher | Vascular Access Practitioner                         |
| Coggon        | Jacqueline  | Clinical Educator                                    |
| Campbell      | Michelle    | Specialist Nurse - Pain Management                   |
| Khan          | Muhammad    | Locum Consultant (P)                                 |
| Simpson       | Jackie      | Ward Leader  |
| Street        | Hilary      | Community Paediatric Specialist Nurse                |
| Higgins       | Elaine      | Diabetes Specialist Nurse                            |

|              |            |   |
|--------------|------------|---|
| Boyd         | Amii       | Parkinsons Disease Senior Nurse                       |
| Abdul Latip  | Nor        | Consultant  |
| Shaw         | Stuart     | Quality Governance Lead                               |
| Marshall     | Scott      | Endocrine Specialist Nurse                            |
| Bartle       | Emma       | Practice Development Matron                           |
| Smith        | Julie      | High Volume Service Users Specialist Nurse Lead       |
| Chikwanda    | Fred       | Specialty Doctor                                      |
| McCormack    | Patrick    | Head of Regulation and Patient Safety                 |
| Strazds      | Lesley     | Specialist Nurse - Dermatology                        |
| Foster       | Lisa       | Community Team Leader                                 |
| Southam      | Amy        | Physiotherapist Team Leader                           |
| Palissery    | Raju       | Specialty Doctor                                      |
| Bird         | Alison     | Trainee Nurse Endoscopist                             |
| McFee        | Tracey     | Diabetic Eye Screening Programme Manager              |
| McCubbin     | Rachel     | Practitioner for Restrictive Practice                 |
| Jones        | Mark       | Senior Nurse Endoscopist                              |
| Harwood      | Kenneth    | Development Services Manager                          |
| Dennis       | Julie-Anne | Senior Soft FM Manager                                |
| Parke        | Hayley     | Pharmacy Technician                                   |
| Saigal       | Raveen     | Clinical Scientist                                    |
| Steele       | Jane       | Team Leader   |
| Greasley     | Sandra     | Corporate Assurance Manager                           |
| Marsh        | Helen      | Paediatric Diabetes Nurse Specialist                  |
| Widdowson    | Jacqueline | Information Governance Manager                        |
| Plant        | Jennifer   | Assistant General Manager                             |
| Idle         | Richard    | Named Nurse, Safeguarding Children                    |
| Mellers      | Adrian     | Senior Third Line Network and Communications Engineer |
| Nixon        | Lisa       | Named Nurse, Safeguarding Children                    |
| Green        | Lawrence   | Chief Clinical Physiologist                           |
| Flint        | Cheryl     | Extended Scope Practitioner - Hands                   |
| Ward         | Amy        | Deputy Ward Leader                                    |
| Basra-Mann   | Rajdeep    | Human Resources Business Partner                      |
| Stinchcombe  | Penny      | Lead Radiographer & Screening Programme Manager       |
| Brown        | Lauren     | Ward Leader   |
| Smith        | Louise     | MacMillian Colorectal Nurse Specialist                |
| Godber       | Susan      | Macmillan Cancer Information and Support Service Lead |
| Jaiswal      | Amit       | Consultant (P)  |
| Gilbert      | Alys       | Clinical Engineer                                     |
| Anthony      | Hayley     | Ward Leader   |
| Haroon       | Saroona    | Locum Consultant (P)                                  |
| Fisher       | Jenny      | Project and Business Change Manager                   |
| Inglesant    | Kevin      | Highly Specialist Divisional Lead Pharmacist - W&C    |
| Turner       | Zoe        | Ward Leader   |
| Hodgkinson   | Holly      | Midwifery Practitioner                                |
| Thanawala    | Nehal      | Consultant Paediatrician                              |
| Aye          | Thandar    | Consultant  |
| Arora        | Shamma     | Specialty Doctor                                      |
| Thant        | Moe        | Associate Specialist                                  |
| Hussain      | Saghir     | Specialty Doctor                                      |
| Mgadamika    | Stephanie  | Matron  |
| Fletcher     | Sally      | Practice Development Matron                           |
| Ingleton     | Tracy      | Advanced Clinical Practitioner                        |
| Hodgson      | Mark       | Respiratory Nurse Specialist                          |
| Gowan        | Lisa       | Divisional General Manager                            |
| Burscough    | Sheila     | Clinical Educator                                     |
| Stevenson    | Rachel     | Lead Radiographer CT                                  |
| Callahan     | Nigel      | Programme Manager                                     |
| Gillies      | Emma       | Head of Service                                       |
| Wigglesworth | Katy       | RIS/PACS Manager                                      |
| Cook         | Jane       | Lead Stoma Care Nurse Specialist                      |
| Glover       | Susan      | Lung Cancer Nurse Specialist                          |
| Farrow       | Alexis     | Head of Strategy and Transformation                   |

|                |           |  |
|----------------|-----------|--|
| Parkes         | Stephen   | Data & Information Manager                             |
| Milanova       | Desislava | Lead Clinical Pharmacist - Antimicrobial Therapy       |
| Adebutu        | Eniola    | Specialty Doctor                                       |
| Mannathukkaren | Bjorn     | Consultant   |
| Tang           | Pui-Shan  | Senior Information Analyst                             |
| Gammon         | Rachel    | Ward Leader  |
| Squirrell      | Rachel    | Human Resources Business Partner                       |
| Bernardi       | Stephen   | Head of Estates & Facilities                           |
| Bonsall        | Adele     | Specialist Nurse - Dementia                            |
| Searle         | Kayleigh  | Midwifery Practitioner (Co-ordinator Ward/Dept)        |
| Mistry         | Amisha    | Consultant   |
| Shacklock      | Karen     | Service Improvement Nurse                              |
| Smith          | Josephine | Data Warehouse Manager                                 |
| Howle          | Lisa      | Sonographer  |
| Berresford     | James     | Head of Technical Delivery                             |
| Lakin          | Hayley    | Nurse Educator   |
| Andrews        | Jenny     | Project and Business Change Manager                    |
| Morley         | Leslie    | Section Leader   |
| Poznanski      | Deborah   | Head of Governance & Assurance                         |
| Joseph         | Theresa   | Consultant (P)   |
| Mather         | Jason     | Head of Transformation                                 |
| Elmahdy        | Heba      | Specialty Doctor                                       |
| Comins         | Robert    | Therapy Team Leader                                    |
| Street         | Emma      | Highly Specialist Pharmacist - Urgent & Emergency Care |
| Garner         | Claire    | Application Training and Development Manager           |
| Sapre          | Dimple    | Specialty Doctor                                       |
| Walker         | Victoria  | Consultant Paediatrician                               |
| Bell           | Jane      | Cardiac Rehab Specialist Nurse                         |
| Cole           | Penny     | Head of Midwifery & Gynaecology                        |
| Guzik          | Irena     | Consultant   |
| Bell           | Thomas    | Advanced Pharmacist - Surgery and Crit Care            |
| Wildgoose      | Anne      | Specialist Physiotherapist                             |
| Innumerable    | Ryan      | Macmillan Clinical Nurse Specialist                    |
| Musson         | Samantha  | Therapy Servs Operational Manager                      |
| Collins        | Sam       | Advanced Clinical Practitioner                         |
| Shepherd       | Jennifer  | Consultant   |
| Kothari        | Paresh    | Consultant   |
| Welsh          | Alan      | Head of Digital Strategy & Planning                    |
| Waring         | Neil      | Project and Business Change Manager                    |
| Farn           | Debra     | Department Leader                                      |
| Grainger       | Jeffrey   | Specialist Physiotherapist                             |
| Glover         | Barry     | Ward Leader  |
| Whetstone      | Mary      | Clinical Business Analyst                              |
| Hastings       | Richard   | Consultant   |
| Baugh          | Amy       | Consultant   |
| Carter         | Sarah     | Deputy Divisional Lead Pharmacist                      |
| Schofield      | Kirsty    | Senior Midwife   |
| Hall           | Alison    | Specialist Pharmacist -Undergrad Med Stud't Teaching   |
| Miller         | Carl      | Superintendent Radiographer                            |
| Kalsoon        | Seika     | Consultant   |
| Rees           | Sonja     | Specialty Doctor                                       |
| Richardson     | Anne      | Consultant   |
| Yates          | Fiona     | Transformation and Engagement Lead                     |
| Hamilton       | Fiona     | Safeguarding Practitioner - Think Family Safeguarding  |
| Turner         | Karen     | Ward Leader  |
| Madon          | Claire    | Service Improvement Manager                            |
| Jones          | Emma      | Community Paediatric Specialist Nurse                  |
| Sentance       | Sarah     | Radiography Services Manager                           |
| Smith          | Mark      | Server & Storage Manager                               |
| Feltbower      | Ceri      | Associate Director of Service Improvement              |
| Asher          | Gillian   | Deputy Radiographer Services Manager                   |
| Hague          | Alexander | Project and Business Change Manager                    |

|                 |            |  |
|-----------------|------------|--|
| Beal            | Alison     | Heart Failure Nurse Specialist                             |
| Evans           | Karen      | Specialist Midwife for Diabetes                            |
| Logue           | Fiona      | Lead Radiographer CT                                       |
| Hatton          | Jacqueline | Lead Stoma Care Nurse Specialist                           |
| Warren          | Julian     | Consultant (P)   |
| Clay            | Denise     | Matron   |
| Elfakharany     | Nazeh      | Locum Consultant (P)                                       |
| Kirk            | Nicola     | Named Midwife Safeguarding Children                        |
| Radford         | Lee        | Deputy Director of Training, Education and OD              |
| Hayward         | Adam       | Deputy Director of Operations                              |
| Randall         | Sarah      | Chief Clinical Physiologist/Vasc Technologist/Sonographer  |
| Harris          | Gemma      | Cardiac Physiologist                                       |
| Maharajan       | Prema      | Associate Specialist                                       |
| Thomson         | Deborah    | Duty Nurse Manager   |
| Amsha           | Khaled     | Consultant   |
| Wahab           | Mohamed    | Senior Clinical Fellow                                     |
| Duro            | Pamela     | Operations Manager   |
| Murray          | Alexandra  | Specialty Registrar - Year 3+                              |
| Gripton         | Teresa     | Rheumatology Specialist Nurse                              |
| Clarkson        | Richard    | Divisional Head of Nursing                                 |
| Chakravarti     | Shaurindra | Specialty Doctor   |
| Gray            | Phil       | Team Lead Occupational Therapist                           |
| Wright          | Katharine  | Therapy Servs Operational Manager                          |
| Crookes         | Theresa    | Sonographer  |
| Maxfield        | Robert     | Sonographer  |
| Darmon          | Tabetha    | Deputy Chief Nurse   |
| Cain            | Robert     | Sonographer  |
| Hafeez          | Kamran     | Specialty Doctor   |
| Tomlinson       | Elizabeth  | Registered Nurse   |
| Jenkins         | Steven     | Divisional General Manager                                 |
| Wilson          | Lyndsay    | Specialty Registrar - Year 3+                              |
| Smith           | Emma       | Project and Business Change Manager                        |
| Stariradev      | Milen      | Specialty Doctor   |
| Sprigg          | Amy        | Department Leader - Theatres                               |
| Simpson         | Joy        | Team Leader for the Professional Training & Education Team |
| Beastall        | Richard    | Matron   |
| Corker          | Esther     | Consultant Paediatrician                                   |
| Gambles         | Marie      | Specialist Nurse   |
| Robbins         | Karen      | Quality Governance Facilitator                             |
| Annis           | Samantha   | Dept Leader and Clinical Nurse Specialist                  |
| Laiyemo         | Raphael    | Consultant (P)   |
| Yates           | Joanne     | Deputy Ward Leader   |
| Summers         | Katie      | Specialist Therapist/Team Lead                             |
| Campbell        | Ian        | Senior Radiographer  |
| Allen           | Thomas     | Senior Radiographer  |
| Hariharan       | Shankar    | Associate Specialist                                       |
| Iqbal           | Javed      | Consultant   |
| Smith           | Elaine     | Clinical Governance Co-ordinator                           |
| Sewell          | Terri-Ann  | Research Nurse   |
| Puthu           | Devanand   | Associate Specialist                                       |
| Hamzepur        | Shila      | Lead Production and Clin Oncology Pharmacist               |
| Omokanye        | Adenike    | Consultant Paediatrician                                   |
| Barron          | Nicky      | Senior Finance & Performance Analyst                       |
| Ferreira        | Jane       | Head of MSK  |
| Bagshaw         | Kaley      | Trainee Advanced Practitioner                              |
| Lisseman-Stones | Yvonne     | Breast Care Nurse Specialist                               |
| Ashton          | Steven     | Sonographer  |
| Newsome         | Maria      | Sonographer  |
| Kelsey          | Denise     | Nurse Educator   |
| Hackett         | Simon      | Database Administrator                                     |
| Barlow          | Bernadette | Paediatric Respiratory Nurse Specialist                    |
| Baugh           | Nicola     | Safeguarding Practitioner - Think Family Safeguarding      |

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| Smith       | Robin       | Head of Communications                                    |
| Robinson    | Georgina    | Information Security Officer                              |
| Shore       | Paula       | Risk Midwife (Ext Second)                                 |
| Morris      | Kerry       | Deputy Ward Leader  |
| Stringer    | Susan       | Head & Neck Cancer Nurse Specialist                       |
| Maltby      | Michael     | Emergency Nurse Practitioner/Senior Registered Nurse      |
| Samson      | Ma Cristina | Specialty Doctor  |
| Saddington  | Hazel       | Upper GI Nurse Specialist                                 |
| Chandler    | Zelia       | Health Care Support Worker                                |
| Woodhead    | Jill        | Consultant  |
| Vyas        | Abhishek    | Consultant (P)  |
| Greenwood   | Alison      | Community Team Leader                                     |
| Stanley     | Micaela     | Higher Specialist Biomedical Scientist                    |
| Loy         | Michelle    | Ward Leader   |
| Robinson    | Caroline    | Department Leader (ODP)                                   |
| Bircumshaw  | Denise      | Specialist Nurse  |
| Henshaw     | Andrew      | Senior Third Line Engineer - Server & Storage             |
| Walker      | Lisa        | Assistant General Manager                                 |
| Haselden    | Margaret    | Head of Clinical Governance                               |
| Scarborough | Jane        | Change Management Lead                                    |
| Fallon      | Emma        | IDAT Team Leader  |
| Dubowski    | Jodie       | Transfer of Care Practitioner                             |
| Wright      | Tina        | Department Leader   |
| Lock        | Marie       | Associate Nurse Specialist                                |
| Blackband   | Teresa      | Emergency Nurse Practitioner                              |
| Peddireddy  | Jyothi      | Specialty Doctor  |
| Garratt     | Ali         | Department Leader   |
| Munshi      | Vineeta     | Consultant  |
| Marshall    | Nina        | Specialist Nurse Parkinsons Disease                       |
| Yates       | Donna       | Night Team Leader   |
| Sheldon     | Jane        | Midwifery Practitioner (Co-ordinator Ward/Dept)           |
| Butler      | Lisa        | Senior Midwife  |
| Saxena      | Rohit       | Consultant  |
| Binch       | Lorraine    | Deputy General Manager                                    |
| Baker       | Kate        | Emergency Nurse Practitioner                              |
| Malik       | Amna        | Consultant (P)  |
| Kazmi       | Kiran       | Sonographer   |
| Elliott     | Susan       | Medical Education & Quality Manager                       |
| McMenemy    | Louise      | Operations Manager  |
| Lee         | Anna        | Mass Vaccination General Support Role                     |
| Townsend    | Katie       | Clinical Lead Dietitian                                   |
| Box         | Mary        | Respiratory Nurse Specialist                              |
| Chapman     | Kevin       | Physiotherapist (Static Position)                         |
| Parsons     | Jenna       | Nutritional Nurse Specialist                              |
| Burton      | Wesley      | Local Security Management Specialist                      |
| Blacknall   | James       | Extended Scope Practitioner                               |
| Barker      | Helen       | Senior Radiographer                                       |
| Varley      | Elizabeth   | Senior Physiotherapist                                    |
| Freeman     | Joanna      | Asst Chief Pharmacist Medicine Management & Clinical Risk |
| Lounds      | Sarah       | Emergency Nurse Practitioner                              |
| Khandelwal  | Puran       | Consultant  |
| Pillai      | Shikha      | Locum Consultant Radiologist (P)                          |
| Hudson      | Sharon      | Senior Nurse Endoscopist                                  |
| Hartley     | Mark        | Highly Specialised Clinical Physiologist                  |
| Harrison    | James       | Chief Audiology Practitioner                              |
| Smith       | Tracy       | Department Leader   |
| Sewell      | Christopher | Assistant General Manager                                 |
| Harper      | Kim         | Project Manager   |
| Burrows     | Helen       | Team Leader for Rheumatology                              |
| Clough      | Julie       | Deputy Occupational Health Manager                        |
| Chinery     | Sarah       | Booking Manager   |
| Somes       | Mark        | Laboratory Manager  |

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| Bradley     | Robert     | Lead Radiographer - Nuclear Medicine                 |
| Stuart      | Rebecca    | Business Manager                                     |
| Kalogeri    | Charikleia | Trainee Nurse Endoscopist                            |
| Hasoon      | Mohammed   | Specialty Doctor                                     |
| Morgan      | Louise     | Practice Development Matron                          |
| White       | Clair      | Head of Procurement                                  |
| Aldred      | Jennifer   | Quality Governance Lead                              |
| McMillan    | Heidi      | Lead Nurse Tissue Viability                          |
| Knight      | Claire     | Night Team Leader                                    |
| Hodhod      | Haitham    | Specialty Doctor                                     |
| Rigby       | Joshua     | Senior Physiotherapist                               |
| Burton      | Clare      | Lead Specialist Pain Nurse                           |
| Emmott      | Angela     | Senior Physiotherapist                               |
| Goldsworthy | Holly      | Senior Physiotherapist                               |
| Munks       | Jane       | Ward Leader  |
| Barton      | Simon      | Chief Operating Officer                              |
| Gavai       | Piyush     | Specialty Doctor                                     |
| Pridmore    | Jackie     | Medical Secretary                                    |
| Garratt     | Sharon     | Quality Governance Lead                              |
| Gregory     | Julie      | Radiographer   |
| Bentley     | Sharon     | Business Manager                                     |
| Moroney     | James      | Senior Physiotherapist                               |
| Halsall     | Sarah      | Mac Gyn Cancer Nurse Specialist                      |
| Revell      | Deborah    | Advanced Clinical Practitioner                       |
| Hind        | Richard    | Consultant   |
| Burch       | Jane       | Registered Nurse                                     |
| Orgill      | Lee        | Emergency Nurse Practitioner                         |
| Baines      | Rebecca    | Senior Programme Manager                             |
| Beardsley   | Cheryl     | Duty Nurse Manager                                   |
| Goodall     | Jacqueline | Senior Occupational Therapist                        |
| Clark       | Gillian    | MacMillan Breast Care Nurse Spec Primy Disease       |
| Conchie     | Catherine  | Clinical Lead Dietitian                              |
| Corney      | Suzanne    | Lead Nurse (Acute Oncology/CUP & Chemotherapy)       |
| Mattison    | Kim        | Head of Rostering Services                           |
| Graves      | Linda      | Consultant Paediatrician                             |
| Hodgson     | David      | Consultant   |
| Booth       | Michelle   | Chief Audiology Practitioner                         |
| Overland    | Amanda     | Matron   |
| Foley       | Stephen    | Consultant (P)                                       |
| Kitchen     | Corinne    | Quality Improvement Officer                          |
| Kuo         | Kwlan      | Specialty Doctor                                     |
| Weaver      | Kaye       | Community Team Leader                                |
| Prabu       | Bhama      | Associate Specialist                                 |
| Berriman    | Amy        | Lead Sonographer                                     |
| Pearson     | Megan      | Department Leader                                    |
| Davies      | Alison     | Consultant   |
| Smith       | Susan      | Lead Radiographer CT                                 |
| Bullock     | Martin     | Highly Specialist Pharmacist - Medicine              |
| Birchall    | Tonia      | Tissue Viability Nurse Specialist                    |
| Burgess     | Ashlie     | Breast Screening Programme Admin Manager             |
| Chapman     | Sandra     | Head Of Management Accounts                          |
| Tsirevelou  | Paraskevi  | Consultant   |
| Stinchcombe | Simon      | Consultant Radiologist                               |
| Bielak      | Slawomir   | Consultant Cardiologist                              |
| Short       | Craig      | Quality Improvement Officer                          |
| Warren      | Natalie    | Duty Nurse Manager                                   |
| Pearson     | Alison     | Assistant Human Resources Business Partner           |
| Press       | Michael    | Chief Technical Officer                              |
| Dudill      | William    | Consultant (P)                                       |
| Hart        | Rachel     | Snr Physiotherapist - Adult Inpatient Rehabilitation |
| Robinson    | Wayne      | Nurse Educator                                       |
| Shabir      | Neelam     | Sonographer  |

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|-------------------|-------------|---|
| Evans             | Paula       | Senior Infection Control Nurse                  |
| Clark             | Amy         | Advanced Clinical Practitioner                  |
| Babau Maltez      | Carlos      | Consultant                                      |
| Burton            | Sarah       | Night Team Leader                               |
| Butcher           | Melanie     | Midwifery Practitioner (Co-ordinator Ward/Dept) |
| Elkadiki          | Alia        | Consultant Chemical Pathologist                 |
| Green             | Karen       | Deputy Ward Leader                              |
| Lecira            | Cathie      | Registered Nurse                                |
| Yousef            | Pierce      | Locum Consultant (P)                            |
| Coulson           | Julie       | Respiratory Nurse Specialist                    |
| Hodges            | Rhonda      | Higher Specialist Biomedical Scientist          |
| Mariner           | Donna       | Head of Recruitment and Resourcing              |
| Gunton-Day        | Craig       | Registered Nurse                                |
| Powell            | Michael     | Head of Financial Services                      |
| Mallick           | Fatima      | Specialty Doctor                                |
| Dube              | Manas       | Locum Consultant (T)                            |
| Booker            | Nikitta     | Business Manager                                |
| Ferrier           | Sharon      | Sonographer                                     |
| Walton            | Ashley      | Ward Leader                                     |
| Mossop            | Keeley      | Cardiac Specialist Nurse                        |
| Osbon             | Victoria    | Staff Nurse                                     |
| Henson            | Stephen     | Evaluation & Monitoring Assistant               |
| Buttery           | Jamie       | Governance Support Assistant                    |
| Pashley-Smith     | Jonathan    | Consultant (P)                                  |
| Misra             | Sharat      | Consultant                                      |
| Dykes             | Dominique   | Chief Clinical Physiologist                     |
| Collins           | Elaine      | Medical Education Administrator                 |
| Gilbert           | Jenny       | Midwifery Practitioner                          |
| Simpson           | Heather     | Deputy Ward Leader                              |
| Feek              | Elizabeth   | Sonographer                                     |
| Cole              | Samantha    | Senior Business Insight Analyst                 |
| Osbon             | Carly       | High Volume Service Users Specialist Nurse Lead |
| Jones             | Francesca   | Deputy Ward Leader                              |
| Thorpe            | Linda       | Trauma and Orthopaedic Nurse Specialist         |
| Warren            | Zillah      | Deputy Ward Leader                              |
| Liptrot           | Ruth        | Advanced Nurse Practitioner                     |
| Seston            | Helen       | Cardiac Specialist Nurse                        |
| Lovett            | Ian         | Senior Business Insight Analyst                 |
| Wight             | Nicholas    | Consultant                                      |
| Crutchley         | Kelly       | Department Leader                               |
| Ramos             | Ardaine Ann | Trainee Advanced Practitioner                   |
| Nazir             | Farrukh     | Specialty Doctor Anaesthetics                   |
| Thwaites          | James       | Senior Physiotherapist                          |
| Davies            | Denise      | Ward Leader                                     |
| Reddish           | Timothy     | Non Executive Director                          |
| Allen             | Holly       | Ward Leader                                     |
| Todorova          | Ralitsa     | Midwifery Practitioner                          |
| Sarjant           | Sarah       | Clinical Risk Midwife                           |
| Buchanan          | Andrea      | Bereavement Support Assistant                   |
| Palmer            | Lorraine    | Acting Programme Director                       |
| Verma             | Poonam      | Specialty Doctor                                |
| Harwood           | Beverley    | Clinical Nurse Specialist - Emergency Surgery   |
| Cartwright        | Jane        | Department Leader                               |
| Exell             | Daniel      | Department Leader                               |
| Launders-Wheatley | Ann         | Specialist Nurse - Dermatology                  |
| Patel             | Priya       | Audiology Practitioner                          |
| Truswell          | Robert      | Strategic Head of Procurement                   |
| Goralik           | Suzanne     | Mac Gyn Cancer Nurse Specialist                 |
| Starr             | Liam        | Network & Communications Manager                |
| Sutton            | Angela      | PMO - Operations Manager                        |
| Cheesmond         | Judith      | Midwifery Practitioner (Co-ordinator Ward/Dept) |
| Nanthambwe        | Ruth        | Maternity Ward Sister                           |

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| Kerry         | Deborah    | Senior Physiotherapist                                       |
| Johnson       | Melanie    | Continuity of Care Team Leader                               |
| Harriman      | Colin      | Surgical Care Practitioner                                   |
| Dean          | Sharon     | Lead Nurse (Acute Oncology/CUP & Chemotherapy)               |
| Mason         | John       | Senior Divisional Finance Manager                            |
| Morrell       | Josephine  | Senior Contraception & Sexual Health Nurse                   |
| Newton        | Jessica    | Deputy Matron  |
| Doughty       | Sarah      | Assistant General Manager                                    |
| Charles       | Claire     | Duty Nurse Manager   |
| Cooper        | Martin     | Consultant Stroke Physician                                  |
| Haynes        | Claire     | Senior Divisional Finance Manager                            |
| Ambalkar      | Shrikant   | Consultant Microbiologist & Head of Service for Microbiology |
| Crookes       | Emma       | Lead Physiologist  |
| Sarmad        | Ambreen    | Consultant   |
| Keane         | Thomas     | Consultant Anaesthetist (P)                                  |
| Hatfield      | Jennifer   | Acute Respiratory Nurse                                      |
| Tao           | Sharon     | Consultant (P)   |
| Platts        | Frances    | Therapy Servs Operational Manager                            |
| Barnes        | Lisa       | Ward Administrator   |
| Sheldon       | Tracey     | Diabetes Specialist Nurse                                    |
| Inbasekaran   | Mahesh     | Consultant Radiologist                                       |
| Shadab        | Faisal     | Locum Consultant (P)   |
| Shehata       | Ahmed      | Specialty Doctor   |
| Kadri         | Muralidhar | Locum Consultant (P)   |
| Jenkins       | Sarah      | Ward Leader  |
| Gupta         | Navneet    | Locum Consultant Radiologist (P)                             |
| Moore         | Gail       | Heart Failure Nurse Specialist                               |
| Bekeer        | Ahmed      | Specialty Doctor   |
| Fox           | Lee        | Senior Hard FM Manager                                       |
| Mason         | Karen      | Deputy Occupational Health Manager                           |
| Cooke         | Matthew    | Data Warehouse Developer                                     |
| Barley        | Kerry      | Respiratory Nurse Specialist                                 |
| Sannapareddy  | Divija     | Specialty Doctor Anaesthetics                                |
| Briggs        | Jayne      | Upper GI Nurse Specialist                                    |
| Chinery       | Laura      | Business Manager   |
| Theaker       | Kay        | Head of Decontamination                                      |
| Swinn         | Amanda     | Infection Prevention and Control Secretary                   |
| Mukhtar       | Abdullahi  | Specialty Doctor   |
| Kamaruddin    | Hazlyna    | Consultant Cardiologist                                      |
| Ball          | Elizabeth  | Community Paediatric Specialist Nurse                        |
| Hartley       | Mandy      | Pharmacy Stores Distribution Manager                         |
| Tilbrook      | Vicky      | Specialist Nurse   |
| Tinsley       | Andrew     | Night Team Leader  |
| Hammond       | Trevor     | Divisional Clinical Lead                                     |
| Padgett       | Emilia     | Junior Doctor  |
| Patel         | Awani      | Consultant Radiologist                                       |
| Taylor        | Andrew     | Management & Planning Accountant                             |
| Goward        | Julie      | Department Leader  |
| Lilley        | Gillian    | Ophthalmic Nurse Specialist                                  |
| Ramsdale      | Carolyn    | Screening Co-ordinator (Ante Natal/New Born)                 |
| Seacroft      | Helen      | Corporate Lead for Advanced Clinical Practice                |
| Hayes         | Deborah    | Occupational Health Nurse Advisor                            |
| Sawyer        | Lesley     | Deputy Department Leader                                     |
| Nettleship    | Rachel     | Practice Development Matron                                  |
| Arif          | Muhammad   | Ophthalmic Nurse Specialist                                  |
| Allard        | Andrew     | Finance & Performance Manager                                |
| Owen          | Samantha   | Assistant General Manager                                    |
| Dabbs         | Robert     | Head of Health and Safety                                    |
| Miles-Hammond | Christine  | Resuscitation Training Manager                               |
| Hogg          | Martin     | Project and Business Change Manager                          |
| Dring         | Tracy      | Lead for Training & Clinical Advisor for Medical Equipment   |
| Gelsthorpe    | Gemma      | Service Improvement Manager                                  |

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| Abdul Nabi    | Mohammed    | Consultant Radiologist                               |
| Hassan        | Saad        | Locum Consultant (P)                                 |
| Cox-Brown     | Anna        | Senior Sonographer                                   |
| Mahmoudzadeh  | Nazanin     | Sonographer  |
| Robinson      | Laura       | Clinical Lead Dietitian                              |
| John          | Rani        | Clinical Nurse Specialist                            |
| Robinson      | Annette     | Leadership Management Training & Development Officer |
| Davidson      | Alison      | Practice Development Matron                          |
| Denny         | Nicola      | Senior Registered Nurse                              |
| Pembleton     | Caroline    | Consultant   |
| Hostler       | Leanne      | Specialist Transfusion Practitioner                  |
| Rutter        | Stephen     | Consultant   |
| Muraleedharan | Vakkat      | Consultant (P)                                       |
| McCluskey     | Lauren      | Higher Specialist Biomedical Scientist               |
| Mabeza        | Fungai      | Consultant   |
| Leivers       | Vicki       | Diabetes Specialist Nurse                            |
| Johnston      | Alecia      | Lung Cancer Nurse Specialist                         |
| Morley        | June        | Lung Cancer Nurse Specialist                         |
| Younger       | Holly       | Cardiac Specialist Nurse                             |
| Ramsay        | Kerri       | Specialty Doctor                                     |
| Dean          | Roy         | Chief Clinical Physiologist                          |
| Silva         | Sandaradura | Consultant   |
| Williams      | Patience    | Sonographer  |
| Saxelby       | Rachel      | Deputy Ward Leader                                   |
| Gueffaf       | Ahmed       | Deputy Divisional Lead Pharmacist                    |
| Hussain       | Ayla        | Deputy Divisional Lead Pharmacist                    |
| Singla        | Ritu        | Consultant (P)                                       |
| Haider        | Sarkar      | Consultant   |
| Kumar         | Yashwant    | Locum Consultant (P)                                 |
| Abouzid       | Islam       | Locum Consultant Radiologist (P)                     |
| Dennis        | Ian         | Senior Capital Projects Manager                      |
| Oliver        | Lydia       | Consultant Paediatrician                             |
| Ulikova       | Slavka      | Specialty Doctor                                     |
| Millward      | Laura       | Specialist Senior Physiotherapist                    |
| Ward          | Karen       | Diabetes Specialist Nurse                            |
| Collins       | Lorraine    | Ward Leader  |
| Ebueku        | Osaretin    | Specialty Doctor                                     |
| Kong          | Shin Wei    | Specialist Clinical Pharmacist                       |
| Garbett       | Francine    | Registered Nurse                                     |
| Hughes        | Natalie     | Deputy Divisional Lead Pharmacist                    |
| Cope          | Rhian       | Matron   |
| Whitehead     | Joanne      | Midwifery Practitioner (Co-ordinator Ward/Dept)      |
| Rodgers       | Kate        | Clinical Applications Practitioner                   |
| Vindla        | Srinivas    | Consultant   |
| Johnson       | Katarzyna   | Business Administration Apprentice                   |
| Parkinson     | Elaine      | Specialist Nurse - Dermatology                       |
| Hickman       | Hayley      | Advanced Clinical Practitioner                       |
| Mulliss       | Robert      | Senior Biomedical Scientist                          |
| Anstess       | Stephanie   | Nurse Consultant                                     |
| Pemberton     | Sarah       | Maternity Ward Sister                                |
| Keeling       | Craig       | Matron   |
| Ghazy         | Dina        | Specialty Doctor                                     |
| Barrett       | Amanda      | Senior Service Improvement Facilitator               |
| Yousuf        | Muhammad    | Specialty Doctor                                     |
| Derbyshire    | Jeanette    | Consultant Paediatrician                             |
| Williams      | Samantha    | Team Leader - Paediatrics                            |
| Chohan        | Tahir       | Consultant   |
| Rajeswary     | Jyothi      | Consultant (P)                                       |
| Khan          | Khalid      | Consultant   |
| Awan          | Modassar    | Specialty Doctor                                     |
| Grainger      | Alan        | Registered Nurse                                     |
| Lee           | Roseanne    | Midwifery Practitioner                               |

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| Partridge          | Jane          | Midwifery Practitioner (Co-ordinator Ward/Dept) |
| Baylis             | Elizabeth     | Bank Higher Specialty Trainee and SAS Rota      |
| Gardner            | Heather       | Library and Knowledge Services Manager          |
| Watts              | Claire        | Registered Nurse                                |
| Evans              | Peter         | Chief Digital Security and Information Officer  |
| Levers             | Maria         | Advanced Physiotherapist Practitioner           |
| Skelton            | Lucy          | Assistant General Manager                       |
| Szoke-Balaban      | Eugenia       | Specialty Doctor                                |
| Magham             | Srinivas      | Consultant (P)                                  |
| Elsom              | Rebecca       | Divisional General Manager                      |
| Carter             | Mark          | Advanced Nurse Practitioner                     |
| Ali                | Amr           | Consultant (P)                                  |
| Whittlestone       | Sally         | Senior Registered Nurse                         |
| Dorairaj           | Ina           | Consultant                                      |
| Eltawagny          | Mahmoud       | Specialty Doctor                                |
| Ngwu               | Ursula        | Consultant                                      |
| Khu Khu            | Sarah         | Advanced Clinical Pharmacist - EPMA             |
| Rodriguez-Albarran | Fernando      | Consultant                                      |
| Jevons             | Sarah         | Trainee Advanced Practitioner                   |
| Appleby            | Samantha      | Emergency Nurse Practitioner                    |
| Tomlinson          | Leonie        | Trainee Advanced Practitioner                   |
| Bhatti             | Muhammad      | Consultant                                      |
| Boxall             | Natalie       | Infant Feeding Co-ordinator                     |
| Clarke             | Caroline      | Emergency Nurse Practitioner                    |
| Williams           | Nathaniel     | Specialty Doctor                                |
| Hussain            | Kashif        | Consultant (P)                                  |
| Sheriston          | Greg          | Financial Accountant                            |
| Olukinni           | Olumide       | Specialty Doctor                                |
| Edmond             | Daniel        | Specialty Doctor                                |
| Mohamed            | Aboubakr      | Specialty Doctor                                |
| Mian               | Fahd          | Consultant (P)                                  |
| Holland            | Elizabeth     | Deputy Divisional General Manager               |
| Jayakumar          | Delicia       | Bank Higher Specialty Trainee and SAS Rota      |
| Mohammed           | Haithem       | Consultant Rheumatologist                       |
| Lawler             | Kim           | Medicines Management Technician                 |
| Rehan              | Jahan         | Consultant Stroke Physician                     |
| Burge              | Frances       | Consultant                                      |
| Abbas              | Ali           | Consultant (P)                                  |
| Dwyer              | Ashleigh      | Midwifery Practitioner (Co-ordinator Ward/Dept) |
| Ali                | Shaukat       | Consultant                                      |
| Watson             | Nicholas      | Consultant                                      |
| Brown              | Hannah        | Fernwood Community Unit Lead                    |
| Pearson            | Amanda        | Medical Secretary                               |
| Annapurni          | Anupriya      | Consultant (P)                                  |
| Subramani          | Deepak        | Consultant (P)                                  |
| Foster             | Rebecca       | Consultant                                      |
| Ranchordas         | Charlotte     | Promoting Wellbeing Lead                        |
| Wright             | Stephen       | Emergency Nurse Practitioner                    |
| Bray               | Samantha      | Improvement Manager                             |
| Darraj             | Eyad          | Specialty Doctor                                |
| Woodward           | Simon         | PMO Senior Insights Analyst                     |
| Malik              | Uzair         | Specialty Doctor                                |
| Lwin               | Nyi           | Specialty Doctor                                |
| Wray               | Diane         | Quality Governance Facilitator                  |
| Bragg              | Damian        | Specialty Registrar Year 3+                     |
| Nigam              | Keshav        | Consultant                                      |
| Haribaskaran       | Krishnaswamy  | Locum Consultant (P)                            |
| Birdi              | Surinder      | Specialty Doctor                                |
| Ali                | Asfar         | Senior Clinical Fellow                          |
| Gangwani           | Pikun         | Specialty Doctor                                |
| Badrinath          | Krishnamurthy | Consultant & Clinical Governance Lead           |
| Kothari            | Ritu          | Specialty Doctor                                |

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|-----------------|-------------|---|
| Ward            | Lesley      | Practice Development Matron                               |
| Ahmad           | Khalil      | Locum Consultant (P)                                      |
| Benfield        | Sara        | Consultant  |
| Salem-Saqer     | Hatem       | Consultant  |
| Wright          | Amie        | Receptionist  |
| Rajendran       | Rosh        | Specialty Doctor  |
| Malia           | Victoria    | Operational Development and Network Manager: Proud2bOps   |
| Bull            | Melanie     | Matron  |
| Dickinson       | Carla       | Ward Leader   |
| Smiley          | Kathleen    | Matron  |
| Taylor          | John        | Senior BI Developer                                       |
| Bulgin          | Melanie     | Department Leader   |
| Khan            | Asif        | Consultant  |
| Wood            | Julie       | Cardiac Rehab Specialist Nurse                            |
| Bennett         | Carolyn     | Breast Care Nurse Specialist                              |
| Williams        | Beverley    | Cardiac Rehab Specialist Nurse                            |
| Orgill          | Kay         | Department Leader   |
| Sutcliffe       | Nicola      | Chief Clinical Physiologist                               |
| Corderoy-Foster | Richard     | Practice Development Matron                               |
| Milton          | Joanne      | Therapy Team Leader- HCOP                                 |
| Ragsdale        | Keeley      | Ward Leader   |
| Johnson         | David       | Urology Cancer Nurse Specialist                           |
| Moss            | Michelle    | ENT Nurse Specialist                                      |
| Gambell         | Emma        | Radiography Clinical Educator                             |
| Murphy          | Andrea      | Macmillan Cancer Information and Support Service Lead     |
| Sheppard        | Hayley      | Emergency Nurse Practitioner                              |
| Taylor          | Jayne       | Department Leader   |
| McCartan        | Catherine   | Registered Nurse  |
| Gande           | Arun        | Pharmacist  |
| Mamadi          | Ibrahim     | Specialty Doctor  |
| Ali             | Ahmed       | Specialty Doctor  |
| Elgindy         | Mostafa     | Specialty Doctor  |
| Clifford        | Sally       | Chief Clinical Physiologist                               |
| Williams        | Nicola      | Cardiac Specialist Nurse                                  |
| Maskhut         | Osama       | Locum Consultant (P)                                      |
| Agbeshie        | Caleb       | Business Manager  |
| Khan            | Adnan       | Consultant  |
| Abdul Karim     | Mohamed     | Locum Consultant  |
| Nix             | Dawn        | Chief Clinical Physiologist                               |
| Eid             | Galal       | Specialty Doctor  |
| Barnes          | Zoe         | Department Leader   |
| Mohamed         | Atef        | Specialty Doctor  |
| Williams        | Christopher | Senior Physiotherapist                                    |
| West            | Carmel      | Lead Medical Examiner Officer & Bereavement Manager       |
| Johnson         | Linda       | Advanced Clinical Physiologist                            |
| Spizer          | Julie       | MCA,DoLs,LPS Lead Practitioner                            |
| Grayson         | Kathryn     | Cancer Improvement Programme Manager                      |
| Franklin        | Elizabeth   | Lead Chaplain   |
| Al-Shukri       | Jaber       | Consultant  |
| Cannon          | Kimberley   | Sustainability Service Lead                               |
| Chapman         | Karen       | Senior Sonographer  |
| Upton           | Stephen     | Senior Operations Manager                                 |
| Abid            | Muhammad    | Consultant  |
| Gregory         | Melanie     | Locum Consultant  |
| Downey          | Adam        | Specialist Clinical Pharmacist                            |
| Gunarathne      | Dhamindra   | Locum Consultant Radiologist (P)                          |
| Worboys         | Tina        | Moving and Handling Co-ordinator                          |
| Baig            | Zahraa      | Specialist Clinical Pharmacist                            |
| Ip              | Pikshun     | Advanced Clinical Physiologist                            |
| Parnham         | Laura       | Electronic Observations Expert / Snr Trainer Clinical ICT |
| Eastwood        | Faye        | Midwifery Practitioner                                    |
| Jones           | Stephen     | Consultant  |

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| Chilamkurthi       | Rajasekhar  | Consultant  |
| Purdie             | Jake        | Health Care Support Worker                                |
| Podgorzec          | Kirsty      | Radiography Clinical Educator                             |
| Bardgett           | Lucy        | Senior Physiotherapist                                    |
| McKenna Favier     | Siobhan     | Divisional General Manager                                |
| Bland              | Inbal       | Culture Transformation Specialist                         |
| Hastings           | Kimberley   | Neonatal Specialist Nurse for Infant Feeding              |
| Watts              | Paul        | Head of Project Communications                            |
| Gill               | Munita      | Advanced Spec Clinical Pharmacist - Antimicrobial Therapy |
| Fagan              | Cheryl      | Night Team Leader   |
| Leung              | Richard     | Specialist Pharmacist - High Cost Drugs                   |
| Mitchell           | Kelly       | Specialist Nurse  |
| Thomas             | Ricky       | Pathology Quality Manager                                 |
| Dunn               | Lisa        | Registered Nurse  |
| Swaile             | Heather     | Advanced Clinical Practitioner                            |
| Symcox             | Theresa     | Duty Nurse Manager  |
| Elamin             | Elamin      | Locum Consultant (P)                                      |
| Bass               | Nicola      | Trust Grade Registrar                                     |
| Jeffs              | Melissa     | Matron  |
| Leah               | Jennifer    | Deputy Chief Financial Officer                            |
| Dave               | Dhaval      | Consultant  |
| Ohadike - Shepherd | Corah       | Consultant (P)  |
| Agarwal            | Kavita      | Consultant (P)  |
| Duffield           | Marcus      | Head of Communications                                    |
| Ali                | Salma       | Consultant  |
| Jackson            | Susan       | Registered Nurse  |
| Joharchi           | Suzanne     | Lung Cancer Nurse Specialist                              |
| Truscott           | Jennifer    | Emergency Nurse Practitioner/Senior Registered Nurse      |
| Burgoyne           | Jamie-Rae   | Business Manager  |
| Ashmore            | Rachel      | Business Manager  |
| Pickard            | Nina        | Senior Orthoptist   |
| Gamlin             | Cheryl      | Specialist Advanced Audiologist                           |
| Dhar-Munshi        | Sushma      | Consultant  |
| Goddard            | Jason       | Department Leader (ODP)                                   |
| Mudiam             | Gnaneshwar  | Specialty Doctor  |
| Bramley            | Pauline     | Ward Leader   |
| Wakefield          | Natalie     | Specialist Advanced Audiologist                           |
| Stubbins           | Melissa     | Registered Nurse  |
| Shabir             | Mohammad    | Medical Engineering Section Manager                       |
| Gamez-Heath        | Ricardo     | Advanced Clinical Practitioner                            |
| Mellors            | Karen       | Project and Business Change Manager                       |
| White              | Julie       | Decontamination Services Manager                          |
| Kearsley           | Deborah     | Head of Operational HR                                    |
| Pleasance          | Ian         | Specialist Advanced Audiologist                           |
| Davis              | Lucy        | Senior Orthoptist   |
| Caunt              | Sophie      | Audit Midwife   |
| Shaw               | Julie       | Community Team Leader                                     |
| Laios              | Thomas      | Consultant  |
| Lenzi              | Elisa       | Senior Clinical Fellow                                    |
| Ward               | Rhianne     | Midwifery Practitioner                                    |
| Elsiddeg           | Khider      | Senior Clinical Fellow                                    |
| Ahmed              | Abdelnasser | Locum Consultant (P)                                      |
| Lanckham           | Pamela      | Senior Radiographer                                       |
| Kirkbride          | Victoria    | Deputy Occupational Health Manager                        |
| Dhokia             | Vishal      | Consultant Intensivist                                    |
| Ahmad              | Zena        | Specialty Doctor  |
| Younes             | Mohamed     | Specialty Doctor  |
| Allan              | Charles     | Vaccine Site Manager                                      |
| Hayward            | Georgina    | Nurse Educator  |
| Vithanage          | Bandara     | Specialty Doctor (MC46)                                   |
| Mistry             | Hasmukh     | Enterprise Business Analyst                               |
| Adgar              | Rebekah     | Vaccine Site Manager                                      |

|               |                 |   |
|---------------|-----------------|---|
| Ashraf        | Mohammad        | Consultant Urological Surgeon                   |
| Bullock       | Victoria        | Specialist Physiotherapist                      |
| Natarajan     | Manjunath       | Specialty Doctor                                |
| Grainger      | Stephen         | Specialist Advanced Audiologist                 |
| Wright        | Joanne          | Divisional Director - DRD                       |
| Banks         | Stephen         | Non Executive Director                          |
| Rashid        | Aly             | Non Executive Director                          |
| Dawkins       | Emma            | Highly Specialist Speech & Language Therapist   |
| Jackson       | Mark            | Deputy Head of Estates and Facilities           |
| Gouldstone    | Amy             | People Wellbeing Lead                           |
| Erridge       | Kathleen        | Clinical Educator                               |
| Jevons        | Sarah           | Registered Nurse                                |
| Price         | David           | Estates Operations Officer                      |
| Riley         | Michelle        | Sterile Services Team Leader                    |
| Ibrahim       | Ensaf           | Senior Clinical Fellow                          |
| Wilkinson     | Clare           | Consultant Rheumatologist                       |
| Saha          | Avinandan       | Specialty Doctor                                |
| Harris        | Carolyn         | Trainer/Assessor                                |
| Khan          | Saqib           | Specialty Doctor                                |
| Slater        | Jessica         | Consultant Paediatrician                        |
| Chell         | Ian             | Sonographer                                     |
| Munatsi       | Shereen         | Consultant                                      |
| Staton        | Barbara         | Team Leader - Hand Team                         |
| Saeed         | Mohammed        | Consultant (P)                                  |
| Hakeem-Habeeb | Akinbode        | Consultant (P)                                  |
| Tennegedara   | Asanka          | Specialty Doctor                                |
| Smith         | Ruth            | Specialty Registrar - Year 4 LTFT Trainee       |
| Grundy        | Adam            | Head Of Occupational Health/Lead Nurse          |
| Barker        | Gemma           | Quality Governance Lead                         |
| Ogunjimi      | Olufunmilola    | Programme Manager                               |
| Baldry        | Lorraine        | Management Accounts Manager                     |
| Tyler         | Samantha        | Midwifery Practitioner (Co-ordinator Ward/Dept) |
| Scottow-Fagan | Catherine       | Highly Specialist Speech & Language Therapist   |
| Harper        | Victoria        | Team Leader                                     |
| Dean          | Nicola          | Midwifery Practitioner (Co-ordinator Ward/Dept) |
| Nawaz         | Mohammed Shoaib | Senior Clinical Fellow                          |
| Harding       | Paul            | Assistant Divisional Manager                    |
| Wright        | Nicola          | Maternity Ward Sister                           |
| Mandac        | Eleanor         | Macmillan Clinical Nurse Specialist             |
| Jahan         | Mohammed        | Consultant Surgeon                              |
| Abouelatta    | Mohamed         | Specialty Doctor                                |
| Majumdar      | Purnendu        | Consultant                                      |
| Kennedy       | Adam            | Orthotic Team Leader                            |
| Storry        | Louise          | Work Experience Co-ordinator                    |
| Tomlinson     | Chloe-Jaye      | Assistant Project Manager                       |
| Smith         | Susan           | Research Nurse                                  |
| Steel         | Adele           | Critical Care Outreach Sister                   |
| Ferris        | Ian             | Tobacco Dependence Service Lead                 |
| Temple        | Suzanne         | Senior Physiotherapist                          |
| Wiley         | Caroline        | Senior Occupational Therapist                   |
| Radford       | Kayleigh        | Medicines Management Technician                 |

**Non-compliant Staff Band 7+ for 2021/22 (as of 28/03/22)**

| Last name    | First name | Position name  | Divison                                     | Department                                       | Job staff group                  |
|--------------|------------|--|---|--|----------------------------------|
| Bacon        | Tania      | Chief Nurse Clinical Fellow                                | 214 Corporate - L2                          | 214 TN20704 Nursing Admin - L6                   | Nursing and Midwifery Registered |
| Brown        | Richard    | Head of Communications                                     | 214 Corporate - L2                          | 214 TS19730 Communications - L6                  | Administrative and Clerical      |
| Du Rose      | Michael    | Head of Learning and Organisational Development            | 214 Corporate - L2                          | 214 TC29746 Culture & Improvements Manager - L6  | Administrative and Clerical      |
| James        | Deborah    | Specialist Clinical Occupational Health Nurse              | 214 Corporate - L2                          | 214 TH15668 Occupational Health KMH - L6         | Nursing and Midwifery Registered |
| Kearsley     | Dawn       | Lead EPMA Nurse  | 214 Corporate - L2                          | 214 KX14555 E-Prescribing - L6                   | Nursing and Midwifery Registered |
| McManus      | Margaret   | Deputy Chief Operating Officer                             | 214 Corporate - L2                          | 214 TS19738 Services Operations - L6             | Administrative and Clerical      |
| Hibberd      | Joanne     | Lead Radiographer - Nuclear Medicine                       | 214 Diagnostics & Outpatients Division - L2 | 214 CR24418 KMH - Generic Radiology - L6         | Allied Health Professionals      |
| Holmes       | Rebecca    | Lead for Training & Clinical Advisor for Medical Equipment | 214 Diagnostics & Outpatients Division - L2 | 214 CS19460 Medical Equipment Management - L6    | Healthcare Scientists            |
| McCarthy     | Collette   | Sonographer  | 214 Diagnostics & Outpatients Division - L2 | 214 CR24422 KMH Ultrasound - L6                  | Healthcare Scientists            |
| Pearce       | James      | Lead Radiographer - Nuclear Medicine                       | 214 Diagnostics & Outpatients Division - L2 | 214 CR24418 KMH - Generic Radiology - L6         | Allied Health Professionals      |
| Singh        | Clare      | Senior Physiotherapist - Amputee Service                   | 214 Diagnostics & Outpatients Division - L2 | 214 CT31402 KMH - Amputee - L6                   | Allied Health Professionals      |
| Sleightholme | Jordan     | Higher Specialist Biomedical Scientist                     | 214 Diagnostics & Outpatients Division - L2 | 214 CP22402 Diagnostic Haematology - L6          | Healthcare Scientists            |
| Zaitoun      | Abdul      | Consultant   | 214 Diagnostics & Outpatients Division - L2 | 214 CP17400 Consultants Histopathology - L6      | Medical and Dental               |
| Daniel       | Amanda     | Specialist Nurse Oncology                                  | 214 Medicine Division - L2                  | 214 EN27148 Oncology Specialist Nurses - L6      | Nursing and Midwifery Registered |
| Litchfield   | Susan      | Specialist Nurse - Dermatology                             | 214 Medicine Division - L2                  | 214 EN27149 Dermatology Specialist Nurses - L6   | Nursing and Midwifery Registered |
| Wooltorton   | Andrea     | Specialist Nurse   | 214 Medicine Division - L2                  | 214 EN27147 Haematology Specialist Nurses - L6   | Nursing and Midwifery Registered |
| Dudley       | Ciaran     | Chief Nurse Clinical Fellow                                | 214 NHS - L2                                | 214 NI13743 Digital Aspirations - L6             | Nursing and Midwifery Registered |
| Arnold       | Ellie      | Business Manager   | 214 Surgery Division - L2                   | 214 PS16370 Planned Care Div Management - L6     | Administrative and Clerical      |
| De Soysa     | Jeewana    | Specialty Doctor Anaesthetics                              | 214 Surgery Division - L2                   | 214 PA17260 Medical Staff Anaesthetics KMH- L6   | Medical and Dental               |
| Hennell      | Sarah      | Specialty Doctor Anaesthetics                              | 214 Surgery Division - L2                   | 214 PA17260 Medical Staff Anaesthetics KMH- L6   | Medical and Dental               |
| Johnson      | Rachel     | Trauma and Orthopaedic Nurse Specialist                    | 214 Surgery Division - L2                   | 214 PO27360 Specialist Nurses T&O - L6           | Nursing and Midwifery Registered |
| Johnson      | David      | Urology Cancer Nurse Specialist                            | 214 Surgery Division - L2                   | 214 PG27292 Specialist Nurses Urology - L6       | Nursing and Midwifery Registered |
| Mohammed     | Mohammed   | Senior Clinical Fellow                                     | 214 Surgery Division - L2                   | 214 PG17262 General Surgery - Medical Staff - L6 | Medical and Dental               |
| Mubashir     | Fauzia     | Consultant   | 214 Surgery Division - L2                   | 214 PA17260 Medical Staff Anaesthetics KMH- L6   | Medical and Dental               |
| Rutter       | Julie      | Consultant   | 214 Surgery Division - L2                   | 214 PA17260 Medical Staff Anaesthetics KMH- L6   | Medical and Dental               |
| Sarkar       | Som        | Consultant Anaesthetist (P)                                | 214 Surgery Division - L2                   | 214 PA17260 Medical Staff Anaesthetics KMH- L6   | Medical and Dental               |
| Seneviratne  | Kolthra    | Consultant (P)   | 214 Surgery Division - L2                   | 214 PA17260 Medical Staff Anaesthetics KMH- L6   | Medical and Dental               |
| Philip       | Sapna      | Consultant   | 214 Urgent & Emergency Care Division - L2   | 214 UE17063 Acute Physicians - L6                | Medical and Dental               |
| Soe          | May        | Senior Clinical Fellow                                     | 214 Urgent & Emergency Care Division - L2   | 214 UE17063 Acute Physicians - L6                | Medical and Dental               |
| Brewin       | Jack       | Admin Manager  | 214 Vaccination Programme - L2              | 214 VS16170 Vaccination SFH Staff - L6           | Administrative and Clerical      |
| Moir         | Felicity   | ICS Operations Centre Lead                                 | 214 Vaccination Programme - L2              | 214 VS16170 Vaccination SFH Staff - L6           | Administrative and Clerical      |
| Parmar       | Vikesh     | Deputy Pharmacy Vaccination Manager                        | 214 Vaccination Programme - L2              | 214 VS16170 Vaccination SFH Staff - L6           | Add Prof Scientific and Technic  |
| Waterhouse   | Jessica    | Vaccine Site Manager                                       | 214 Vaccination Programme - L2              | 214 VS16170 Vaccination SFH Staff - L6           | Nursing and Midwifery Registered |
| Boyd         | Gemma      | Consultant Midwife   | 214 Women & Childrens Division - L2         | 214 WS16370 W & C Div Management - L6            | Nursing and Midwifery Registered |
| Eastwood     | Faye       | Practice Development Midwife                               | 214 Women & Childrens Division - L2         | 214 WM27358 Specialist Midwives - L6             | Nursing and Midwifery Registered |
| Lord         | Lynsey     | Practice Development Matron                                | 214 Women & Childrens Division - L2         | 214 WP27280 Specialist Nurses - Paediatric - L6  | Nursing and Midwifery Registered |
| Morgan       | George     | Consultant   | 214 Women & Childrens Division - L2         | 214 WM17272 Medical Staff - Obs & Gynae - L6     | Medical and Dental               |
| Vizzard      | Julie      | Practice Development Midwife                               | 214 Women & Childrens Division - L2         | 214 WM27358 Specialist Midwives - L6             | Nursing and Midwifery Registered |
| Williams     | Rachel     | Paediatric Diabetes Nurse Specialist                       | 214 Women & Childrens Division - L2         | 214 WP27280 Specialist Nurses - Paediatric - L6  | Nursing and Midwifery Registered |

**Register of Interests for 2021/22 (as of 28/03/22)**

| Date From | Date To | Lastname            | Firstname | Positionname                  | Type of Benefit           | Company Name   | Benefit Details  | Value  |
|-----------|---------|---------------------|-----------|-------------------------------|---------------------------|--|--|--|
| 2021/22   | 2021/22 | Schreuder           | Maria     | Consultant                    | Clinical Private Practice | The Park and Woodthorpe Hospitals                            | Clinical Private and NHS practice outside SFH: The Park Hospital Woodthorpe Hospital Clinical work as T&O Consultant Half day sessions on Thursday pm's and Saturday am's.   | N/A  |
| 2021/22   | 2021/22 | Tilbrook            | Sean      | Lead Physiologist             | Clinical Private Practice | The Nottingham Road Clinic                                   | I see private patients at The Nottingham Road Clinic, in my capacity as a sleep physiologist. I typically set patients up with either home sleep studies, or trials of treatment with CPAP. I am paid a set fee for each patient I see and this is entirely separate to my role as a clinical physiologist at SFH, where I see NHS patients.   | N/A  |
| 2021/22   | 2021/22 | Tilbrook            | Sean      | Lead Physiologist             | Clinical Private Practice | occupational health departments and / or insurance companies | I am from time to time approached by various external entities (occupational health departments and / or insurance companies) to provide medical reports for patients under the care of my NHS sleep clinic. I prepare these reports in my own time (outside my usual NHS working hours).  | N/A  |
| 2021/22   | 2021/22 | Tilbrook            | Sean      | Lead Physiologist             | Clinical Private Practice | The Nottingham Road Clinic                                   | I perform Spirometry at The Nottingham Road Clinic. I am paid on a per patient basis and this is entirely separate to my role as a clinical physiologist at SFH.   | N/A  |
| 2021/22   | 2021/22 | Buckley             | Arthur    | Outreach Physiotherapist      | Clinical Private Practice | Saltergate Physiotherapy Ltd. Chesterfield.                  | Self Employed physiotherapist in a private practice 2 days per week on the days I don't work for the NHS.  | N/A  |
| 2021/22   | 2021/22 | Kurian              | Jomy      | Consultant                    | Clinical Private Practice | No benefits or gifts.  | I do private practice on Mondays which is shown and agreed in annual job planning.   | BMI the park hospital on monday mornings and Woodthorpe hospital monday afternoon twice a month. |
| 2021/22   | 2021/22 | John                | Joby      | Consultant                    | Clinical Private Practice | BMI Park Hospital  | clinic & adhoc theatre sessions  | NA   |
| 2021/22   | 2021/22 | John                | Joby      | Consultant                    | Clinical Private Practice | Onehealth  | Adhoc list and clinic  | na   |
| 2021/22   | 2021/22 | John                | Joby      | Consultant                    | Clinical Private Practice | Woodthorpe Hospital  | Adhoc clinic & theatre   | na   |
| 2021/22   | 2021/22 | John                | Joby      | Consultant                    | Clinical Private Practice | premix & Mobile doctors                                      | medicolegal  | na   |
| 2021/22   | 2021/22 | Menon               | Achyuth   | Consultant                    | Clinical Private Practice | BMI the park hospital  | registered at the park hospital. Do sessions as per job plan and when it does not affect clinical or management commitments out of hours   | N/A  |
| 2021/22   | 2021/22 | Menon               | Achyuth   | Consultant                    | Clinical Private Practice | Circle healthcare and nottingham road clinic                 | Do occasional clinics at Nottingham road occasionally see private patients at Nottingham road clinic   | n/a  |
| 2021/22   | 2021/22 | Srinivasan          | Sreebala  | Consultant                    | Clinical Private Practice | BMI PARK hospital  | Friday am alternate weeks I work at Park hospital.I provide clinical services for patients with ' Hip pathology'There are no conflicts to my NHS practise due to this  | NA   |
| 2021/22   | 2021/22 | Srinivasan          | Sreebala  | Consultant                    | Clinical Private Practice | Glanso   | I perform Adhoc elective list during weekends/ non working day at KMH under the insourcing scheme - Glanso   | NA   |
| 2021/22   | 2021/22 | Anantharamakrishnan | Krishnan  | Consultant Urological Surgeon | Clinical Private Practice | N/A  | Nottingham Ramsay Woodthorpe Hospitals - Consultant Urological Surgeon - Attends outpatients clinics, Conduct theatres, for both Choose and Book patients and private patients - Practice on Mondays, Tuesdays, Saturdays and Sundays - Mondays variable slated to be all day between 9.00 am and 4.00 pm; Tuesdays variable slated to be between 9.00 am and 4.00 pm. Saturdays variable 9.00 am and 1.00pm for cystoscopy lists and outpatients; Sundays operating variable days - 8.00 am and 1.00 pm - depends on patient case loads; Action taken to avoid conflict is to ensure this appears as NON-NHS days - I am a part time NHS on Wednesdays, Thursdays and Fridays; so, complete avoidance of conflict of interest; During hot week on-calls, complete cessation of the clinical private practice - careful forward monitoring to prevent any overlaps, and always put priority to the NHS work; | N/A  |
| 2021/22   | 2021/22 | Anantharamakrishnan | Krishnan  | Consultant Urological Surgeon | Clinical Private Practice | N/A  | Nottingham Woodthorpe Hospitals - January 2020 - January 2021 and ongoing  | N/A  |
| 2021/22   | 2021/22 | Chidambaram         | Alagappan | Consultant                    | Clinical Private Practice | AC ENT SERVICES LIMITED                                      | I continue to do Clinical Private Practice at The Park Hospital in Nottingham and treat occasionally private patients at KMH.  | N/A  |
| 2021/22   | 2021/22 | Sharma              | Priyanka  | Consultant                    | Clinical Private Practice | British Medical Expert                                       | Medicolegal report witness expert  | N/A  |
| 2021/22   | 2021/22 | Gale                | Michael   | Consultant                    | Clinical Private Practice | Ramsay Healthcare, CIGNA Health Insurance, BUPA, AXA         | I see NHS C&B, and private, patients on alternate Thursdays at the Nottingham Woodthorpe Hospital. 2 Sessions per day.   | n/a  |
| 2021/22   | 2021/22 | Fergie              | Neil      | Consultant                    | Clinical Private Practice | N/A  | Private practice at Park Hospital and Spire Hospital as detailed in my job plan. Practice reflects my NHS practice   | N/A  |

|         |         |             |                 |   |                           |  |   |                   |
|---------|---------|-------------|-----------------|---|---------------------------|--|---|-------------------|
| 2021/22 | 2021/22 | Gopinathan  | Vinodkumar      | Consultant  | Clinical Private Practice | BMI healthcare   | I practice in the private sector in two different hospitals during my non nhs time I offer anaesthetic services at Wood Thorpe hospital, BMI Park Nottingham on an adhoc basis when required. On an average its about 6-8 sessions a month including the weekends. I also offer my services as a trained "Crowd Doctor" for the Mansfield town Football club when needed - one Saturday a month or less.  | N/A               |
| 2021/22 | 2021/22 | Haughton    | Melanie         | Chief Clinical Physiologist/Vascular Technologist/Sonographer | Clinical Private Practice | The Spire Nottingham Hospital                                      | 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 March 2021 beginning of April 2021.   | N/A               |
| 2021/22 | 2021/22 | Veemarajan  | Balasubramanian | Consultant  | Clinical Private Practice | None   | BMI Park hospital - ad hoc Nottingham woodthorpe hospital - ad hoc Spire Hospital Nottingham - ad hoc PICS community pain clinic - ad hoc. Private practice through a limited company in which I am one of the directors.   | None              |
| 2021/22 | 2021/22 | Chari       | Raymond         | Consultant  | Clinical Private Practice | Chari Surgical Consultants Limited                                 | Undertake Private Clinical Practice in the form of Medical Reports. Friday am Mansfield clinic, 14 Woodhouse road.  | N/A               |
| 2021/22 | 2021/22 | Ward        | Susan           | Consultant  | Clinical Private Practice | Susan Ward   | Consulting and operating at The Park Hospital   | 26,000 gross      |
| 2021/22 | 2021/22 | Jagdale     | Ranjeet         | Consultant  | Clinical Private Practice | 4WAYS  | I undertake Telereporting for a private company outside my routine NHS working hours.   | N/A               |
| 2021/22 | 2021/22 | Bidwai      | Amit            | Consultant  | Clinical Private Practice | na   | Private Medical Services provided for BMI healthcare and Ramsay Healthcare  | na                |
| 2021/22 | 2021/22 | 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               |
| 2021/22 | 2021/22 | Subramaniam | Srinivasan      | Consultant  | Clinical Private Practice | BMI  | Comments: BMI The Park Hospital, outside my DCC/SPA sessions  | N/A               |
| 2021/22 | 2021/22 | Subramaniam | Srinivasan      | Consultant  | Clinical Private Practice | Spire  | Spire Nottingham Hospitals, Sessions Outside my DCC/SPA   | N/A               |
| 2021/22 | 2021/22 | Haydock     | Catharine       | Senior Physiotherapist  | Clinical Private Practice | Southwell Physiotherapy and Sports Injury Clinic.                  | Catharine Haydock, Senior Physiotherapist. Working at Southwell Physiotherapy and Sports Injuries Clinic, treating Women's Health Referrals on an adhoc basis.  | N/A               |
| 2021/22 | 2021/22 | Desai       | Vikram          | Consultant  | Clinical Private Practice | BMI The Park Hospital  | I do Private practice at The BMI Park hospital on my days off from the hospital and outside my NHS time   | N/A               |
| 2021/22 | 2021/22 | Desai       | Vikram          | Consultant  | Clinical Private Practice | Glanco   | I have signed up with Glanco to provide clinical work at Kings Mill Hospital  | N/A               |
| 2021/22 | 2021/22 | Anthony     | Deborah         | Specialist Clinical Lead for Ortho Inpatients & Outpatients   | Clinical Private Practice | The Nottingham Road Clinic   | Private Physiotherapy at the Nottingham Road Clinic Mansfield. I see self pay and patients from BUPA/AXA and other private healthcare companies. 7 hours per week maximum   | N/A               |
| 2021/22 | 2021/22 | Paul        | Pulak           | Consultant  | Clinical Private Practice | N/A  | I work through Critical Care Consulting Partnership (CCCP). Hospitals include, BMI Park Hospital, Nottingham: Covering critical unit on call, average two days on calls a month. Spire Nottingham Hospital: Covering critical unit on call, average two days on calls a month, occasional theatre lists. I have temporary honorary contract to NUH for IT access as some of the patients treated at Park hospital are from NUH NHS patients during this COVID 19 pandemic. I have a Limited Company "P Meeta Ltd", set up in June 2021. Through this company I will be doing my Private Clinical work at Park & Spire Hospital. | 0                 |
| 2021/22 | 2021/22 | Kulkarni    | Sushrut         | Bank Higher Specialty Trainee and SAS Rota                    | Clinical Private Practice | BMI Park Hospital, Ramsay Health, Circle Health & Private insurers | Private practice carried out as detailed in my job plan at the following venues: 1. BMI Park Hospital 2. Nottingham Woodthorpe Hospital 3. Nottingham Road Clinic   | Paid into company |
| 2021/22 | 2021/22 | Lowe        | Morgan          | RePair Fellow HEE   | Clinical Private Practice | Hallamshire Physiotherapy  | Approximately 1 hours per week at a private Physiotherapy clinic in Sheffield seeing pelvic, obstetric and gynaecology patients.  | N/A               |
| 2021/22 | 2021/22 | Thompson    | Owain           | Consultant (P)  | Clinical Private Practice | OCJT Anaesthetic Services Ltd.                                     | Changed private practice from sole trader to limited company as of 1st April 2017 (I am one of the company directors). My line manager is Mr Achyuth Menon (Clinical Director, Surgical Division).  | N/A               |
| 2021/22 | 2021/22 | Ashida      | Alexandra       | Occupational Therapist  | Clinical Private Practice | Green Tree Therapy   | Solution Focused Brief Therapy Practitioner / Clinical Hypnotherapist Company owner   | N/A               |
| 2021/22 | 2021/22 | Mangion     | David           | DE Consultant   | Clinical Private Practice | David Mangion Consultancy Ltd                                      | I do a small amount of private medical consultations in Lincolnshire. This is as required.. I also do some medicolegal reports. Again, this is as opportunity arises. The estimated value of these activities is about £6000. It is billed by David Mangion Consultancy Ltd. The work is done outside hours contracted with Sherwood Forest Foundation Hospital Trust. I do not see that there is a conflict of interest in this instance.  | £500              |
| 2021/22 | 2021/22 | Ahmad       | Naeem           | Consultant  | Clinical Private Practice | see above  | I see patients privately. A company, Mindfulness health has approached me to work in cooperation with them. I will probably accept their offer. I also do Expert witness work. There are Companies, Carter Brown and Medical Foresight who help in getting me cases for Courts.   | N/A               |

|         |         |                    |             |  |                           |  |   |                               |
|---------|---------|--------------------|-------------|--|---------------------------|--|---|-------------------------------|
| 2021/22 | 2021/22 | Ibrahim            | Samiya      | Consultant (P)                             | Clinical Private Practice | Queen's Medical Centre   | I do post mortems at the request of Nottinghamshire and Lincolnshire Coroners twice in 6 weeks for half day at QMC's mortuary with time shifting arrangements detailed in job plan (1 hours/week approximately).  | Approximately £400 per month  |
| 2021/22 | 2021/22 | 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 |
| 2021/22 | 2021/22 | Fazal              | Iftikhar    | Consultant                                 | Clinical Private Practice | Nottingham Road Clinic   | Ad hoc private practice at Nottingham Road Clinic, Mansfield  | N/A                           |
| 2021/22 | 2021/22 | Fazal              | Iftikhar    | Consultant                                 | Clinical Private Practice | Spire Nottingham Hospital  | Private practice at Spire Nottingham Hospital   | N/A                           |
| 2021/22 | 2021/22 | Fazal              | Iftikhar    | Consultant                                 | Clinical Private Practice | BMI The Park Hospital  | Private practice at BMI Park Hospital, Arnold, Nottingham   | N/A                           |
| 2021/22 | 2021/22 | Milligan           | Lisa        | Consultant                                 | Clinical Private Practice | N/A  | Very occasional private practice in anaesthetics at The Park Hospital. I have not done many sessions at all this year due to COVID-19 (2 or 3 half-days in total)   | N/A                           |
| 2021/22 | 2021/22 | Bahl               | Remy        | Medical Examiner                           | Clinical Private Practice | All my private practice work is through my Limited Company--- Remy Bahl Ltd. | I write reports and participate in Clinical practice with 2 NHS Trusts ( County Durham and Darlington NHS Trusts) +(Leeds Community Healthcare NHS Trust) providing Clinical Forensic Services.I also participate in Child Safeguarding Services conducting medical examinations on children for a Company called Mountain Healthcare Limited in Leeds which has been commissioned by the Local NHS Commissioners. I provide all the above mentioned private medical services through my Limited Company (Remy Bahl Ltd).Most of my work in this setting is on a sessional basis. For Mountain Healthcare and Leeds Community Healthcare NHS trust all my work is on an on call basis. For County Durham and Darlington NHS Trust all my work is shift based but I only work here like in all my other private work on a sessional basis.My Clinical private practice work does not pose any conflict of interest with my work related to Sherwood Forest Hospitals NHS Foundation Trust. | £50,000                       |
| 2021/22 | 2021/22 | Narra              | Srikant     | Consultant (P)                             | 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 such activity has been absent since 2019.   | N/A                           |
| 2021/22 | 2021/22 | Govindarajan       | Arivan      | Consultant                                 | Clinical Private Practice | BMI/Circle , Ramsay/Spire(Woodthorpe) and Glanso                             | I have worked as an consultant anaesthetist in the following private hospitals in the year 2020-2021 1) BMI Park, Nottingham 2) BMI Lincoln 3) Woodthorpe Hospital Nottingham 4) Treatment Centre Nottingham. My work in all the above hospitals are ad hoc sessions on some week days or weekends. On an average about 2-4 sessions a month. I have signed a contract with Glanso in August 2020 to anaesthetise NHS patients in the trust, so far I have done one elective orthopaedic list in Kingsmill Hospital through this contract   | n/a                           |
| 2021/22 | 2021/22 | Andrews            | Jeremy      | Specialty Doctor Anaesthetics              | Clinical Private Practice | Glanso   | I have undertaken to work for Glanso. This involves anaesthetising NHS patients within the trust, but contracted through an outside company. I am employed as an SAS grade anaesthetist.  | N/A                           |
| 2021/22 | 2021/22 | Reza               | Mostafa     | Bank Higher Specialty Trainee and SAS Rota | Clinical Private Practice | J and R Dental Practice , Mansfield  | I work in a Dental Practice in Mansfield on sessional basis Wednesday PM and some Saturdays   | N/A                           |
| 2021/22 | 2021/22 | 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 Tuesday ( 1st week : 2 to 8 pm, 2nd week: 6 to 8pm). Thursday 6 to 8 pm, clinics. Do ad hoc operating sessions for the trust patients at Park Hospital. Similar to previous years private practice is done as part of accompany ( Nottinghamshire Urology Limited)  | N/A                           |
| 2021/22 | 2021/22 | Byrne              | Madeleine   | Chief Clinical Physiologist                | Clinical Private Practice | Spire Hospital   | Maddie Byrne, occasional work performing echo's at Spire Hospital, Nottingham, outside contracted NHS hours.  | NA                            |
| 2021/22 | 2021/22 | Weinbren           | Michael     | Consultant                                 | Clinical Private Practice | Nuffield health  | Nuffield hospital warwickshire- microbiology and infection control advice   | £1000 / month                 |
| 2021/22 | 2021/22 | Vanjari            | Jayant      | Consultant                                 | Clinical Private Practice | 4Ways Tele Diagnostics   | Radiology reporting services for 4ways Tele Diagnostics started since August 2021, provided during hours outside those of NHS commitment  | N/A                           |
| 2021/22 | 2021/22 | Girio-Fragkoulakis | Constantine | Consultant                                 | Clinical Private Practice | 4 WAYS   | Reporting Radiologist as required. I do not report any SFH studies.   | N/A                           |
| 2021/22 | 2021/22 | 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                           |
| 2021/22 | 2021/22 | Ratnam             | Kanchan     | Consultant                                 | Clinical Private Practice | British Pregnancy Advisory Society   | I work as a private anaesthetist for the British Pregnancy Advisory Society . I own a company V Ratnam and Co.  | 25,000 to 40,000              |

|            |            |              |                 |  |                           |  |  |   |
|------------|------------|--------------|-----------------|--|---------------------------|--|--|---|
| 2021/22    | 2021/22    | Veemarajan   | Balasubramanian | Consultant   | Clinical Private Practice | None   | BMI Park hospital - ad hocNottingham woodthorpe hospital - ad hocSpire Hospital Nottingham - ad hocPICS community pain clinic - ad hoc. Private practice through a limited company in which I am one of the directors.   | None                                      |
| 2021/22    | 2021/22    | Duffy        | John            | Lead Optometrist - Retinopathy Screening Programme | Clinical Private Practice | East Midlands Medical Services Ltd   | Director EMMS Ltd, providing community NHS commissioned eye care services  | NA  |
| 2021/22    | 2021/22    | Aladin       | Abizar          | Consultant   | Clinical Private Practice | Nottingham Road Clinic   | NHS vasectomies. Occasional Private patient, Hayfever injections   | N/A                                       |
| 2021/22    | 2021/22    | Smith        | Amber           | Senior Physiotherapist                             | Clinical Private Practice | Amber Melita Smith Physiotherapy Health and Fitness  | 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                                       |
| 02/06/2020 | 02/06/2021 | Tabor        | Katie           | Team Leader  | Donations                 | Kurt Geiger  | Donations made by an outside organisation, approved by ward leader Tina Wright.  | £100                                      |
| 29/04/2021 | 30/04/2021 | Shonde       | Anthony         | Consultant   | Donations                 | Pennine Healthcare   | Expiring medical products  | £26,000                                   |
| 10/02/2022 | 10/02/2022 | Smith        | Daryll          | Lung Cancer Nurse Specialist                       | Donations                 | Not applicable   | Nothing to declare   | not applicable                            |
| 20/04/2020 | 20/04/2021 | Reuter       | Simone          | Consultant   | Gifts & Hospitality       | Bundeszentrale fuer gesundheitliche Aufklaerung (Federal Centre for Health Education, Germany) | I intended to copy the declaration entry from last year regarding the German Federal Centre for Health Education (BzGA). As a member of one of their WHO Collaboration Expert Groups I attend workshops in Germany and may attend one over the course of 2020 if the COVID 19 situation allows. Flight and accommodation are provided, there is no other payment/fee. Dr Carlin is aware and supportive of my involvement in this activity | £300                                      |
| 03/06/2020 | 03/06/2022 | Bennett      | Kaytie          | Research Nurse                                     | Gifts & Hospitality       | Kurt Geiger  | Kurt Geiger gift voucher, value of £100, provided by Tina Wright, Ward Sister Critical Care Unit on 3/6/20   | £100                                      |
| 04/06/2020 | 03/06/2021 | Sharman      | Louise          | CCU Registered Nurse Enhanced                      | Gifts & Hospitality       | Kurt Geiger  | Vouchers donated to NHS staff through covid crisis   | £100                                      |
| 20/06/2020 | 20/06/2021 | Paling       | Kay             | Senior Registered Nurse                            | Gifts & Hospitality       | Kurt Geiger  | £100 Kurt Geiger gift voucher  | £100                                      |
| 09/04/2020 | 09/04/2021 | Ward         | Susan           | Consultant   | Gifts & Hospitality       | Patients and medical students  | I have received 10 presents from patients and medical students including biscuits, chocolates and flowers during 2020/2021.  | Each < £20                                |
| 13/07/2021 | 14/07/2021 | Barker       | Rebecca         | Consultant   | Gifts & Hospitality       | ahmedia  | I have received free attendance to the Clinical Quality Strategy Forum 2021 with overnight accommodation.  | £995 is the cost of attending the meeting |
| 01/04/2021 | 01/04/2021 | Travis       | Dale            | Head of Operations                                 | Gifts & Hospitality       | Ashmere Care Homes   | Bottle of wine from Ashmere care home  | approx £10                                |
| 28/11/2021 | 28/04/2021 | Barnett      | Alison          | Chief Cardiac Physiologist                         | Gifts & Hospitality       | British Society of Echocardiography  | Travel expenses and car parking for attending BSE examination in Coventry 28.11.2020   | 66  |
| 28/11/2021 | 28/11/2021 | Barnett      | Alison          | Chief Cardiac Physiologist                         | Gifts & Hospitality       | British Society of Echocardiography  | Voucher given for 1 free day admission to any BSE hosted educational event. The value could vary depending on the educational event attended. This is a cost saving for the hospital on events I would attend anyway to gain re-accreditation points. Approving manager David Henton, Lead Cardiac Physiologist  | 75  |
| 01/09/2021 | 01/02/2022 | Lidstone     | Nicola          | Clinical Researcher                                | Gifts & Hospitality       | University of Bristol  | Nicola Lidstone Occupational Health Physiotherapist. Monies towards travel and sponsorship as required for Artist work from the University of Bristol towards 'Sensing spaces of health care: Rethinking the NHS Hospital.' Authorising manager Rebecca Loveridge Occupational Health  | if claimed will be approx £100-150        |
| 10/11/2021 | 10/11/2021 | Henton       | David           | Lead Cardiac Physiologist                          | Gifts & Hospitality       | Abbott   | Accommodation for the attendance to the heads of Department national meeting   | ~ £95                                     |
| 01/01/2021 | 08/12/2021 | Gill         | Muhammad        | Consultant   | Gifts & Hospitality       | Clinical Quality Strategy Forum  | Invited speaker at Clinical Quality Strategy forum which provided hospitality including overnight accommodation  | None                                      |
| 01/01/2021 | 08/12/2021 | Gill         | Muhammad        | Consultant   | Gifts & Hospitality       | Various healthcare organisations   | I am an invited speaker at various organisations in Pakistan 2-3 time a year which also sometimes provide hospitality  | None                                      |
| 01/01/2021 | 08/12/2021 | Gill         | Muhammad        | Consultant   | Gifts & Hospitality       | Miscellaneous pharmaceutical companies   | Attend educational events sponsored by pharmaceutical companies which also sometimes provide hospitality   | None                                      |
| 01/04/2021 | 31/03/2022 | Patterson    | Jane            | Consultant   | Gifts & Hospitality       | None   | Numerous individual gifts from patients, relatives and friends. All below permitted limit.   | £50                                       |
| 10/02/2022 | 10/02/2022 | Smith        | Daryll          | Lung Cancer Nurse Specialist                       | Gifts & Hospitality       | Not applicable   | Nothing to declare   | Not applicable                            |
| 2021/22    | 2021/22    | Higginbotham | Shirley         | Director of Corporate Affairs                      | Loyalty Interests         | N/A  | My Husband Sean Higginbotham works as an IT project manager for Nottinghamshire County Council, which includes IT projects across the ICS  | N/A                                       |
| 2021/22    | 2021/22    | Higginbotham | Shirley         | Director of Corporate Affairs                      | Loyalty Interests         | Nottinghamshire Healthcare NHS Foundation Trust  | Director of Corporate Affairs for Nottinghamshire Healthcare NHS Foundation Trust, joint post with Sherwood Forest Hospitals NHS Foundation Trust. Equal time commitments relevant Director checks undertaken.   | N/A                                       |
| 2021/22    | 2021/22    | Sands        | Rebecca         | Consultant   | Loyalty Interests         | NHS Nottingham and Nottinghamshire CCG   | Designated Doctor for Safeguarding Children for NHS Nottingham and Nottinghamshire CCG - SLA in place between CCG and SFH  | Nil                                       |
| 2021/22    | 2021/22    | Torr         | Elaine          | Divisional Director - DRD                          | Loyalty Interests         | N/A  | Elaine Torr Director and Chair of Trustees for charity, Ashwood Church from 01.07.2009. Voluntary role, I cannot envisage any circumstances where this role could influence or impact on my paid role at SFHT as a Divisional General Manager for Diagnostics and Outpatients  | N/A                                       |

|         |         |              |           |  |                   |   |  |           |
|---------|---------|--------------|-----------|--|-------------------|---|--|-----------|
| 2021/22 | 2021/22 | Maddock Khan | Leena     | Consultant (P)                                     | Loyalty Interests | NHS England   | East Midlands Clinical Senate  | Volunteer |
| 2021/22 | 2021/22 | Mills        | Richard   | Deputy Chief Financial Officer                     | Loyalty Interests | N/A   | Partner Michelle Lee works for NHS England & NHS Improvement as a Senior Strategic HR Lead in the People Plan Programme Team.  | N/A       |
| 2021/22 | 2021/22 | 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 incorporated organisation which is also a charity and is registered with the Charity Commission. It has a remit in education and training, setting standards and producing guidelines, championing good sexual health and public education. I separate clearly my roles within BASHH and those within the NHS and make it clear when I advise or act publicly in which capacity I am acting.  | N/A       |
| 2021/22 | 2021/22 | Carlin       | Elizabeth | Consultant   | Loyalty Interests | Royal College of Physicians (RCP)                     | I am the Chair of the Joint Specialty Committee (JSC) for Genitourinary Medicine (GUM) at the RCP and have continued in this role from the last declaration periods 18-21. I was due to finish by the end of March 2020 but was asked to continue due to the Covid-19 pandemic. The system is not allowing me to add dates but I anticipate this work continuing throughout the year. I provide specialty information and advice on current specialty issues, training and workforce. I separate my activities and roles within this committee and the RCP with my roles and duties within the NHS. I make it clear when I advise or act publicly in which capacity I am acting.   | N/A       |
| 2021/22 | 2021/22 | 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 remit in relation to Sexual Health and HIV. The system is not allowing me to enter dates but I anticipate this work continuing throughout the year. I separate my activities and roles within this committee and the RCP with my roles and duties within the NHS. I make it clear when I advise or act publicly in which capacity I am acting.  | N/A       |
| 2021/22 | 2021/22 | Roberts      | Mark      | Consultant   | Loyalty Interests | British Thoracic Society                              | BTS Pleural Guideline lead.  | N/A       |
| 2021/22 | 2021/22 | Roberts      | Mark      | Consultant   | Loyalty Interests | UK Pleural Society                                    | UK Pleural Society founder member. Runs sponsored courses. No personal gain.   | N/A       |
| 2021/22 | 2021/22 | Goodall      | Kristen   | Midwife Enhanced Bank                              | Loyalty Interests | Baby Lifeline   | voluntary training for Baby Lifeline charity however none undertaken this financial year   | nil       |
| 2021/22 | 2021/22 | 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 of January each year and raise money for local Mansfield and Ashfield charities. I hold a position in the troupe where I am responsible for the over all well being of the Troupe members, I chair committee meetings and the yearly AGM. I look after any under age members of the Troupe and act as chaperone, I hold a chaperone licence from NCC. As chair I attend the Palace theatre user group meeting and work along side other ammeter theatre groups to provide a high standard of theatre at local level. I no longer take part in the PANTO myself, I use the time looking after the Troupe members making sure we order costumes , sets, in a timely manner, assisting other troupe members with their roles, directing the show, producing the show. I do not get paid for this role, it is voluntary. The time I spend has no effect on my role as SFH. This role is ongoing , we have no show this year due to COVID therefore there is no activity, I will arrange a committee meeting end of 2021 to review plans for 2022 also to review guidance and look at if it | N/A       |
| 2021/22 | 2021/22 | Clegg        | Daniel    | Variable Pay Lead                                  | Loyalty Interests | RUK Medical CIC                                       | RUK Medical CIC has no bearing on my role as Variable Pay Lead for Sherwood Forest Hospitals. As a CIC, this company exists to provide aid to the community in the form of transport for medical related items during the national pandemic. I am in the process of winding the company down given that the national crisis is easing.   | Zero      |
| 2021/22 | 2021/22 | Rahman       | Mohamed   | COVID Pharmacist                                   | Loyalty Interests | United Kingdom Clinical Pharmacy Association          | Mohamed Rahman. One of the Directors on the United Kingdom Clinical Pharmacy Association Board. The UKCPA Board of Directors is responsible for the strategic management and direction of UKCPA. It is held accountable for all that is done in the Association's name. The Board of Directors is strategic, focusing mainly on the following years but also monitoring progress in the current year.  | n/a       |

|         |         |          |          |  |                   |  |   |                     |
|---------|---------|----------|----------|--|-------------------|--|---|---------------------|
| 2021/22 | 2021/22 | Marshall | Nigel    | Project Advisor to the Medical Director and Medical Examiner | Loyalty Interests | N/A  | Resident within Newark and Sherwood(Non Financial Professional Interest)  | N/A                 |
| 2021/22 | 2021/22 | Marshall | Nigel    | Project Advisor to the Medical Director and Medical Examiner | Loyalty Interests | N/A  | Registered patient of Southwell Medical Centre(Non-Financial Professional Interest)   | N/A                 |
| 2021/22 | 2021/22 | Marshall | Nigel    | Project Advisor to the Medical Director and Medical Examiner | Loyalty Interests | N/A  | Previous GP Partner - Lombard Medical Centre, Newark (surgery within catchment of SFHT) 2004-2012   | N/A                 |
| 2021/22 | 2021/22 | Marshall | Nigel    | Project Advisor to the Medical Director and Medical Examiner | Loyalty Interests | N/A  | Mansfield GP Vocational Training Scheme (VTS)- trainee and course organiser (SFHT as base hospital) 2001-2004   | N/A                 |
| 2021/22 | 2021/22 | Marshall | Nigel    | Project Advisor to the Medical Director and Medical Examiner | 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                 |
| 2021/22 | 2021/22 | Marshall | Nigel    | Project Advisor to the Medical Director and Medical Examiner | Loyalty Interests | N/A  | Wife is a Teaching Assistant at local Secondary School (The Minster School, Southwell, Notts).  | N/A                 |
| 2021/22 | 2021/22 | Marshall | Nigel    | Project Advisor to the Medical Director and Medical Examiner | Loyalty Interests | N/A  | Youth Leader- Riverside Church, Southwell, Notts  | N/A                 |
| 2021/22 | 2021/22 | Mitchell | Richard  | Chief Executive  | Loyalty Interests | N/A  | I have the following roles in addition to SFHT CEO; 1) Exec Lead Mid Notts IPC, 2) Exec member of Nottinghamshire ICS, 3) Chair East Midlands Cancer Alliance and 4) Chair East Midlands Clinical Research Network.   | N/A                 |
| 2021/22 | 2021/22 | Seddon   | Sarah    | COVID Pharmacist   | Loyalty Interests | Bradford Institute for Health Research   | I am a member of the Patient and Family Advisory Group for the NIHR PFI-SII Study (Involving Patients and Families in Serious Incident Investigations). I participate in this group as a patient rather than as a healthcare professional and get paid the standard NIHR patient involvement rate for my time.  | N/A                 |
| 2021/22 | 2021/22 | Seddon   | Sarah    | COVID Pharmacist   | 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 than as a healthcare professional   | N/A                 |
| 2021/22 | 2021/22 | Selwyn   | David    | Medical Director   | Loyalty Interests | N/A  | Sister is retired Nottinghamshire GP Wife is Head of Safeguarding, Nottingham University Hospitals  | Nil                 |
| 2021/22 | 2021/22 | Tucker   | Amanda   | Midwife Enhanced Bank  | Loyalty Interests | n/a  | I can confirm that Jason is my partner and we live at the same address, 12 Hilcote Drive. He is a director of the Oakham Suite and Mansfield Masonic Hall Company Limited, both at the same address, from Feb 2020 I have no interest in either company. Please let me know if this reply is sufficient. Regards Amanda Tucker  | n/a                 |
| 2021/22 | 2021/22 | Fawcett  | Jonathan | Chief Clinical Physiologist                                  | Loyalty Interests | British Heart Foundation   | My wife works (part time) at the British Heart Foundation (BHF) "Furniture & Electrical" shop in Mansfield. We sell small items of a nominal value (£1) for the BHF, to help raise funds. I have asked permission from the departmental manager to place these items on reception for patients to make donations in exchange for these goods, e.g. badges / pens / trolley tokens / diaries, etc. The monies are collected & collated in my own time outside of my own working hours.   | Minimal             |
| 2021/22 | 2021/22 | Palmer   | Sally    | Nurse Consultant - Infection Prevention & Control            | Loyalty Interests | Infection Prevention Society, Company Reg No: 6273843. Charity Reg No: 1120063 | I am the Communications Officer (Secretary) for the Trent Branch of the Infection Prevention Society, this is a voluntary position that lasts for 2 years until November 2020. As part of this role I am required to attend the National 3 day Infection Prevention Society Annual Conference for which a place is provided by the society for all Branch Officers.As part of this role I am required to arrange 4 annual educational meetings and assist with the arrangements for the Trent Branch one day annual Conference. | £1,000              |
| 2021/22 | 2021/22 | Ward     | Claire   | Chairman   | Loyalty Interests | University of Hertfordshire  | Governor on the Board of the University of Hertfordshire  | No payment received |
| 2021/22 | 2021/22 | Lidstone | Nicola   | Clinical Researcher  | Loyalty Interests | Nottingham University NHS Trust  | Nicola Lidstone. Occupational Health Physiotherapist I will be working part time at Sherwood Forest Hospitals Foundation Trust as an occupational health physio and part time seconded as a clinical researcher at Nottingham University Hospitals from 19.7.21 to 19.1.23. I will maintain a high standard of confidentiality for both posts   | N/A                 |
| 2021/22 | 2021/22 | Dowen    | 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                 |
| 2021/22 | 2021/22 | Gill     | Manjit   | Non Executive Director                                       | Loyalty Interests | Chameleon Commercial Services Ltd. Coaching Services                           | Role with the organisation: Managing Director. Executive coach, mentor, Board development and advisory. Committed to six days a month.  | N/A                 |

|         |         |                     |           |   |                    |  |   |  |
|---------|---------|---------------------|-----------|---|--------------------|--|---|--|
| 2021/22 | 2021/22 | Gill                | Manjit    | Non Executive Director                        | Loyalty Interests  | Society of Local Authority Chief Executives (SOLACE)   | Role with the organisation: Policy Advisor SOLACE on health and social care. Policy advisor on Policy Board and national meetings re Health, Social Care and Housing. Committed to one day a month.   | N/A  |
| 2021/22 | 2021/22 | Kathirgamanathan    | Aravindan | Consultant                                    | Loyalty Interests  | parkrun UK and Colwick parkrun   | I hold two unpaid voluntary positions: 1) member of parkrun UK Safety Committee. 2) teach first aid and safe defibrillation to parkrunners at Colwick parkrun.  | 0  |
|         |         | Banks               | Steve     | Non-Executive Director                        | Loyalty Interests  | Director of Notts healthcare Foundation Trust  | Non Executive Director of Notts healthcare Foundation Trust until January 31st, 2022  | N/A  |
|         |         | Banks               | Steve     | Non-Executive Director                        | Loyalty Interests  | Nottingham High School   | Chair of Governors at Nottingham High School  | N/A  |
|         |         | Banks               | Steve     | Non-Executive                                 | Loyalty Interests  | The Tinnitus Clinic Ltd  | Chair of The Tinnitus Clinic Ltd  | N/A  |
|         |         | Rashid              | Aly       | Non-Executive Director                        | Loyalty Interests  | NHSE/I for Central Midlands  | I am a medical director for NHSE/I for central midlands and cover the counties of Leicestershire, Lincolnshire, Northamptonshire and Coventry and Warwick. I support all trust medical directors and GP practices in those areas when required to do so. For example this week i have been in UHL helping to provide support to the discharge team as mandated by the national NHSE/I team.   | N/A  |
| 2021/22 | 2021/22 | Kennedy             | Sally     | Team Leader                                   | Outside Employment | Derbyshire County Council  | Employed by Derbyshire District Council as a Yoga Tutor as part of their Adult Ed team. Also self-employed as occasional Yoga Tutor   | £0-200 per month   |
| 2021/22 | 2021/22 | Fernando            | Devaka    | Consultant (P)                                | Outside Employment | University of Sheffield  | I have an honorary contract as this is part of the position advertised and to which I have been recruited. I am not paid by the university but have PAs for research funded by the Trust  | none   |
| 2021/22 | 2021/22 | Widdowson           | Ben       | Associate Director of Estates & Facilities    | Outside Employment | The Learners Trust   | Non-Executive Director / Trustee  | 0  |
| 2021/22 | 2021/22 | Fernando            | Devaka    | Consultant (P)                                | Outside Employment | Royal College of Physicians  | I am a PACES examiner for the Royal College of Physicians and the nominated external examiner of the RCP fir overseas exams   | Honorary but expenses paid   |
| 2021/22 | 2021/22 | Hogg                | Julie     | Chief Nurse                                   | Outside Employment | Centre for Nurse, Midwife, AHP led Research (CNMAR), University College London & Elizabeth Garrett Anderson Hospital Charity | I hold the following positions in addition to my role at SFHT: Honorary Research Fellow at The Centre for Nurse, Midwife, AHP led Research (CNMAR), University College London. Trustee, Elizabeth Garrett Anderson Hospital Charity (registered charity no. 281153)   | £0   |
| 2021/22 | 2021/22 | Tansley             | John      | Consultant (P)                                | Outside Employment | HC-UK Conferences Ltd  | I have accepted invitations to speak at online conferences hosted by HC-Conferences UK Ltd. I have 2 engagements on 12/3/21 and 25/6/21. I do not believe this represents a conflict of interest and discussed it with the Medical Director before accepting  | Payment is either £100 per lecture or a free place on an event hosted by the company. I have opted for the latter. |
| 2021/22 | 2021/22 | Millns              | James     | Associate Director of Transformation          | Outside Employment | Share Psychotherapy  | I am a Trustee of a local charity in Sheffield that provides phycological therapy services. My time commitments are approximately 4-5 hours per month. This is an unpaid position. Due to the location of the charity (based in Sheffield) and the area of work in which the organisation is involved (mental health care), no action is required to mitigate against a potential conflict.   | Voluntary  |
| 2021/22 | 2021/22 | Chrysopoulos        | Carol     | Ophthalmic Nurse Specialist                   | Outside Employment | Medinet  | Worked one weekend as ophthalmic nurse  | £300   |
| 2021/22 | 2021/22 | Anantharamakrishnan | Krishnan  | Consultant Urological Surgeon                 | Outside Employment | N/A  | Health Research Authority - Monthly Pro-bono activity - Jan 202 to Jann 2021 Ongoing - No payments  | N/A  |
| 2021/22 | 2021/22 | Anantharamakrishnan | Krishnan  | Consultant Urological Surgeon                 | Outside Employment | N/A  | General Medical Council - GMC activity - Associate - attends ad-hoc arrangement - paid per session approximately £ 310, usually use annual leaves but might use study leaves with the departmental guidance   | N/A  |
| 2021/22 | 2021/22 | Carlin              | Elizabeth | Consultant                                    | Outside Employment | Nottingham University Hospitals NHS Trust  | My contract of employment is held by my main employer Sherwood Forest Hospitals NHS Foundation Trust (SFHT) but 3.5 PAs of my time is sub-contracted via SFHT to Nottingham University Hospitals NHS Trust (NUH). I have worked in this split way since my appointment as a consultant in 1995 and will do so over 2021-22. The system is not allowing me to enter dates. I undertake sexual health and HIV outpatient clinics at SFHT with budgetary and management responsibilities. I perform mainly HIV outpatient clinics at NUH. I do not hold a management role or have budgetary responsibilities at NUH. I ensure that I separate my work at both of the NHS Trusts and maintain confidentiality both with patients and with commercially sensitive information. | N/A  |
| 2021/22 | 2021/22 | Birch-Jones         | Jayne     | Change Management Lead - Assistive Technology | Outside Employment | AI Digital   | Adhoc part time contracts as TEC Subject Matter expert in other Trusts  | n/a  |

|         |         |              |          |   |                    |  |  |  |
|---------|---------|--------------|----------|---|--------------------|--|--|--|
| 2021/22 | 2021/22 | Thanigasalam | Morgan   | Clinical Lead: Digital Innovation and Transformation          | Outside Employment | Health and Care Professions Council (HCPC)   | Ad Hoc work as a Registered Operating Department Practitioner panel member. Fitness to practice is an essential part of maintaining robust healthcare professional registers to ensure public confidence, public protection and professional reputation. Each panel across all professional bodies requires a member who is on the same part of the relevant register. Work is all carried out in my own time.   | £206 per day                           |
| 2021/22 | 2021/22 | Malcolm      | Gill     | Mass Vaccination General Support Role                         | Outside Employment | Office of the National Statistics  | Gillian Malcolm - Radiology Secretary. Temporary outside employment from 27/04/2021 - 09/06/2021 working for the Office of the National Statistics working on Census 2021. The role will be as a Field Support officer, the duties will include visiting houses for those members of the public where the census has not been completed and completing this with them. I will work no more than 15 hours per week.   | N/A                                    |
| 2021/22 | 2021/22 | Goodall      | Kristen  | Midwife Enhanced Bank   | Outside Employment | Medbrief   | Occasional medical case note review work undertaken for MedBrief.  | Adhoc                                  |
| 2021/22 | 2021/22 | Mukhtar      | Muhammad | Locum Consultant (P)  | Outside Employment | GTD Healthcare   | Sometimes I do some locum shifts outside SFH/KMH.  | Variable                               |
| 2021/22 | 2021/22 | Molyneux     | Andrew   | Consultant  | Outside Employment | National Institute for Health and Care Excellence                                  | Chair for NICE Melanoma Guideline Update Committee from December 2019 to date. I receive travel expenses, but no other payments currently. Honoraria are directed into the Trust Respiratory Study/Training fund to pay for team members to attend educational events.   | £3500 estimated                        |
| 2021/22 | 2021/22 | Street       | Adam     | Roving Clinical Supervisor - Immunisation                     | Outside Employment | See above.   | I work for Nottingham Trent Univeristy as a Hourly Paid Lecturer in Adult Nursing and Associate Nursing on an adhoc basis. I am a member of the BANK team for Sherwood Forest Hospitals NHS Foundation Trust as a Nurse manager (Matron) Mass Vaccine Team   | N/A                                    |
| 2021/22 | 2021/22 | Curtis       | Sherri   | Emergency Surgery Clinical Nurse Specialist                   | Outside Employment | The Park Hospital  | Working at The Park Hospital as and when needed to assist in theatre only.   | N/A                                    |
| 2021/22 | 2021/22 | Lobo         | Benjamin | Consultant  | Outside Employment | NHS E  | This is an update to the last declaration. the new 2nd employment with NHS E has been taken with the explicit knowledge of Dr Haynes (Med Director) and Elaine Jeffers. A proportionate reduction of my salary will take place with the appropriate job planning process as discussed and overseen by HR.  | Executive and Senior Manager pay scale |
| 2021/22 | 2021/22 | Macdonald    | John     | Chair UHL   | Outside Employment | University Hospitals of Leicester NHS Trust  | Interim Chair for one year from 16th April 2021, part time   | £61,650                                |
| 2021/22 | 2021/22 | Douglas      | Michael  | Higher Specialist Biomedical Scientist                        | Outside Employment | Nottingham Trent University  | Hourly Paid lecturer performing lectures marking etc in same Professional capacity.  | N/A                                    |
| 2021/22 | 2021/22 | Douglas      | Michael  | Higher Specialist Biomedical Scientist                        | Outside Employment | BGS Transfusion  | On steering committee for BGS Transfusion - a charitable organisation which organises learning events in the field of Biomedical Science. Post is voluntary and unpaid.  | N/A                                    |
| 2021/22 | 2021/22 | Yusuf        | Fatima   | Consultant  | Outside Employment | Nottingham University hospital   | I am registered with external bank at Nottingham University hospitals as of April 2020. I would be doing sporadic locum work when my schedule allows.  | N/A                                    |
| 2021/22 | 2021/22 | Brady        | Barbara  | Registered Nurse  | Outside Employment | BF Brady LTD   | I am an Associate (public health) for Local Government Association and work on an ad hoc basis, paid on a daily rate when I work   | N/A                                    |
| 2021/22 | 2021/22 | Haughton     | Melanie  | Chief Clinical Physiologist/Vascular Technologist/Sonographer | Outside Employment | UNIVERSITY HOSPITAL NORTH MIDLANDS   | I have a zero hours contract set up with my previous employment within the NHS. I work at The University Hospital North Midlands on an ad hoc basis on my days off to maintain my Electrophysiology Skills and to help out when the department in short staffed in Electrophysiology and Ablation. This enables me to maintain professional accreditation in this area as this is not part of my current role. This is on a yearly agreement which commenced in June 2019 and is renewed annually if required.       | Band 7 Bank                            |
| 2021/22 | 2021/22 | Clymer       | Mark     | COVID Pharmacist  | Outside Employment | Centre for Pharmacy Postgraduate Education (CPPE)                                  | Mark Clymer - Assistant Chief Pharmacist - Clinical services manager. Honorary contract with CPPE (via University of Manchester) - expert advice/review and professional development. Ad hoc commitment in own time.   | N/A                                    |
| 2021/22 | 2021/22 | Ward         | Graham   | Non Executive Director  | Outside Employment | Acis Group Limited   | Board Member/Mon Executive Director of this Housing Association  | N/A                                    |
| 2021/22 | 2021/22 | Ward         | Graham   | Non Executive Director  | Outside Employment | Queen Elizabeth Hospital King's Lynn NHS Foundation Trust                          | Non Executive Director   | N/A                                    |
| 2021/22 | 2021/22 | Toth         | Jozsef   | Medical Director/Lead GP                                      | Outside Employment | Holt Doctors Ltd   | A&E Locum shifts on weekends in Bassetlaw District General Hospital since September 2020. Last shift worked on Sunday 4/4/21.  | £44.1/ hour                            |
| 2021/22 | 2021/22 | Horsley      | Leanne   | Senior Programme Manager                                      | Outside Employment | Sheffield hallam University/University of Lincoln/University of Central Birmingham | Leanne Horsley - Clinical Educator in Respiratory Physiotherapists. 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 and all and then occasionally there will be a few days all together. Time in lieu or annual leave always taken from the trust if any of the work is to be completed inside of normal working hours. Occasionally, flexible working is used to allow for travel time to a site etc. | NA                                     |

|         |         |                 |             |  |                    |                                 |   |  |
|---------|---------|-----------------|-------------|--|--------------------|---------------------------------|---|--|
| 2021/22 | 2021/22 | Siddiq          | Khawaja     | Consultant                                 | Outside Employment | LAK Iocum agency                | Iocum work  | N/A  |
| 2021/22 | 2021/22 | Ward            | Susan       | Consultant                                 | Outside Employment | Cambridge University Press      | I get royalties from a textbook I wrote called the DRCOG Revision Guide which is now in its third edition   | £450   |
| 2021/22 | 2021/22 | Arnold          | Paula       | Quality Governance Lead                    | Outside Employment | MA Motor Company LTD            | Husband owns M A Motor Company Limited to which I am the company secretary- no financial payment received. Low Moor Court Vehicles repairs LTD is a dormant company and operates in name only and is part of M A Motor Company LTD. M A Motor Company LTD does not have any contracts with any NHS organisations  | NA   |
| 2021/22 | 2021/22 | George          | Christopher | Highly Specialised Clinical Physiologist   | Outside Employment | Spire Nottingham Hospital       | I work as a physiologist at a private hospital  | paid work  |
| 2021/22 | 2021/22 | Macrae-Clifton  | Sharon      | Therapy Services Receptionist              | Outside Employment | Home Instead                    | I work as a CareGiver in private homes.   | N/A  |
| 2021/22 | 2021/22 | Hannan          | Giuseppina  | Advanced Practitioner (CT)                 | Outside Employment | Chesterfield Royal Hospital     | Chesterfield Royal Hospital employed as a Bank CT Head Reporting Advanced Practitioner. Haven't worked at this hospital since middle of January 2020 and will probably not be needed now that their staffing situation has improved.  | Nil at present   |
| 2021/22 | 2021/22 | Hannan          | Giuseppina  | Advanced Practitioner (CT)                 | Outside Employment | N/A                             | Self employed swimming teacher around 8 hours per week school term time only.   | N/A  |
| 2021/22 | 2021/22 | Mitchell        | Richard     | Chief Executive                            | Outside Employment | Guidepoint Global               | Very occasional consultancy work for Guidepoint Global (twice in four years)  | £500   |
| 2021/22 | 2021/22 | Awan            | Sana        | COVID Pharmacist                           | Outside Employment | DeMontfort University           | Sana Awan, Lead Rheumatology Pharmacist. I will be reviewing a module for DeMontfort University. Module to be used for postgraduate distance learning MSc in Clinical Pharmacy for pharmacists. 10 hours of work, to be completed before July 2021  | N/A  |
| 2021/22 | 2021/22 | Randall         | Jason       | Medical Photographer                       | Outside Employment | Ochre Red Studios               | Jason Randall - Medical Photographer. Prior to taking on a permanent position at the trust, I operated in a capacity of a schools photographer. I intend to use a small amount of my annual leave to undertake some of my previous diary bookings. The dates always fall in the late spring (May-June) and autumn (October-November). I will only conduct this business during my free time out of trust hours. | n/a  |
| 2021/22 | 2021/22 | Dulson          | Harriet     | Senior Physiotherapist                     | Outside Employment | Harriet Alicia Physiotherapy    | Harriet Dulson Online and classes Physio led Pilates instructor. Private physiotherapy appointments and sports massage  | n/a  |
| 2021/22 | 2021/22 | Seddon          | Sarah       | COVID Pharmacist                           | Outside Employment | General Pharmaceutical Council  | I have given training on 'person-centred regulation' for staff at the GPhC on an ad-hoc basis. This training is from the perspective of a patient who has been a witness in Ftp proceedings and consists of talking through my personal experiences and answering questions. Some of the training has been on a voluntary basis and more recently, I have been paid for the time involved.                      | N/A  |
| 2021/22 | 2021/22 | Jacklin         | Andrew      | Consultant                                 | Outside Employment | Nottingham University Hospitals | Hold a bank contract at Queen's Medical Centre A&E. Currently have no shifts booked with them, but may do so in future. Currently all bank consultant A&E shifts at King's Mill are filled with no gaps.  | N/A  |
| 2021/22 | 2021/22 | Jacklin         | Andrew      | Consultant                                 | Outside Employment | Messly                          | Am registered with Messly (Iocum agency). Currently no shifts booked with them and all KMH Consultant A&E shifts filled by colleagues with no gaps.   | 0  |
| 2021/22 | 2021/22 | Kulkarni        | Sushrut     | Bank Higher Specialty Trainee and SAS Rota | Outside Employment | Glanso                          | Glanso Theatre list/s in SFH  | N/A  |
| 2021/22 | 2021/22 | Thompson        | Owain       | Consultant (P)                             | Outside Employment | Glanso                          | Working for Glanso in-sourcing company at King's Mill Hospital.   | Unknown  |
| 2021/22 | 2021/22 | Challans        | Emma        | Director of Culture & Improvement          | Outside Employment | Age UK, Sheffield               | I am a Volunteer Non-Executive Director For Age UK Sheffield.   | N/A  |
| 2021/22 | 2021/22 | Challans        | Emma        | Director of Culture & Improvement          | Outside Employment | OD Academy                      | Volunteer Ambassador based on working across the profession and being an advocate for cultural development, leadership and improvement.   | N/A  |
| 2021/22 | 2021/22 | Selwyn          | David       | Medical Director                           | Outside Employment | Royal College of Anaesthetists  | Director of Centre for Perioperative Care, Royal College of Anaesthetists Co-opted to College Council, Royal College of Anaesthetists.  | Backfill of 2 PA's   |
| 2021/22 | 2021/22 | Owens           | Lucy        | Junior Rotational Physiotherapist          | Outside Employment | AFC Mansfield                   | Outside employment at local football club providing pitch side physiotherapy.   | N/A  |
| 2021/22 | 2021/22 | Sahota          | Jaskaran    | Service Support Manager                    | Outside Employment | Repton Security                 | Undertake weekend work for Repton Security. This in no way affects and conflicts with my work with NHS and the Trust. This work is never undertaken during the week.  | 0  |
| 2021/22 | 2021/22 | Firth           | Jacqueline  | Sonographer                                | Outside Employment | The Rotherham Foundation Trust  | employed by The Rotherham Foundation Trust 28 hour contract   | Band 8a  |
| 2021/22 | 2021/22 | Van der Heijden | Loet        | Bank Higher Specialty Trainee and SAS Rota | Outside Employment | MSV                             | 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 |
| 2021/22 | 2021/22 | Van der Heijden | Loet        | Bank Higher Specialty Trainee and SAS Rota | Outside Employment | Glanso UK                       | Weekend waiting lists performed under Glanso UK/Sherwood forest contract  | N/A  |

|         |         |           |         |   |                    |  |   |           |
|---------|---------|-----------|---------|---|--------------------|--|---|-----------|
| 2021/22 | 2021/22 | Slack     | Katie   | Roving Clinical Supervisor - Immunisation             | Outside Employment | NHS professionals                                  | Katie Slack - Registered Nurse. Outside Employment working for Public Health England - NHS Professionals Test and Trace Service. Contacting positive cases to complete contact forms and advice on self isolation. Working part-time at weekends and days off in the week - varying hours weekly. Unsure when employment will end due to coronavirus pandemic, unlikely to last until April 2022.   | N/A       |
| 2021/22 | 2021/22 | Mangion   | David   | DE Consultant   | Outside Employment | Snoring Disorder Centre                            | This is a service provided by a Lincolnshire based company. Any work done is done so only outside the hours contracted with Sherwood Forest Foundation Hospital Trust. I do not see a conflict of interest in this instance   | £20,000   |
| 2021/22 | 2021/22 | Bentley   | Joanne  | Senior Physiotherapist                                | Outside Employment | The Health and Care Professions Council (HCPC)     | 3 Partner roles for the Health and Care Professions Council (HCPC): 1. CPD assessor - assessing a proportion of CPD profiles every 2 years at re-registration 2. Registrations Appeal Panel Member - to sit as an independent panel member on a panel to assess and make decisions regarding appeals. 3. Fitness to Practice Panel Member I usually commit to one HCPC activity per month. Assessing cases for a case to answer, preparatory reading for each case, discussing cases with other panel members to reach decisions and helping to compile detailed reports to justify decision making. Sitting on an independent panel for final hearings involving Physiotherapists misconduct, lack of competence or health.      | N/A       |
| 2021/22 | 2021/22 | Southgate | Andrew  | Specialist MSK Physiotherapist-Hydrotherapy Team Lead | Outside Employment | Enablement Care / Innova House                     | I (Andrew Southgate) provide physiotherapy to residents at a care home in Sutton-in-Ashfield and Mansfield. I visit once a week, for 1 hour. Duties include gentle joint, muscle stretching and mobility work to help maintain the residents function and mobility.   | N/A       |
| 2021/22 | 2021/22 | Ibrahim   | Samiya  | Consultant (P)  | Outside Employment | Park Hospital                                      | I report biopsy specimens from Park Hospital  | 200/month |
| 2021/22 | 2021/22 | Barnett   | Alison  | Chief Cardiac Physiologist                            | Outside Employment | British Society of Echocardiography                | Unpaid position as Examiner for the British Society of Echocardiography (BSE). This is on a voluntary basis with a commitment to attend a minimum of 2 examinations per year. The examinations are at a weekend, outside my contracted hours with SHF. The BSE accreditation is an essential qualification for those undertaking echocardiography within the NHS, volunteering to be an examiner enables this process to continue and is individually advantageous for SFH to have the knowledge and skills of an examiner to further aid trainee cardiac physiologists and cardiology specialist registrars with their accreditation. The BSE offer to pay travel and accommodation and provide lunch on day of the examination. | Nil       |
| 2021/22 | 2021/22 | Oxley     | Fay     | Patient Pathway Coordinator                           | Outside Employment | MOED Consulting and Wireko Ltd                     | Fay Oxley, PPC Gastroenterology Typing private consultation letters for Dr Shonde and Dr Wireko. This is varying dates and times. The work is undertaken outside of my NHS working hours at my home. Private patients have contacts to call at the hospitals they are seen in.  | Variable  |
| 2021/22 | 2021/22 | Shonde    | Anthony | Consultant  | Outside Employment | MOED Consulting Ltd, Inscope Global Resources Ltd, | Shareholder   | N/A       |
| 2021/22 | 2021/22 | Ward      | Claire  | Chairman  | Outside Employment | Institute for Collaborative Working                | Chief Executive of Institute for Collaborative Working. Appointed January 2019. This is a not for profit, membership organisation and professional business institute working across a number of different sectors to promote collaborative working and the implementation of ISO 44001. Members of the ICW include a number of companies that may do business with SFHT but I have no interactions with them on this basis.  | N/A       |
| 2021/22 | 2021/22 | Ahmad     | Saqib   | Consultant  | Outside Employment | endocare   | registered with endocare endoscopy service might do outside endoscopy at weeknds  | na        |
| 2021/22 | 2021/22 | Brown     | Sarah   | Senior Physiotherapist                                | Outside Employment | Serenity Seeker Lifestyle                          | I own my business - advertised by; blogs, Instagram and Facebook group. Selling online courses, workbooks, affiliate links, lifestyle workshops and 1:1 life coaching.  | N/A       |
| 2021/22 | 2021/22 | Jarvis    | Cally   | Endoscopy Services Manager                            | Outside Employment | Sirona Medical                                     | Cally Jarvis. Consultancy weekend work of reviewing tender applications for Endoscopy Contracts. The work would be ad-hoc and undertaken at weekends. No work would be undertaken that is associated with the Trust or within our catchment area to ensure no conflict.   | n/a       |

|         |         |               |             |   |                    |   |  |                                     |
|---------|---------|---------------|-------------|---|--------------------|---|--|-------------------------------------|
| 2021/22 | 2021/22 | Sathi         | Navtej      | Consultant                                      | Outside Employment | MEDEFER   | Staff name: Dr. Navtej Sathi<br>Role: Consultant Rheumatologist<br>Employer: Medefer<br>Duties: I will be triaging the referrals to hospital rheumatology departments up and down the country, but not for this area.<br>Time Commitment: This job will be done in my spare time<br>Approval: I have verbally informed Dr. Ken Lim, Head of Service for Rheumatology at Kings Mill Hospital on 07.05.2020. | N/A                                 |
| 2021/22 | 2021/22 | Owens         | Benjamin    | Consultant                                      | Outside Employment | NHSI and ECIST  | working for NHSI and ECIST on secondment3 days a monthannualisedagreed in job planon contract with themvisiting sites, on national committee and assisting with policy   | expenses only - trust paid for time |
| 2021/22 | 2021/22 | Owens         | Benjamin    | Consultant                                      | Outside Employment | NHSI and ECIST  | working for NHSI and ECIST on secondment3 days a monthannualisedagreed in job planon contract with themvisiting sites, on national committee and assisting with policy   | expenses only - trust paid for time |
| 2021/22 | 2021/22 | Knowles       | Sophie      | Specialised Cardiac Physiologist                | Outside Employment | BMI The Park  | Bank Post accepted   | N/A                                 |
| 2021/22 | 2021/22 | Badhe         | Sachin      | Consultant                                      | Outside Employment | Woodthorpe hospital and Park hospital                       | as before, I also work at the Woodthorpe Hospital and the Park Hospital Outside Trust hours  | Ad hoc                              |
| 2021/22 | 2021/22 | Kamatchi      | Dhamotharan | Bank Higher Specialty Trainee and SAS Rota      | Outside Employment | NHS Trust   | Adhoc basis of locums when needed in other NHS Trust hospitals. Oncall Orthopaedics duties.  | NA                                  |
| 2021/22 | 2021/22 | Branton       | Lorna       | Head of Communications                          | Outside Employment | Bents Green School  | Co-opted Governor, Bents Green School, Sheffield   | £0                                  |
| 2021/22 | 2021/22 | Ready         | Steven      | Bank Higher Specialty Trainee and SAS Rota      | Outside Employment | Glanco UK   | Anaesthetist for ad-hoc weekend lists undertaken within SFH. Service Director aware and has no impact on department.   | N/A                                 |
| 2021/22 | 2021/22 | Ready         | Steven      | Bank Higher Specialty Trainee and SAS Rota      | Outside Employment | Donington Park Race Circuit                                 | Motorsport medic - cover trackside events as able around NHS duties and commitments.   | N/A                                 |
| 2021/22 | 2021/22 | Ready         | Steven      | Bank Higher Specialty Trainee and SAS Rota      | Outside Employment | British Horse Authority                                     | Racecourse Medic - medical cover at horse race courses flexible around NHS duties/commitments.   | N/A                                 |
| 2021/22 | 2021/22 | Hogg          | Julie       | Chief Nurse                                     | Outside Employment | CNO safe staffing faculty, NHSE/I                           | I hold the position of subject matter expert within the CNO safe staffing faculty at NHSE/I  | £0                                  |
| 2021/22 | 2021/22 | Hogg          | Julie       | Chief Nurse                                     | Outside Employment | Antenatal Results and Choices                               | Professional advisor to Antenatal Results and Choices (registered charity)   | £0                                  |
| 2021/22 | 2021/22 | Stonehouse    | Anneliese   | Chief Clinical Physiologist                     | Outside Employment | Spire Healthcare  | Bank work at Private hospital  | N/A                                 |
| 2021/22 | 2021/22 | Gill          | Manjit      | Non Executive Director                          | Outside Employment | CQC   | Role with the organisation: CQC Executive Reviewer. Carry out assessments of Trusts, two to three times a year for 2 to 3 days since June 2019   | Nil                                 |
| 2021/22 | 2021/22 | Weinbren      | Michael     | Consultant                                      | Outside Employment | SMS Environmental   | Run a training course on water hygiene   | £125 / lecture                      |
| 2021/22 | 2021/22 | Thomas        | James       | Administration Officer                          | Outside Employment | Nottinghamshire County Council                              | James Thomas - Youth Support Worker - 5 Hours p/w - split 2.5 hours Tuesday and Wednesday  | N/A                                 |
| 2021/22 | 2021/22 | Drury         | Brandon     | First Line Support Technician                   | Outside Employment | Hexoplan  | I've registered my own Company via gov.uk - I don't pay myself or receive anything yet - This will be conducted outside of business hours.   | N/A                                 |
| 2021/22 | 2021/22 | Cheruparambil | Kevin       | Medical Photographer                            | Outside Employment | Kevin GTC Media   | Kevin Cheruparambil - undertake freelance photography, for example weddings, christenings, parties, automotive etc.  | £4,000                              |
| 2021/22 | 2021/22 | Parry-Payne   | Hannah      | Nottinghamshire ICS Talent Academy Co-ordinator | Outside Employment | Healthwatch Derbyshire                                      | Director of Healthwatch Derbyshire from 18th Oct 2021 for 3 year tenure  | n/a voluntary position              |
| 2021/22 | 2021/22 | Cox           | Giles       | Consultant                                      | Outside Employment | Astra Zenica  | received an honorarium for chairing a meeting on molecular testing in NSCLC on 01/07/2021  | £300                                |
| 2021/22 | 2021/22 | Brewin        | Susan       | Vaccine Site Manager                            | Outside Employment | Susananda Yoga  | I am a self employed freelance yoga teacher  | £0                                  |
| 2021/22 | 2021/22 | Chapman       | Louise      | Roving Clinical Supervisor - Immunisation       | 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 my mental health nursing skills upto date. I cannot identify any conflict of interest between this and my substantive post with SFH.                            | £16.00 ph                           |
| 2021/22 | 2021/22 | Challans      | Emma        | Director of Culture & Improvement               | Outside Employment | Nottingham and Nottinghamshire Integrated Care System       | I am the co-chair of the NHS Nottingham and Nottinghamshire Integrated Care System OD and Improvement Collaborative. Of which Sherwood Forest Hospitals is a key partner and provider in the system. All Executives that work across the system lead on and across subject matter areas. This being one relating to my role as Director of Culture and Improvement in Sherwood.                            | N/A                                 |
| 2021/22 | 2021/22 | Challans      | Emma        | Director of Culture & Improvement               | Outside Employment | Proud2bOps hosted by Sherwood Forest Hospitals              | I am the Chair of Proud2bOps, a national network of operational leaders and managers. The network is hosted by Sherwood Forest Hospitals.  | N/A                                 |
| 2021/22 | 2021/22 | Challans      | Emma        | Director of Culture & Improvement               | Outside Employment | Nottingham and Nottinghamshire Integrated Care System (ICS) | I am the co-chair of the Nottingham and Nottinghamshire Integrated Care System (ICS) - System Transformation Group. This group involves all partners across the ICS in the design and delivery of transformation in healthcare across the system.  | N/A                                 |

|         |         |                 |          |   |                    |   |   |  |
|---------|---------|-----------------|----------|---|--------------------|---|---|--|
| 2021/22 | 2021/22 | Bonser          | Ian      | Deputy General Manager                                    | Outside Employment | HM Forces & Clifton and Meadows PCN       | Ian Bonser - Deputy Divisional General Manager - N/A Diagnostics and Outpatients. 1.Armed Forces Reservist - Royal Air Force - up to 90 days per FY. Any work would be carried out on my days off from SFHFT. 2.Clifton & Meadows Primary Care Network (PCN) - Business Development Manager - upto 10 hours per week. Administrative support to the PCN Clinical Director and Deputy Clinical Director and the practices within the network. Any conflict of interest that may occur (very small chance of conflict) I would declare to both parties. Any work would be carried out on my days off from SFHFT.  |  |
| 2021/22 | 2021/22 | Van der Heijden | Loet     | Bank Higher Specialty Trainee and SAS Rota                | Outside Employment | MSV                                       | 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 |
| 2021/22 | 2021/22 | Adnan           | Hafza    | Locum Consultant (P)                                      | Outside Employment | University of health sciences Pakistan    | I also do Histopathology M.Phil thesis evaluation.  | N/A  |
| 2021/22 | 2021/22 | Street          | Adam     | Roving Clinical Supervisor - Immunisation                 | Outside Employment | See above.                                | I work for Nottingham Trent Univeristy as a part-time Lecturer in Adult Nursing and Associate Nursing ad-hoc. I am also employed as Lead Nurse for the nMABs project with NUH / SFH.  | N/A  |
| 2021/22 | 2021/22 | Clarke          | Rachel   | Highly Specialist Speech & Language Therapist             | Outside Employment | Leicestershire Partnership NHS Trust      | I work part time (18.75 hrs) for Leicestershire Partnership NHS Trust as a band 6 Speech and Language Therapist   | N/A  |
| 2021/22 | 2021/22 | Aladin          | Abizar   | Consultant  | Outside Employment | BMI park                                  | Type of Benefit: Clinical Private PracticeComments: Twice monthly evening clinics at The BMI Park hospital and ad hoc sessions beyond that.Value: N/ACopy to Current Period   | N/A  |
| 2021/22 | 2021/22 | Woolley         | Yasmin   | Hospital Out of Hours Practitioner                        | Outside Employment | estetico ltd                              | Yasmin woolley- out of hours practitioner outside employment is my own aesthetics business where I practice when I am not on duty within trust.   | n/a  |
| 2021/22 | 2021/22 | Atkinson        | Christie | Medical Photographer                                      | Outside Employment | Christie's Lens                           | My name is Christie Atkinson, I am a Medical Photographer within SFH based at KMH. My outside employment is my freelance photography work in which I work under the name of my business Christie's Lens. I carry out photography for family and friends and sometimes people who have been recommended to my business by others. This is freelance work which does not bring in a regular salary or income. I do not use the earnings from this job to fund any part of my lifestyle other than my photography interests alone e.g. new photography equipment/travelling to and from shoots. The photography is carried out in my own free time e.g. at weekends.   | N/A - no regular income  |
| 2021/22 | 2021/22 | Haughton        | Melanie  | Chief Clinical Physiologist/Vasc 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  |
| 2021/22 | 2021/22 | Rohun           | Jason    | Senior Physiotherapist                                    | Outside Employment | Jason Rohun - private physiotherapy work. | Self-employed MSK private physiotherapist, average 2 hours per week outside of my usual NHS working hours, usually between 5.30pm and 7.30pm. I was doing this extra work between August 2021 and February 2022, however this has now been put on temporary hold until further notice. I worked from a private clinic, self employed and I invoiced the clinic owner, I was not on their payroll.   | N/A  |
|         |         | Walsh           | David    | Professor of Rheumatology                                 | Outside Employment | University of Nottingham                  | Since 2015 DAW has undertaken consultancy through the University of Nottingham to AbbVie Ltd, Pfizer Ltd, Eli Lilly and Company, Love Productions, Reckitt Benckiser Health Limited and GSK Consumer Healthcare (each non-personal, pecuniary). He has contributed to educational materials through the University of Nottingham, supported by Medscape Education, New York, International Association for the Study of Pain and Osteoarthritis Research Society International (OARSI), each of which received financial support from commercial and non-commercial entities (each non-personal, pecuniary). He has received speaker fees from the Irish Society for Rheumatology (personal pecuniary). He has been responsible for research funded by Pfizer Ltd, Eli Lilly, Versus Arthritis, NIHR and UKRI (non-personal, pecuniary). He receives salary from the University of Nottingham, who have received funding for that purpose directly or indirectly from Sherwood Forest Hospitals NHS Foundation Trust, Nottingham University Hospitals NHS Trust and UKRI/Versus Arthritis (personal, pecuniary). Professor Walsh declares no further interests. | N/A  |

|         |         |                |            |   |                                       |   |  |         |
|---------|---------|----------------|------------|---|---------------------------------------|---|--|---------|
| 2021/22 | 2021/22 | Clements       | Jonathan   | Financial Planning And Strategy Manager       | Shareholdings and Ownership Interests | MSL Partners Ltd                        | Jonathan Clements - Financial Planning, Management Accounting and Costing Manager. Company Secretary and Director since 2012 to date. Company provides HR consultancy services. My role in the company is limited to the administration of the company, no input in bidding for or undertaking any work undertaken by the business. The company has not nor is intending to do any work for the NHS within Nottinghamshire. On the basis of the above I do not believe that there is any conflict of interest.   | N/A     |
| 2021/22 | 2021/22 | Bolton         | Craig      | Physiotherapist                               | Shareholdings and Ownership Interests | World Physiques Gym & Physio Clinic LTD | Craig Bolton Owner and managing director of World Physiques Gym & Physio Clinic LTD (50% stake) since July 2020.   | N/A     |
| 2021/22 | 2021/22 | Widdowson      | Ben        | Associate Director of Estates & Facilities    | Shareholdings and Ownership Interests | WHSmith (Group) plc                     | Private shareholder  | N/A     |
| 2021/22 | 2021/22 | Widdowson      | Ben        | Associate Director of Estates & Facilities    | Shareholdings and Ownership Interests | WHSmith News plc                        | Private shareholder  | N/A     |
| 2021/22 | 2021/22 | Widdowson      | Ben        | Associate Director of Estates & Facilities    | Shareholdings and Ownership Interests | John Menzies (GB) plc                   | Private shareholder  | N/A     |
| 2021/22 | 2021/22 | Menon          | Achyuth    | Consultant                                    | Shareholdings and Ownership Interests | AMenon LTD                              | I have a limited company and I am the co director.   | N/A     |
| 2021/22 | 2021/22 | Menon          | Achyuth    | Consultant                                    | Shareholdings and Ownership Interests | AMenon LTD                              | I have a limited company and I am the co director.   | N/A     |
| 2021/22 | 2021/22 | Tilley         | Helena     | Consultant                                    | Shareholdings and Ownership Interests | Hockerton Housing Project Trading LTD   | Director of Hockerton Housing Project Trading LTD This is a not for profit organisation. I am a director but do not do paid work for the company. We provide consultancy, tours and education to a range of businesses, universities and the general public related to low carbon housing, renewable energy and sustainable living. We have meeting space which can hire out including to NHS organisations if asked. occasionally we have provided courses for NHS organisations related to holistic health. My husband is also a Director of the company and it is his primary employer. | N/A     |
| 2021/22 | 2021/22 | Birch-Jones    | Jayne      | Change Management Lead - Assistive Technology | Shareholdings and Ownership Interests | PROTEX HYGIENE LIMITED                  | Jayne Birch-Jones, Director. Company number 09561961 since 27th April 2015. Company develops innovative hygiene solutions. Mitigation against conflict - am not actively engaged in promoting product, the business does not sell directly to NHS and is currently up for sale.  | N/A     |
| 2021/22 | 2021/22 | Gale           | Michael    | Consultant                                    | Shareholdings and Ownership Interests | A & M Gale Medical Ltd                  | Own ltd co through which I do private work   | n/a     |
| 2021/22 | 2021/22 | Haigh          | Steven     | COVID Pharmacist                              | Shareholdings and Ownership Interests | Hospital Pharmacy Software              | Supply software to 3 hospital sites via Hospital Pharmacy Software   | £1000pa |
| 2021/22 | 2021/22 | Ward           | Graham     | Non Executive Director                        | Shareholdings and Ownership Interests | GUJ Consulting Limited                  | 50% shareholder and director   | N/A     |
| 2021/22 | 2021/22 | Ward           | Graham     | Non Executive Director                        | Shareholdings and Ownership Interests | Mission Room Limited                    | 5% shareholder and director  | N/A     |
| 2021/22 | 2021/22 | Gossage        | Neal       | Non Executive Director                        | Shareholdings and Ownership Interests | GP Care LTD                             | GP Care LTD. Very small shareholding. passive investor.  | N/A     |
| 2021/22 | 2021/22 | Gossage        | Neal       | Non Executive Director                        | Shareholdings and Ownership Interests | N&S Associates Limited                  | I am shareholder in N&S Associates Limited and I occasionally work as a consultant for the company. The company does not provide any services to the NHS and will not do so in the future.   | N/A     |
| 2021/22 | 2021/22 | Arnold         | Paula      | Quality Governance Lead                       | Shareholdings and Ownership Interests | East Midlands 4D Baby Scanning          | Company Director with 3 other partners of Baby Scanning business   | NA      |
| 2021/22 | 2021/22 | Arnold         | Paula      | Quality Governance Lead                       | Shareholdings and Ownership Interests | East Midlands 4D Baby Scanning          | Company Director of Baby Scanning business with 3 other Company Directors. No conflict of interest.  | NA      |
| 2021/22 | 2021/22 | Jagdale        | Ranjeet    | Consultant                                    | Shareholdings and Ownership Interests | Aarav Healthcare Pvt Ltd                | I am a shareholder and owner of a small private company  | N/A     |
| 2021/22 | 2021/22 | Subramaniam    | Srinivasan | Consultant                                    | Shareholdings and Ownership Interests | East Midlands Medical Services          | East Midlands Medical Services - part ownership. Currently work outside of SFHT catchment area. Do sessional work outside of my DCC/SPA.   | N/A     |
| 2021/22 | 2021/22 | Herring        | Rebecca    | Corporate Matron - Quality Assurance          | Shareholdings and Ownership Interests | Inspire Medical Services Ltd            | Silent Partner in business. Husband also partner. He works as an agency ACP  | NA      |
| 2021/22 | 2021/22 | Hinch-Chambers | David      | Radiographer                                  | Shareholdings and Ownership Interests | Alphabet Inc                            | Held in SIPP   | £16,564 |
| 2021/22 | 2021/22 | Hinch-Chambers | David      | Radiographer                                  | Shareholdings and Ownership Interests | Amazon                                  | Held in SIPP   | £15,301 |
| 2021/22 | 2021/22 | Hinch-Chambers | David      | Radiographer                                  | Shareholdings and Ownership Interests | Apple                                   | Held in SIPP   | £16,268 |
| 2021/22 | 2021/22 | Hinch-Chambers | David      | Radiographer                                  | Shareholdings and Ownership Interests | Coca Cola                               | Held in SIPP   | 6950    |

|         |         |                |          |  |                                       |   |   |                           |
|---------|---------|----------------|----------|--|---------------------------------------|---|---|---------------------------|
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | General Electric                          | Held in SIPP  | £4,218                    |
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | Intel                                     | Held in Sipp  | £4,831                    |
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | Microsoft                                 | Held in SIPP  | £14,912                   |
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | Novartis                                  | Held in SIPP  | £2,935                    |
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | Proctor and Gamble                        | Held in SIPP  | £6,317                    |
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | Roche                                     | Held in SIPP  | £5,671                    |
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | Samsung                                   | Held in SIPP  | £1,623                    |
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | Sony                                      | Held in Sipp  | £7,812                    |
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | Unilever                                  | Held in Sipp  | £4,049                    |
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | Unilever                                  | Held in Sipp  | £4,049                    |
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | Royal Mail                                | Held in SIPP  | £4,342                    |
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | SSE                                       | Held in SIPP  | £5,291                    |
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | Compass Group                             | Held in SIPP  | £1,232                    |
| 2021/22 | 2021/22 | Hinch-Chambers | David    | Radiographer                                       | Shareholdings and Ownership Interests | BT  | Held in SIPP  | £738                      |
| 2021/22 | 2021/22 | Pearce         | Martin   | Registered Health Care Professional - Immunisation | Shareholdings and Ownership Interests | 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 £300) over the last 3-4 years   | 0                         |
| 2021/22 | 2021/22 | Kulkarni       | Sushrut  | Bank Higher Specialty Trainee and SAS Rota         | Shareholdings and Ownership Interests | Kulkarni Healthcare Ltd                   | Company Director & shareholder  | £0 per year               |
| 2021/22 | 2021/22 | Tekle          | Solomon  | Consultant   | Shareholdings and Ownership Interests | Solomon Tekle Ltd                         | Although the company is open it has not made any income over the last nearly 2 year.  | N/A                       |
| 2021/22 | 2021/22 | Challans       | Emma     | Director of Culture & Improvement                  | Shareholdings and Ownership Interests | EMC Professional Ltd                      | This is a dormant company that has never traded business.   | N/A                       |
| 2021/22 | 2021/22 | Fazal          | Iftikhar | Consultant   | Shareholdings and Ownership Interests | IAF Medical Ltd                           | Director of IAF Medical Ltd   | N/A                       |
| 2021/22 | 2021/22 | 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 across hospital, primary and community pharmacy. These roles are not connected to my position at Sherwood Forest but the clients I work with may supply the Trust or act for staff within it. In this capacity I also work as an associate to Interchange Solutions Ltd, advising on anti bribery and corruption compliance.            | N/A                       |
| 2021/22 | 2021/22 | Sakariya       | Rinku    | Clinical Coding Manager                            | Shareholdings and Ownership Interests | Code Right Ltd                            | I have my own Ltd company occasionally doing some coding audit work.  | N/A                       |
| 2021/22 | 2021/22 | Johal          | Avtar    | Finance & Performance Manager                      | Shareholdings and Ownership Interests | Remlit Ltd                                | I am the only shareholder and no conflict w/ the NHS.   | N/A                       |
| 2021/22 | 2021/22 | May            | Stephen  | COVID Pharmacist                                   | Shareholdings and Ownership Interests | Hospital Pharmacy Software                | Provide software to 2 hospital sites via Hospital Pharmacy Software.  | c. £900 per annum         |
| 2021/22 | 2021/22 | 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 Brightmans 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 2017. Brightmans Professional Development Ltd has never actively traded. There is absolutely no conflict of interest that meets the reporting criteria set out by the Trust so this is not a declarable COI, therefore I have correctly submitted nil returns in the past, however I have now been directed to declare it. | n/a                       |
| 2021/22 | 2021/22 | Akhtar         | Irfan    | Consultant   | Shareholdings and Ownership Interests | The Professional Medical Services Limited | I am a Director in company The Professional Medical Services Ltd.   | 63,798.00 Total Turn over |

|            |            |         |         |  |                                       |                            |  |      |
|------------|------------|---------|---------|--|---------------------------------------|----------------------------|--|------|
| 2021/22    | 2021/22    | Thomson | Julie   | Consultant   | Shareholdings and Ownership Interests | GlaxoSmithKline            | Julie ThomsonConsultant OphthalmologistShareholder for approximately 4 years   | N/A  |
| 2021/22    | 2021/22    | Narra   | Srikant | Consultant (P)                                     | 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 established in SFH since November 2019). The intermediary company through which this is done will have theoretical share options valued up to 25% if the northern division of Glanso UK outside SFH does well. There is no monetary value or transactions related to these shares. Although the 25% highlighted above suggests significant control, neither myself nor the intermediary company, currently have any control on decisions made by Glanso UK.   | N/A  |
| 2021/22    | 2021/22    | Thomas  | James   | Administration Officer                             | Shareholdings and Ownership Interests | Warsop Youth and Community | Trustee of Warsop Youth and Community, a registered charity operating in the Mansfield and Derbyshire area.  | N/A  |
| 2021/22    | 2021/22    | 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   |
| 12/06/2020 | 04/06/2021 | Naser   | Mohamed | Consultant (P)                                     | Sponsorship                           | Eilly Lilly                | Travel for conference  | 144  |
| 13/07/2021 | 14/07/2021 | Tansley | John    | Consultant (P)                                     | Sponsorship                           | Ah Media                   | Invitation to attend the Clinical Quality Strategy Forum hosted by ah-media.Clinical Quality is one of the key founding principles of the NHS, however being able to maintain that principle is a challenge that leaves the NHS under constant scrutiny both internally and externally. Ensuring that the services the NHS provides are safe, effective and compassionate with the upmost quality of care are the benchmarks of clinical quality. Doing this with reducing budgets and an ageing population are testing these core principals to the limit on a daily basis. The Clinical Quality Strategy Forum brings together Medical Directors, Chief Surgeons, Directors of Nursing and senior clinicians form across the NHS together with a selection of handpicked solution providers in a two-day leadership business networking event. The forum promises to inspire debate through world- class engagement platforms and ultimately broaden your expertise adding real value and insight to take back into your organisation. As a clinical leader you will have the opportunity to exchange ideas through one-to-one meetings, speed networking and group discussions. There will be a range of speaker sessions focusing on a range of hot topics. Through this you are given the opportunity at the forum to meet with a | £995 |

## Board of Directors Meeting in Public

|   |   |   |  |  |
|---|---|---|--|--|
| <b>Subject:</b>   | <b>Gender Pay Gap Report</b>                                |   |  | <b>Date: 7<sup>th</sup> April 2022</b> |
| <b>Prepared By:</b>   | Ali Pearson – EDI Lead                                      |   |  |  |
| <b>Approved By:</b>   | Clare Teeney - Director of People                           |   |  |  |
| <b>Presented By:</b>  | Clare Teeney - Director of People                           |   |  |  |
| <b>Purpose</b>  |   |   |  |  |
| This document provides an overview of work undertaken associated with the Trusts requirements in accordance with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.   |   |   | <b>Approval</b>                          |  |
|   |   |   | <b>Assurance</b>                         | <b>X</b>                               |
|   |   |   | <b>Update</b>                            |  |
|   |   |   | <b>Consider</b>                          |  |
| <b>Strategic Objectives</b>   |   |   |  |  |
| <b>To provide outstanding care</b>  | <b>To promote and support health and wellbeing</b>          | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b>         |
| <b>X</b>  | <b>X</b>  | <b>X</b>  | <b>X</b>                                 | <b>X</b>                               |
| <b>Overall Level of Assurance</b>   |   |   |  |  |
|   | <b>Significant</b>  | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                            |
|   |   | <b>X</b>  |  |  |
| <b>Risks/Issues</b>   |   |   |  |  |
| <b>Financial</b>  | Improving productivity and workforce utilisation and impact |   |  |  |
| <b>Patient Impact</b>   | Maintain safe staffing levels and a good patient experience |   |  |  |
| <b>Staff Impact</b>   | Improve working lives                                       |   |  |  |
| <b>Services</b>   | Staffing levels impact service and bed availability         |   |  |  |
| <b>Reputational</b>   | SFH recommended as a great place to work                    |   |  |  |
| <b>Committees/groups where this item has been presented before</b>  |   |   |  |  |
| People, Culture and Improvement Committee   |   |   |  |  |
| People, Diversity and Inclusion sub-cabinet   |   |   |  |  |
| <b>Executive Summary</b>  |   |   |  |  |
| In accordance with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, employers with 250 or more employees are required to publish statutory calculations no later than 30 <sup>th</sup> March each year.   |   |   |  |  |
| The enclosed Gender Pay Gap Data Summary was published on 30 March 2022 and the data is captured for a specific time period; in this case, 31 <sup>st</sup> March 2021. The full Gender Pay Gap Report will be published on 5 <sup>th</sup> April 2022.   |   |   |  |  |
| Report highlights:  |   |   |  |  |
| <ul style="list-style-type: none"><li>• The percentage variance overall for the average hourly rate of pay is 34.2%, an increase of 3.7% from 2020; it should be noted that the Gender Pay Gap report data was taken as at 31<sup>st</sup> March 2021, but from 31<sup>st</sup> March 2019 to 31<sup>st</sup> March 2022, our workforce increased by 34.6% in predominately in lower to lower middle quartile roles in response to the Covid-19 pandemic.</li><li>• The average hourly rate of pay excluding medics reduces to 4.9% evidencing the gap between our male and female consultants. The bonus pay gap for Consultants however has reduced by 2.7% compared to 2020.</li></ul> |   |   |  |  |
| <b>Priority Actions</b>   |   |   |  |  |
| <ul style="list-style-type: none"><li>• Identify and address the gap in the female medical workforce</li></ul>  |   |   |  |  |

- Address gender pay gaps in Divisions where gaps are evident
- Introduction of a women's network
- Identify an Executive Lead for gender equality

**Recommendation**

The Board are asked to take assurance from the report and the highlights noted herein and the priority actions identified to address closing the gaps identified.

## Gender Pay Gap Report 2020-2021

### 1. Introduction

The Trust is committed to providing outstanding care and we do this by ensuring we have a diverse, talented and high performing workforce where gender equity is considered at all stages of employment.

Gender Pay Gap legislation was introduced in 2017 and requires employers with 250 or more employees to publish statutory calculations no later than 30<sup>th</sup> March each year.

The gender pay gap is different to equal pay. Equal pay deals with the difference between men and women who carry out the same or similar jobs or work of equal value. The gender pay gap shows the difference in average pay between men and women.

The information aims to establish the pay gap between male and female employees as at 31<sup>st</sup> March the previous year. For example, 31<sup>st</sup> March 2021 pay information must be published by 30<sup>th</sup> March 2022 on the employer's website.

The Equality and Human Rights Commission defines the difference between equal pay and the gender pay gap as follows:

1. Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
2. The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings.

### 2. Our Workforce

Every job at the Trust is evaluated through a national NHS job evaluation scheme. Panels of colleagues conduct job evaluations through the review of a job description and person specification; the post holder is not evaluated and there is no reference to gender or any other personal characteristics of existing or potential job holders. Once evaluated, a role is placed within a band, each of which vary depending upon levels of responsibility and/or specialism. Bandings enable clinical and non-clinical staff to progress through the grades of pay within the band as they develop their careers and their years of service in the NHS.

In addition, the Trust has adopted and implemented national NHS pay schemes which have undergone equality analysis.

Analysis of our data within the Trust indicates that 79.9% of our workforce are women and 20.1% are men.

### 3. Our Gender Pay Gap

#### i. Overall Gender Pay Gap

| As 31 <sup>st</sup> March 2021 | Mean Hourly Rate | Median Hourly Rate |
|--------------------------------|------------------|--------------------|
| Male                           | £22.82           | £15.66             |
| Female                         | £15.02           | £12.45             |
| Difference                     | £7.81            | £3.20              |
| Pay Gap %                      | <b>34.2%</b>     | <b>20.5%</b>       |

The mean average and median hourly rate of pay is calculated from a specific pay period, in this case it is March 2021. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

The median rate is calculated by selecting the average hourly rate at the mid-point for each gender group.

The percentage variance for the average hourly rate of pay is 34.2%, an increase of 3.7% from 2020. This calculation is based on the average hourly rate of 5,237 female staff compared to 1,272 male staff; because the average is calculated over different numbers of staff and pay bands, some variance can be expected.

The percentage variance for the median hourly rate of pay is 20.5%, an increase of 6.5% from 2020. For our organisation this is more indicative than the average hourly rate of pay as it is impacted less by the female to male ratio. When looking at the variance some consideration will need to be given to the variety of roles within the organisation.

#### 4. Why do we have a gender pay gap?

The gap is because of the imbalance between males and females in the organisation and the roles they undertake; whilst our workforce is predominately women, there are a greater number of men in the upper quartile of our pay structure:

#### ii. Proportion of men & women in each quartile of the organisations pay structure

| As 31 <sup>st</sup> March 2021 | Female | Male | Female % | Male % |
|--------------------------------|--------|------|----------|--------|
| 1 - Lower                      | 1342   | 238  | 84.9%    | 15.1%  |
| 2 – Lower Middle               | 1414   | 259  | 84.5%    | 15.5%  |
| 3 – Upper Middle               | 1376   | 252  | 84.5%    | 15.5%  |
| 4 - Upper                      | 1105   | 523  | 67.9%    | 32.1%  |

Note: In order to complete these calculations, we are required to list all employees along with their gender in order of lowest hourly to highest hourly rate of pay.

It should be noted that in the period 31<sup>st</sup> March 2019 to 31<sup>st</sup> March 2022 our workforce has increased by 34.6% in response to the Covid-19 pandemic. Whilst the gender split in the organisation has remained broadly the same, the roles recruited to were predominately in the lower and lower middle quartiles which has impacted our gender pay gap.

When reviewing the quartile data, it is important to consider the types of roles available within the organisation and the different gender splits that occur within specific roles.

The highest variances for the quartiles when compared to the overall Trust value are in the lower, lower middle and upper middle quartiles. It is these quartiles which have the most pronounced gender split, where female staff are the predominant majority. This is driving the mean and median pay differences. Included in the lower quartiles for instance are administrative & ancillary staff groups (such as Health Care Support Workers) that traditionally have attracted a higher proportion of female staff.

The upper quartile has a lower proportion of female staff than the other three quartiles because of significantly different gender splits in medical staffing and senior managerial roles in the Trust.

## 5. Bonus gap

Sherwood Forest Hospitals only 'bonus' scheme is the Clinical Excellence Awards scheme; this scheme is only open to consultants in the Trust who meet specific criteria for the awards which is set nationally although the Trust can use its discretion when applying the award criteria.

In 2020 the Covid-19 Pandemic prevented the Trust from holding the Clinical Excellence Awards. As directed by NHS Employers, and in agreement with the British Medical Association, the financial envelope for the awards was distributed evenly between eligible consultants. The continued pressure on our consultants led to the same principles being applied for the awards in 2021 and this table shows the proportion of consultants who received the award:

### iii. Proportion of male and female consultants receiving award

| As 31 <sup>st</sup> March 2021 | Employees Paid Bonus | Total Relevant Employees | %     |
|--------------------------------|----------------------|--------------------------|-------|
| Male                           | 57                   | 129                      | 44.2% |
| Female                         | 17                   | 60                       | 28.3% |

Note: 70% of our consultants in the Trust are males

#### iv. Bonus pay gap data for Trust consultants

| As 31 <sup>st</sup> March 2021 | Mean Pay  | Median Pay |
|--------------------------------|-----------|------------|
| Male                           | £12,620.7 | £9,048.0   |
| Female                         | £11,249.8 | £6,032.0   |
| Difference                     | £1,370.9  | £3,016.0   |
| Pay Gap %                      | 10.9%     | 33.3%      |

The percentage variance for the mean bonus pay has reduced by 2.7% from 2020. The percentage variance for the median bonus pay gap has remained the same as 2020 and has been consistent since 2019; in the first year of the awards (2018), the gap was 66.6%.

The gap between bonus pay is affected by the length of service for consultants where there are more males with greater length of service for the Trust. Whilst the criteria for awards ensures equality, the amount of an award can be impacted by individual circumstances, for example part time working, absence due to maternity, paternity, adoption or shared parental leave, other absence from work which impacts pay (i.e. sickness).

## 6. Closing the gap

The following is a summary of actions the Trust is committed to delivering over the upcoming 12-18 months to address the gender pay gap within Sherwood Forest Hospitals:

- Identify and address the gap in the female medical workforce
- Address gender pay gaps in Divisions where gaps are evident
- Introduction of a women's network
- Identify an Executive Lead for gender equality
- Actively promote leadership development opportunities to those identified through our talent management programme
- Review options for flexible and/or agile working in senior and leadership roles
- Ensure gender balance on recruitment panels
- Review training offer to ensure colleagues are empowered to challenge gender inequality

Oversight of these actions and updates on delivery will be reported via the People, Culture and Improvement Committee.

## 2021 Gender Pay Reporting – Data Summary

Sherwood Forest Hospitals NHS Foundation Trust's mean gender pay gap; median gender pay gap; mean gender bonus gap; median gender bonus gap; quartile distribution and bonus proportion analysis as at March 2021, are shown below.

### Gender pay gap (mean and median average)

| As 31 <sup>st</sup> March 2021 | Mean Hourly Rate | Median Hourly Rate |
|--------------------------------|------------------|--------------------|
| Male                           | £22.82           | £15.66             |
| Female                         | £15.02           | £12.45             |
| Difference                     | £7.81            | £3.20              |
| Pay Gap %                      | 34.2%            | 20.5%              |

### Gender bonus gap (mean and median average)

| As 31 <sup>st</sup> March 2021 | Employees Paid Bonus | Total Relevant Employees | %     |
|--------------------------------|----------------------|--------------------------|-------|
| Male                           | 57                   | 129                      | 44.2% |
| Female                         | 17                   | 60                       | 28.3% |

### Proportion of men and women in each quartile of the organisation's pay structure

| As 31 <sup>st</sup> March 2021 | Female | Male | Female % | Male % |
|--------------------------------|--------|------|----------|--------|
| 1 - Lower                      | 1342   | 238  | 84.9%    | 15.1%  |
| 2 – Lower Middle               | 1414   | 259  | 84.5%    | 15.5%  |
| 3 – Upper Middle               | 1376   | 252  | 84.5%    | 15.5%  |
| 4 - Upper                      | 1105   | 523  | 67.9%    | 32.1%  |

### Proportion of men and women receiving bonuses

| As 31 <sup>st</sup> March 2021 | Employees Paid Bonus | Total Relevant Employees | %     |
|--------------------------------|----------------------|--------------------------|-------|
| Male                           | 57                   | 129                      | 44.2% |
| Female                         | 17                   | 60                       | 28.3% |

The figures in this report have been run using the gender pay gap ESR Business Intelligence reports; these are accurate and demonstrate Sherwood Forest Hospitals NHS Foundation Trust position as at March 2021.



Clare Teeney – Director of People

## Board of Directors Meeting in Public

|   |   |   |  |                                |
|---|---|---|--|--------------------------------|
| <b>Subject:</b>   | External Well-led Review - Recommendations  |   | <b>Date:</b> 7 <sup>th</sup> April 2022  |                                |
| <b>Prepared By:</b>   | Shirley A Higginbotham, Director of Corporate Affairs                                   |   |  |                                |
| <b>Approved By:</b>   | Claire Ward, Chair  |   |  |                                |
| <b>Presented By:</b>  | Shirley A Higginbotham, Director of Corporate Affairs                                   |   |  |                                |
| <b>Purpose</b>  |   |   |  |                                |
| The purpose of this paper is for the Board to receive assurance regarding the recommendations identified in the final report from the Grant Thornton Well Led Review  |   |   | <b>Approval</b>                          |                                |
|   |   |   | <b>Assurance</b>                         | x                              |
|   |   |   | <b>Update</b>                            |                                |
|   |   |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>   |   |   |  |                                |
| <b>To provide outstanding care</b>  | <b>To promote and support health and wellbeing</b>                                      | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| x   |   | x   | x  |                                |
| <b>Overall Level of Assurance</b>   |   |   |  |                                |
|   | <b>Significant</b>  | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|   |   | x   |  |                                |
| <b>Risks/Issues</b>   |   |   |  |                                |
| <b>Financial</b>  | A Well-led organisation helps mitigate the risk of financial loss                       |   |  |                                |
| <b>Patient Impact</b>   | A Well-led organisation supports high quality patient care                              |   |  |                                |
| <b>Staff Impact</b>   | A Well-led organisation encourages a motivated workforce                                |   |  |                                |
| <b>Services</b>   | A Well led organisation works effectively with stakeholders to deliver optimal services |   |  |                                |
| <b>Reputational</b>   | A Well-led organisation enhances the reputation of the Trust                            |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>  |   |   |  |                                |
| Executive Team meeting 30 <sup>th</sup> March 2022  |   |   |  |                                |
| <b>Executive Summary</b>  |   |   |  |                                |
| <p>Grant Thornton undertook an external Well-led review of the organisation, delivering its final report to the Trust in March 2022.</p> <p>The Well-Led review is an important assessment for the Trust, not only because trusts are expected to advise NHSE/I of any material governance concerns that have arisen from the review and the action plan in response to those concerns, but more importantly because it provides the opportunity for the Trust to fully understand the strengths and weaknesses of its current governance arrangements and implement actions at an appropriate pace.</p> <p>This Well-Led review was undertaken during the Covid-19 pandemic. All interviews and meeting observations were undertaken virtually using MS Teams.</p> <p>The Well-Led framework for governance reviews considers 8 key lines of enquiry (KLOEs):</p> <p>The table below summarises the assessment of the Trust's performance against the 8 key lines of enquiry outlined in NHSI's Well-Led framework. The 2018 Well-Led report ratings for comparison.</p> |   |   |  |                                |

| NHSI Well-Led framework |   |             |             |
|-------------------------|---|-------------|-------------|
| #                       | KLOE  | 2018 rating | GT rating   |
| 1                       | Is there the leadership capacity and capability to deliver high quality, sustainable care?  | GREEN       | AMBER/GREEN |
| 2                       | Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?             | AMBER/GREEN | AMBER/GREEN |
| 3                       | Is there a culture of high quality sustainable care?  | AMBER/GREEN | AMBER/GREEN |
| 4                       | Are there clear responsibilities, roles and systems of accountability to support good governance and management?                            | AMBER/GREEN | GREEN       |
| 5                       | Are they clear and effective processes for managing risk, issues and performance?   | GREEN       | GREEN       |
| 6                       | Is appropriate and accurate information being effectively processed, challenged and acted on?   | AMBER/GREEN | AMBER/GREEN |
| 7                       | Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services? | AMBER/GREEN | GREEN       |
| 8                       | Are there robust systems and processes for learning continuous improvement and innovation?  | AMBER/GREEN | AMBER/RED   |

Overall, 15 recommendations, were identified in the report, there were no high-level recommendation; three medium level recommendations; and 12 low level recommendations.

The attached report details each of the recommendations, the actions being taken, the executive lead and the timeline for completion.

**Risk rating for recommendations raised**

|   |  |  |
|---|--|--|
| <b>HIGH</b><br><br>Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management. | <b>MEDIUM</b><br><br>Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management. | <b>LOW</b><br><br>Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area. |
|---|--|--|

| No.  | Risk          | Recommendation  | Action  | Lead                    | Timeline  |
|--|---------------|---|---|-------------------------|-----------|
| KLOE 1. – Is there the leadership capacity and capability to deliver high quality, sustainable care? |               |   |   |                         |           |
| 1  | <b>Medium</b> | <b>Internal v external priorities</b><br><br>The Director of Human Resources is a joint post with Nottinghamshire Healthcare NHS Foundation Trust. However, due to the way the portfolio of work is arranged and the existence of a strong deputy this appears to and is reported to work well.<br><br>The Director of HR is also prominent in the Integrated Care System (ICS) leading the people agenda and this workload needs to be regularly reviewed to ensure it remains manageable.<br><br><b>Recommendation:</b> | All joint posts with Nottinghamshire Healthcare will cease in Quarter 1 of 2022/23. | Chief Executive Officer | June 2022 |

|   |     |   |   |                         |                |
|---|-----|---|---|-------------------------|----------------|
|   |     | As external priorities become more apparent in the establishment of the ICS a watching brief should be reviewed to ensure executives continue to have sufficient bandwidth to undertake their portfolio of work.  |   |                         |                |
| 2 | Low | <p><b>Succession planning</b></p> <p>The Trust had undertaken a formal succession planning exercise for its executive roles in 2019, and this is best practice. It is important to refresh this periodically and this should be completed following the appointment of the CEO. Some Trusts include the NED skills in this exercise as this can help to identify any gaps and target skill sets of future appointments.</p> <p><b>Recommendation:</b></p> <p>Following the appointment of the Chief Executive post the Trust should refresh its succession planning and consider extending the exercise to include NEDs and Divisional triumvirate team members</p> | A report will be presented to the Nomination and Remuneration Committee | Chief Executive Officer | September 2022 |
| 3 | Low | <p><b>Structured visits programme</b></p> <p>The structured quality visit programme where NEDs and Executive Directors undertake more formal visits to the services has been suspended and is planned to be reinstated when the Covid -19 restrictions on access to clinical areas allow. This will be particularly</p>   | Visits will commence in line with Government guidance                   | Chief Nurse             | TBC            |

|  |     |   |  |             |                |
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|  |     | <p>helpful to the new NEDs as they familiarise themselves with the Trust's services.</p> <p><b>Recommendation:</b></p> <p>As soon as Covid 19 restrictions allow the Board should reinstate its structured visits programme to its services. This will be particularly beneficial to the new NEDs and existing NEDs who have missed the opportunities to undertake face to face activities</p>  |  |             |                |
| KLOE 2 – is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver? |     |   |  |             |                |
| 4  | Low | <p><b>Quality Strategy</b></p> <p>A new Quality Strategy is in development. A working draft version was presented at the November 2021 Quality Committee. The new strategy will run from 2022-2025 and has four campaigns on delivery quality care:</p> <ol style="list-style-type: none"> <li>1. Create a positive practice environment to support the delivery of safest and most effective care</li> <li>2. Excellent patient experience for users and the wider community</li> <li>3. Strengthen and sustain a culture of continuous quality improvement and learning</li> <li>4. Deliver high quality care through kindness and supporting each other</li> </ol> <p>It is not clear however how the third campaign links to the improvement techniques and</p> | The Quality Strategy will detail the quality improvement methodology embedded throughout the Trust | Chief Nurse | September 2022 |

|   |     |  |  |                               |           |
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|   |     | <p>training that are currently being rolled out in the Trust and this should be made more explicit</p> <p><b>Recommendation</b></p> <p>The Quality Strategy should more explicitly document the quality improvement methodology that is being rolled out within its campaign to strengthen and sustain a culture of continuous quality improvement and learning.</p>   |  |                               |           |
| KLOE 3 – Is there a culture of high quality sustainable care? |     |  |  |                               |           |
| 5.  | Low | <p><b>Freedom to Speak up Guardian meetings with Divisions</b></p> <p>The Guardian has regular meetings within one Division as these were established by her predecessor however does not regularly meet with all of the Divisional triumvirates, generally only meeting with them to discuss specific cases.</p> <p><b>Recommendation:</b></p> <p>The FTSU Guardian should schedule regular meetings with the Divisional triumvirate teams to develop relationships and establish a more proactive approach</p> | Regular meetings with all triumvirates will be scheduled                   | Director of Corporate Affairs | June 2022 |
| 6.  | Low | <p><b>Freedom to Speak U Guardian meetings with the Guardian of Safe Working Hours</b></p> <p>Nationally the data suggests medical staff</p>   | Regular meetings with the Guardian of Safe Working Hours will be scheduled | Director of Corporate Affairs | June 2022 |

|    |     |   |  |                                      |                  |
|----|-----|---|--|--------------------------------------|------------------|
|    |     | <p>tend not to use FTSU mechanisms to raise concerns and in some trusts we see the Guardian of Safe Working Hours used to raise a broad range of issues. The Trust has successfully recruited a doctor to a FTSU Champion role and this may encourage medical staff to speak up if they have concerns. The FTSU Guardian does not meet with the Guardian of Safe Working Hours and this would be a useful link.</p> <p><b>Recommendation:</b></p> <p>The FTSU Guarding should arrange to meet periodically with the Guardian of Safe Working Hours as there are linkages with these roles.</p>              |  |                                      |                  |
| 7. | Low | <p><b>Awareness of detriment</b></p> <p>It is important to ensure that people do not suffer detriment as a result of speaking up. Currently, following the closure of a case, the FTSU Guardian sends out a short four question email to staff who have raised concerns, however the response rate is low and the questions do not adequately assess if there has been any detriment.</p> <p><b>Recommendation:</b></p> <p>The FTSU Guardian should formalise a process to contact staff who have raised concerns three to six months following closure of the case to discuss how they are and if they</p> | <p>A formal process to contact staff who have raised concerns to ascertain if they have suffered detriment will be developed and implemented</p> | <p>Director of Corporate Affairs</p> | <p>June 2022</p> |

|   |     |  |   |  |                |
|---|-----|--|---|--|----------------|
|   |     | have suffered detriment as a result of speaking up   |   |  |                |
| 8.  | Low | <p><b>Reporting data to capture gender and ethnicity characteristics</b></p> <p>The FTSU Guardian submits data as required to the National Guardian's Office and the FTSU Guardian and the Guardian of Safe Working Hours report to the Board twice a year. Neither Guardians report data by ethnic group or gender and the may offer additional information for the Board to analyse in terms of themes and trends.</p> <p><b>Recommendation:</b></p> <p>The FTSU Guardian and Guardian of Safe Working Hours should capture data by gender and ethnicity where possible to allow for additional analysis, themes and trends.</p> | Future reports to Board from the FTSU guardian and Guardian of Safe Working Hours will include data by gender and ethnicity | Director of Corporate Affairs and Executive Medical Director | September 2022 |
| KLOE 4 – Are there clear responsibilities, roles and systems of accountability to support good governance and management? |     |  |   |  |                |
| 9.  | Low | <p><b>Highlight report to the Board of Directors</b></p> <p>There is variance in the quality of reporting the work of the Committees to the Board. A more common approach using a quadrant style reporting could more effectively identify key issues and action taken.</p> <p><b>Recommendation:</b></p> <p>Committee Chairs should consider the use of a quadrant style report to present at the Board</p>   | A quadrant template has been developed and will be implemented from April Committees  | Director of Corporate Affairs                                | June 2022      |

|     |     |   |   |  |                |
|-----|-----|---|---|--|----------------|
|     |     | meeting. Headings of the 4 quadrants are commonly: <ul style="list-style-type: none"> <li>• Matters of concern or key risks to escalate</li> <li>• Major actions commissioned / work underway</li> <li>• Positive assurances to provide</li> <li>• Decisions made</li> </ul>  |   |  |                |
| 10. | Low | <b>Committee Assurance</b><br><br>Committee Chairs have not routinely observed the key meetings that feed into their Committee for assurance, and this should be considered on an annual basis to confirm confidence in the governance and reporting framework.<br><br><b>Recommendation:</b><br><br>On an annual basis NEDs who Chair Committees should observe the sub-meetings/groups that feed into their Committee to gain a view on how business is undertaken. | A schedule to ensure all chairs of committees observe the key meetings which feed into their committees will be developed and implemented | Director of Corporate Affairs                              | September 2022 |
| 11. | Low | <b>People, Culture and Improvement Committee</b><br><br>The Chair of the Committee does not routinely meet with the Lead Executive for this Committee, more ad-hoc arrangements occur. Setting up a scheduled arrangement would be beneficial to allow for regular discussion of progress, current issues and the identification of areas where further work may be indicated   | A schedule of regular meetings prior to committee meeting will be developed and implemented   | Director of People and Director of Culture and Improvement | June 2022      |

|   |     |  |  |                         |           |
|---|-----|--|--|-------------------------|-----------|
|   |     | <b>Recommendation:</b><br><br>The Chair of the People, Culture and Improvement Committee should set up regular meetings with the lead Executive Directors  |  |                         |           |
| KLOE 5. – Are there clear and effective processes for managing risks, issues and performance?         |     |  |  |                         |           |
| 12.   | Low | <b>Divisional Performance Reviews</b><br><br>We attended the November 2021 round of Performance Reviews for all five clinical Divisions. The Performance Review meetings are well organised and mutually supportive.<br><br>We note that Urgent and Emergency Care Division presented an informative HR performance report and whilst other Divisions talk about their HR issues, they did not include a presentation of metrics. HR performance reports are routinely created and supplied to Divisions via the HR Business Partner, and these should be presented at each Division Performance Review.<br><br><b>Recommendation:</b><br><br>All Divisions should ensure their HR performance report is presented for discussion at Divisional Performance Reviews. | All future Divisional Performance Reviews will include the presentation of their HR Performance report | Chief Operating Officer | June 2022 |
| KLOE 6 – Is appropriate and accurate information being effectively processed, challenged and acted on |     |  |  |                         |           |

|     |               |   |   |                            |               |
|-----|---------------|---|---|----------------------------|---------------|
| 13. | <b>Medium</b> | <p><b>Data Quality Strategy</b></p> <p>The Trust's Data Quality Strategy 2018-2020 is due for review. It sets out governance arrangements involving the Data Quality Oversight Group (DQOG).</p> <p>However, the DQOG was disbanded in November 2020 as the workstreams actions had been completed. Therefore, the Trust does not currently have a stand-alone formal forum through which data quality issues are monitored and addressed.</p> <p>The Trust is currently in the process of moving to a more integrated approach, where data quality is owned and monitored across the wider governance structure.</p> <p>It is intended that updates on data quality for areas within their remit will be provided regularly through the Divisional governance structures and the Trust's Risk Management framework, but this process is not yet fully documented, and roles and responsibilities need to be clarified.</p> <p>It is however a reasonable expectation that the new postholder will formalise the governance arrangements at the time the Data Quality Strategy is refreshed.</p> <p><b>Recommendation :</b></p> | The Chief Digital Information Officer will refresh the Data Quality Strategy, once in post. | Executive Medical Director | December 2022 |
|-----|---------------|---|---|----------------------------|---------------|

|  |        |  |  |                               |                |
|--|--------|--|--|-------------------------------|----------------|
|  |        | Once in post the new Chief Digital Information Officer should contribute to the refresh of the Data Quality Strategy to ensure it adequately documents roles/responsibilities and the governance structure where data quality issues will receive oversight and management.  |  |                               |                |
| 14.  | Low    | <p><b>Data Quality Assurance Indicators</b></p> <p>The Trust does not at present utilise a Data Quality Assurance Indicator. A data quality traffic light or kite mark could be used to appear next to key performance indicators in the SOF report to provide visual assurance on the quality of data underpinning a performance indicator. A visual indicator acknowledges the variability of data and makes an explicit assessment of the quality of evidence on which the performance measurement is based</p> <p><b>Recommendation:</b></p> <p>The Trust should consider the use of Data Quality Assurance Indicators to inform users of any data quality risks attached to the data that might impact decision making.</p> | The Trust has previously considered the use of Data Quality Assurance Indicators and agreed not to utilise. However, this recommendation will be further considered and an update provided to the Board of Directors | Director of Corporate Affairs | September 2022 |
| KLOE 7. – Are people who use services, the public, staff and external partner engaged and involved to support high quality sustainable services? |        |  |  |                               |                |
| <b>We have not made any recommendations in this area as the Trust is already working on issues identified.</b>                                   |        |  |  |                               |                |
| KLOE 8. – Are there robust systems and processes for learning, continuous improvement and innovation?  |        |  |  |                               |                |
| 15.  | Medium | Continuous Improvement   |  |                               |                |

|  |  |   |  |                                     |                |
|--|--|---|--|-------------------------------------|----------------|
|  |  | <p>The Trust has a vision for 'Continuous Improvement at SFH'. Whilst it is clear that there is considerable improvement activity at the Trust it is not clear how the improvement activities e.g. Continuous Improvement; Pathways to Excellence; Advancing Quality programme and Clinical Audit are linked. Although staff refer to a Continuous Improvement Strategy this is not described in a document and this is required to demonstrate the breadth and depth of work, how it aligns to other strategies and to enable a better understanding for staff. During our interviews, including some Board level interviews, this area was not well articulated, with staff talking very generally about improvement activity and some staff not being familiar with what improvement methodology was in place. It is important that staff can articulate how the Trust describes and navigates its improvement activities, and this will be a key area CQC will look for assurances of an embedded and well understood approach when they talk to staff, and further work is required as a priority to achieve this.</p> <p><b>Recommendation:</b></p> <p>Further work is required to document and communicate the vision for 'Continuous Improvement at SFH' This will assist staff in their understanding of the breadth and depth</p> | <p>The QI Maturity Matrix survey results will be shared with SLT in June, this will provide a new focus for QI.</p> <p>Regular QI development sessions with all Senior Leaders are scheduled over 2022/2023</p> <p>The Quality Strategy will be aligned with the quality improvement methodology embedded throughout the Trust</p> | Director of Culture and Improvement | September 2022 |
|--|--|---|--|-------------------------------------|----------------|

|  |  |   |  |  |  |
|--|--|---|--|--|--|
|  |  | <p>of work and the methodologies in use.</p> <p>Outcomes of quality improvement projects should be celebrated through the Trust's services.</p> |  |  |  |
|--|--|---|--|--|--|

# **Developing an ICS Provider Collaborative at Scale**

**March/April 2022**

## **1. Purpose**

- 1.1. This paper provides an update on the work progressing to establish an ICS Provider Collaborative at scale between Sherwood Forest Hospitals NHS Foundation Trust (SFH), Nottinghamshire Healthcare NHS Foundation Trust (NHT), Nottingham University Hospitals NHS Trust (NUH) and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBH).
- 1.2. The paper focusses on:
  - Feedback from the recent joint Non-Executive Director engagement events
  - Governance
  - Establishment of a Provider Collaborative Office
  - Next Steps, and
  - Progress against the actions set out in the last Provider Collaborative update provided to the ICS Board.

## **2. Background**

- 2.1. There is a requirement in the current legislative proposals that all statutory NHS providers are involved in at least one provider collaborative. National guidance and a national toolkit for the development of Provider Collaboratives at Scale have been made available by NHS E/I and this work programme has been based on those documents.
- 2.2. The last update provided to the ICS Board on the development of the Provider Collaborative at Scale, reflected the existing collaboratives already in place across our system, an update on the collective position about what our Provider Collaborative is and isn't and set out some next steps.
- 2.3. Since that update, there has been a national decision to delay the timeline to implement the legislative changes from 1 April 2022 to 1 July 2022. With that, the formal establishment of the ICS Provider Collaborative at Scale will also be delayed. Although work is continuing to develop our collaborative, the formal establishment date is now planned to be 1 July 2022. This date remains as a step in our journey of collaboration, not an end point.
- 2.4. There continues to be some oversight of the development of the Provider Collaborative through the ICS Transition & Risk committee to ensure alignment with other developing system plans / architecture.
- 2.5. As it has been determined that Bassetlaw will join the Nottingham and Nottinghamshire ICS, DBH are also becoming more involved in the Nottingham and Nottinghamshire Provider Collaborative at Scale. There is further work to do in relation to clarifying the specifics of individual partner organisation's roles

within these arrangements, including the role and relationship that the Provider Collaborative will have with other providers, including East Midlands Ambulance Service, CityCare, Primary Care and the Place Based Partnerships.

### **3. Joint Non-Executive Director (NED) Engagement Events**

3.1. In February 2022, two joint NED engagement events were held virtually, with invitations extended across organisations. The purpose of these sessions was:

- To jointly build a common understanding of the work underway to develop a Provider Collaborative at scale
- To harness the experience of the NEDs and consider the opportunities and challenges that the Provider Collaborative may create
- To give NEDs the opportunity to help influence and shape this work programme and the areas of focus for collaboration.

3.2. Two identical sessions were run on separate days to maximise possible attendance. Over twenty NEDs from SFH, NHT, NUH or DBH were able to join one of the sessions.

3.3. Examples of provider collaborations were shared with the groups and then opportunities were explored in relation to both the function and the form of our local provider collaborative.

3.4. The feedback from the sessions was extremely positive. There were a number of key points arising from the discussions, which are detailed below:

- There was collective agreement that this is the right direction of travel and that it presents opportunities for the people of Nottingham and Nottinghamshire, as well as the providers
- It will be important to start by focussing on a small number of things and doing them well
- A clear purpose is vital for this work to be successful – we need to be able to clearly articulate ‘why’ we are doing something
- The collaboration needs to be underpinned with strong governance and agreements, detailing that sovereign organisations remain accountable for delivery, whilst also providing clarity around how decisions are made that may not benefit sovereign organisations and what happens when partners don’t agree
- Culture will drive the collaboration forward. Trusted relationships will be key but developing those will take time

- The work programme and priorities for the collaborative need to be clinically informed/driven
  - The geographical location of the offices may want to be separate to one of the key providers, as this may be an important step to demonstrate impartiality
  - The added value of the collaborative needs to be evidenced throughout the work
  - Learning should be generated from what works well, as well as what doesn't work as well.
- 3.5. It has been agreed that future joint NED events will be arranged as the Provider Collaborative at Scale develops and a NED network will be established across the four organisations, in order to further build relationships and develop shared understanding between providers.

#### **4. Governance**

- 4.1. Board members will be aware from previous discussions, that the development of the provider collaborative will be iterative, non-linear and will be required to go through different stages of maturity. As a starting point, it is proposed that a Provider Leadership Board (PLB) is established and reviewed every 6 months. National guidance describes a PLB as:

*'chief executives or other directors from participating trusts come together, with common delegated responsibilities from their respective boards (in line with their schemes of delegation), such that they can tackle areas of common concern and deliver a shared agenda on behalf of the collaborative and its system partners.'*

- 4.2. Extracts from NHS England/Improvement guidance on possible governance forms is detailed in Appendix A, and further information about Provider Leadership Boards is detailed at Appendix B.
- 4.3. In order to support the agreed PLB approach, an initial governance structure for the developing Provider Collaborative at Scale in Nottingham and Nottinghamshire has been developed and is detailed in Figure One. This structure will evolve as the functions of the collaborative become clearer. On the right hand side of Figure One, there is a description of the function of each level, which should ensure clarity of discussions and clear mechanisms of accountability.
- 4.4. The PLB is to be chaired by a nominated CEO from one of the Provider Collaborative organisations. At this moment in time, Dr. John Brewin, Chief Executive of NHT, is currently chairing the shadow Provider Leadership Board.

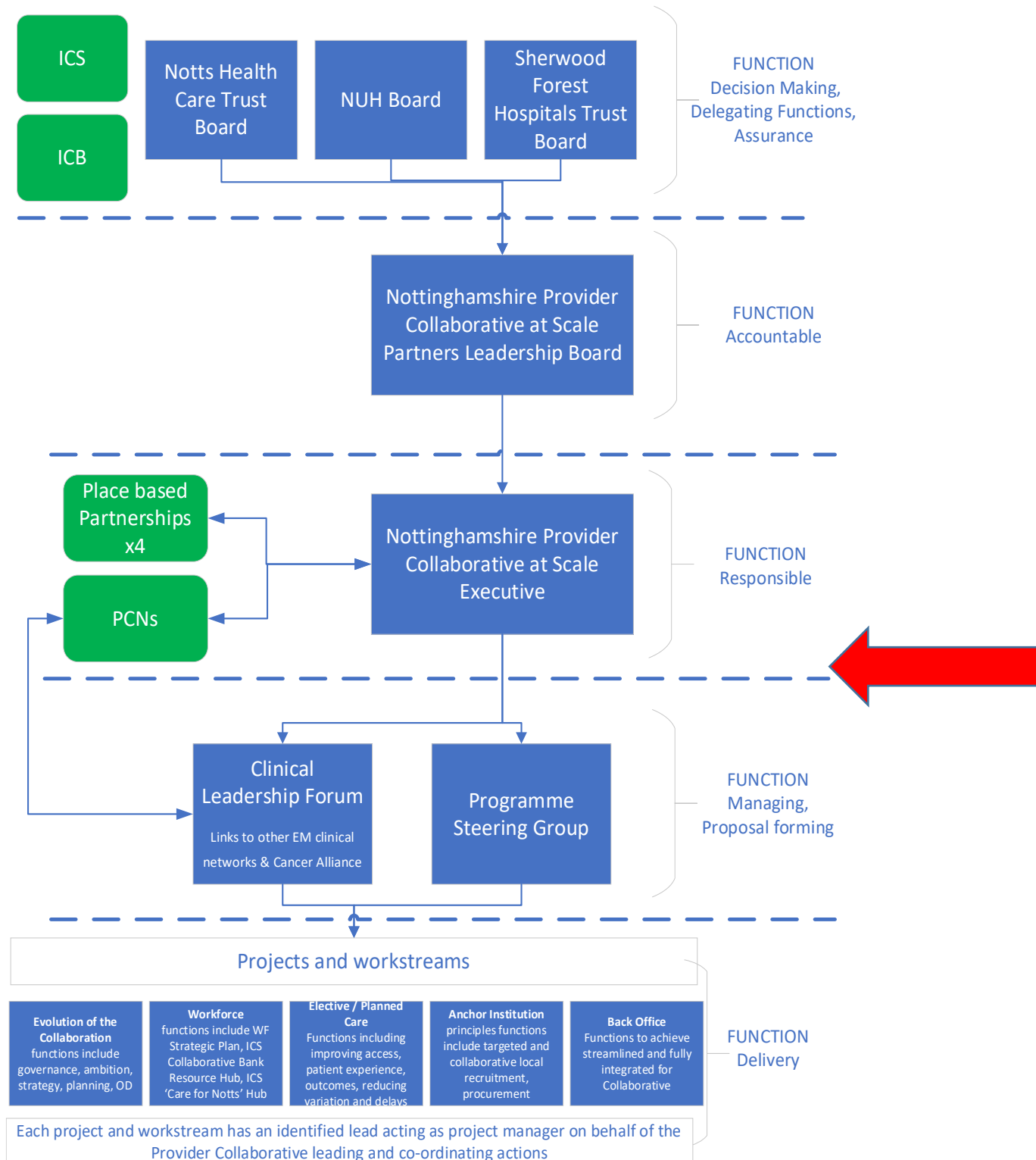
- 4.5. It is proposed that there is a partner Director seat around the Integrated Care Board that is for NHS Trusts and Foundation Trusts. Early thinking would be that provider organisations would support the Chair of the PLB also representing NHS Trusts and NHS Foundation Trusts on the ICB, but more work is needed to confirm this.

## **5. Establishment of a Provider Collaborative Office**

- 5.1. Within its guidance to NHS Trusts, NHS England places a significant emphasis on the importance of having dedicated leadership resource to support the work of the collaborative, while also recognising that collaborative working must be built into existing roles – in particular for clinical and operational leadership roles.
- 5.2. NHS England case studies of existing provider collaboratives found that typically, administrative and operational staff from collaborating trusts are partly or wholly assigned to support the work of the collaborative. In some cases, roles are recruited to directly and paid for jointly among members.
- 5.3. In order to support the development of a Provider Collaborative at Scale and to co-ordinate and drive forward the work of the collaborative, discussions about whether a Director for the Provider Collaborative should be appointed and a Provider Collaborative Office, established.
- 5.4. The initial thinking is that the Provider Leadership Board could hold the Director and other Provider Collaborative Executives to account to deliver the agreed priorities. The details of this are still being worked through and will have to be agreed by partner organisations.
- 5.5. The Executive would be made up of nominated Trust Executives, e.g. Medical Directors, Directors of Strategy, along with other attendees such as Place based Partnership representatives and representatives from other providers, e.g. CityCare.
- 5.6. Through distributed leadership, the Office would deliver the functions below the red arrow shown on the right in Figure One.

**Figure One: Initial Governance Structure**

## Nottinghamshire Provider Collaborative at Scale DRAFT Governance Structure and Functions



## **6. Next Steps**

- 6.1. There is a significant amount of work to do to progress the development of the Provider Collaborative at Scale. Conversations continue about the establishment of the office in order to drive and govern this work, which will be one of our key next steps but we are also progressing with securing some external support to help us with the others.
- 6.2. As a system, we have received £39,000 from NHS England/Improvement, in order to support the development of the Provider Collaborative at Scale. This amount has been supplemented with local funds to allow us to procure some external support to help us on this journey.
- 6.3. A procurement process for an external partner was initiated in February 2022 and will support us to develop and embed a shared vision, confirm priorities, develop a draft operating model and build collaborative relationships and leadership to meet population health needs, aligning behaviours, values and ways of working.
- 6.4. This work is expected to include:
  - A workshop with leaders to develop a vision, principles and values
  - Use of activity data and population health management data to consider a long list of opportunities
  - Stakeholder engagement on the long list to help identify some potential priorities (considering which will be the best opportunities to build engagement and some quick wins to build momentum)
  - A further workshop with leaders on priority opportunities, informed by work from the above
  - Work with leaders to develop governance, including Terms of Reference for the PLB, a draft operating model for the Provider Collaborative at Scale, a decision making framework to provide clarity of roles and ownership of actions, functions mapped across the Provider Collaborative at Scale and aligned to decision making framework
  - Actively bringing intelligence from across the country and from the centre to ensure the provider collaborative is set up to achieve the required aims and objectives and drive real change for the population
  - A deep dive into one priority service to map and identify root causes of current performance and present at an appropriate forum.
- 6.5. There is also a need for us to consider how we are communicating the work to develop the Provider Collaborative and this will be an area to progress alongside the external support work.

## **7. Progress Against Actions Committed in ICS Board Update**

- 7.1. In the Provider Collaborative update paper that last went to the ICS Board, a number of next steps were set out. Given the amendment to timescales nationally and more recent thinking about our approach, some of these have

been superseded or have needed to be amended. However, in order to ensure we are tracking progress, they are detailed below, along with a position statement against each.

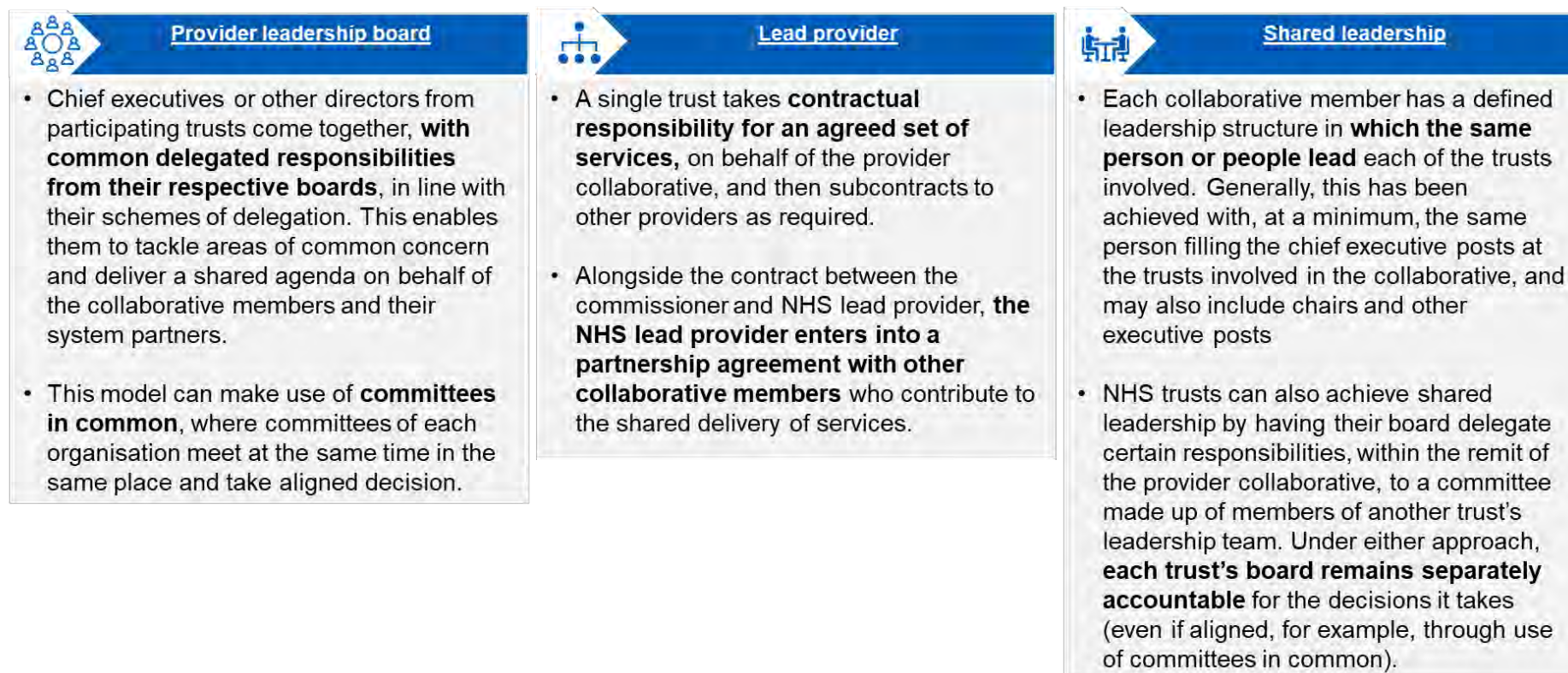
| Action Committed  | Update  |
|---|---|
| Communication plan to be used to engage with different audiences both internal and external   | This action is not yet complete and a communications plan will need developing as part of our next steps.   |
| Tripartite Board meetings to coproduce plans and agree priorities                             | <p>Since the Chairs and CEO meetings have now been scheduled monthly, along with the shadow Provider Leadership Board and the NED events, we believe we have good Board level engagement across organisations. This joint Board paper is also part of our ongoing engagement with Boards.</p> <p>In terms of development of plans and priorities, the external support work will allow us to refine and develop our priorities and plans and this will be done with the engagement of Board members across our organisations.</p> |
| Setting up the PLB to be in shadow form by January 2022                                       | <p>The January date is no longer relevant given national timeline slippage.</p> <p>A regular meeting of the CEOs and Lead Directors for the Provider Collaborative is now in place, which is taking the form of the shadow Provider Leadership Board. There is still further work to do to confirm Terms of Reference etc. which will be linked to the external support referenced within the next steps section.</p>   |
| Establishing a development plan that is in line with national provider collaborative guidance | <p>A development plan will be created as part of the external support work and alongside the development of the Provider Collaborative Office.</p> <p>National guidance currently only specifies that a Provider Collaborative must be in place by 1 July 2022 and considers some of the things that we should consider, not details of those at this stage.</p>  |
| Progressing focused work on elective care and anchor organisations                            | Discussions across organisations continue in relation to our role as Anchor Organisations but there is further work to do to establish what we do already and look for synergies and alignment across organisations.  |

|  |   |
|--|---|
|  | <p>In relation to elective care, discussions across the system have given this an even higher profile in relation to the development of proposals for hubs. This work will be considered as part of the work to determine priorities but work will also continue outside of the provider collaborative at this time.</p>  |
| <p>Engaging with other partners to ensure clarity on how the provider collaborative interfaces and works alongside other system governance. This will include discussions with colleagues in Bassetlaw</p> | <p>More work is needed on this as part of the development of the operating model. Having said that, some conversations have progressed and DBH are now actively engaged in the Provider Collaborative work.</p> <p>Conversations are continuing with the Chair and Chief Executive Designates of the Integrated Care Board and with Place Based Partnerships.</p> |

## 8. Conclusion

- 8.1. This paper provides an update on the work to develop the ICS Provider Collaborative at Scale across Nottingham and Nottinghamshire.
- 8.2. The Board is asked to acknowledge the update and provide any feedback on the programme of work and approach.

## Potential governance models



# Appendix B: Provider leadership board: Leaders from participating trusts come together with delegated responsibilities from their boards



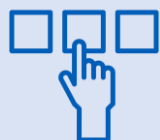
## What are the core components of a provider leadership board?

- An agreed shared vision that encourages and incentivises collaboration.
- At a minimum, each trust board delegates decision-making responsibility for agreed areas to the trust CEO (and optionally additional members of the leadership team). A wide range of decision-making responsibilities can be delegated, but they must be in line with the board's scheme of delegation and constitution. Some trusts may need to adjust their schemes to enable the work of the collaborative. Boards can change or revoke the authority delegated.
- CEOs do not need to return to their individual boards for approval of decisions within the remit of their delegated responsibility. Not requiring subsequent board approval can speed decisions and delivery of benefits and ensure that agreed actions go forward. However, established provider collaboratives have often had individual trust boards retain approval at certain stages of decision-making or for certain levels of decisions. Trusts will need ensure that whatever model they use enables effective collective decision-making and progress toward meeting objectives.



## What are the key decision-making arrangements?

- Members of the collaborative enter a **partnership agreement**, such as an MOU or alliance agreement, setting out their shared visions, terms of reference, how they will work together and take decisions, how they will hold each other to account, and any risk or gain sharing arrangements.
- CEOs and others with delegated responsibilities from each trust meet in common – at the same time and same place – to discuss issues within their agreed areas of concern and take decisions on behalf of their trusts; decisions for each trust reflect what the members have agreed.



## When is this model most suitable?

- When accommodating collaborations that involve large numbers of providers or larger geographies.
- To enable collaborative working while maintaining full organisational independence.
- When seeking flexibility and ease that will allow the collaborative to scale up in future with new members or new programmes.



## How are system partners typically involved?

- Priorities set jointly with the ICS; collaborative can also deliver cases for change to commissioners/ICSs to agree; providers will continue to hold individual contracts with commissioners.
- Non-NHS providers may be represented on committees in common; however, legal advice should be sought on whether a particular non-NHS provider's board can delegate decisions and on what collaborative decisions the provider can be involved in.



## Board of Directors Meeting

|   |  |   |  |                                |
|---|--|---|--|--------------------------------|
| <b>Subject:</b>   | Provider Collaborative   |   | <b>Date:</b> 7 <sup>th</sup> April 2022  |                                |
| <b>Prepared By:</b>   | Richard Mills - Chief Financial Officer  |   |  |                                |
| <b>Approved By:</b>   | Richard Mills - Chief Financial Officer  |   |  |                                |
| <b>Presented By:</b>  | Paul Robinson – Chief Executive Officer  |   |  |                                |
| <b>Purpose</b>  |  |   |  |                                |
| To provide an update on the work to establish the Provider Collaborative  |  | <b>Approval</b>                                   |  |                                |
|   |  | <b>Assurance</b>                                  |  | X                              |
|   |  | <b>Update</b>                                     |  | X                              |
|   |  | <b>Consider</b>                                   |  |                                |
| <b>Strategic Objectives</b>   |  |   |  |                                |
| <b>To provide outstanding care</b>  | <b>To promote and support health and wellbeing</b>   | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| X   | X  | X   |  | X                              |
| <b>Overall Level of Assurance</b>   |  |   |  |                                |
|   | <b>Significant</b>   | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|   |  | X   |  |                                |
| <b>Risks/Issues</b>   |  |   |  |                                |
| <b>Financial</b>  | Non delivery of financial requirements would lead to cash and reputational issues                      |   |  |                                |
| <b>Patient Impact</b>   | Inappropriate planning could lead to inadequate resources being available for patient care             |   |  |                                |
| <b>Staff Impact</b>   | Inappropriate planning could lead to inadequate capacity being available for patient care              |   |  |                                |
| <b>Services</b>   | Inappropriate planning could lead to inadequate resources being available for patient care             |   |  |                                |
| <b>Reputational</b>   | Failure to establish an effective Provider Collaborative could have adverse reputational consequences. |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>  |  |   |  |                                |
| Provider Collaborative Leadership Board   |  |   |  |                                |
| <b>Executive Summary</b>  |  |   |  |                                |
| <p>This paper provides an update on the ongoing work to establish an ICS Provider Collaborative at scale between Sherwood Forest Hospitals NHS Foundation Trust (SFH), Nottinghamshire Healthcare NHS Foundation Trust (NHT), Nottingham University Hospitals NHS Trust (NUH) and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBH)</p> <p>The paper focusses on:</p> <ul style="list-style-type: none"> <li>• Feedback from the joint Non-Executive Director engagement events</li> <li>• Governance</li> <li>• Establishment of a Provider Collaborative Office</li> <li>• Next Steps, and</li> <li>• Progress against the actions set out in the last Provider Collaborative update provided to the Board.</li> </ul> <p><b>The Board is asked to:</b></p> <p>Note the update.</p> |  |   |  |                                |

## Board of Directors Meeting in Public

|   |  |   |  |                                |
|---|--|---|--|--------------------------------|
| <b>Subject:</b>   | COVID-19 Vaccination Programme: UPDATE   | <b>Date: 7<sup>th</sup> April 2022</b>            |  |                                |
| <b>Prepared By:</b>   | Robert Simcox Deputy Director of People<br>Kim Kirk Operations Lead for Hospital Hub |   |  |                                |
| <b>Approved By:</b>   | Robert Simcox Deputy Director of People  |   |  |                                |
| <b>Presented By:</b>  | Clare Teeny Executive Director of People   |   |  |                                |
| <b>Purpose</b>  |  |   |  |                                |
| The paper provides an overview to date of the contributions the Trust has made in supporting the COVID-19 Vaccination Programme role out across Nottingham and Nottinghamshire.   |  |   | <b>Approval</b>                          |                                |
|   |  |   | <b>Assurance</b>                         | <b>x</b>                       |
|   |  |   | <b>Update</b>                            |                                |
|   |  |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>   |  |   |  |                                |
| <b>To provide outstanding care</b>  | <b>To promote and support health and wellbeing</b>                                   | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| <b>x</b>  | <b>x</b>   | <b>x</b>  | <b>x</b>                                 | <b>x</b>                       |
| <b>Overall Level of Assurance</b>   |  |   |  |                                |
|   | <b>Significant</b>   | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|   |  | <b>x</b>  |  |                                |
| <b>Risks/Issues</b>   |  |   |  |                                |
| <b>Financial</b>  | Improving productivity and workforce utilisation and impact                          |   |  |                                |
| <b>Patient Impact</b>   | Maintain safe staffing levels and a good patient experience                          |   |  |                                |
| <b>Staff Impact</b>   | Improve working lives  |   |  |                                |
| <b>Services</b>   | Staffing levels impact service and bed availability                                  |   |  |                                |
| <b>Reputational</b>   | SFH recommended as a great place to work   |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>  |  |   |  |                                |
| <b>None</b>   |  |   |  |                                |
| <b>Executive Summary</b>  |  |   |  |                                |
| <p>The aim of the COVID-19 vaccination programme is to protect those who are at risk of serious illness or death should they develop COVID-19, and reduce transmission of the infection, thereby contributing to the protection of population health.</p> <p>The paper provides an overview of the contributions the Trust has made to support the Nottingham and Nottinghamshire COVID-19 vaccination programme.</p> <p>The details of the vaccinations issued to date are summarised in the attached slides.</p> <p>The Summary highlights to date are:</p> <ul style="list-style-type: none"> <li>• KMH Hub have delivered just over 203,000 vaccines.</li> <li>• Spring booster campaign has commenced from 21st March 2022. The booster dose should be given around 6 months after the last vaccine dose to, <ul style="list-style-type: none"> <li>○ Adults aged 75 years and over,</li> <li>○ Residents in a care home for older adults,</li> <li>○ and Individuals aged 12 years and over who are immunosuppressed</li> </ul> </li> </ul> |  |   |  |                                |

- An additional booster programme is expected in autumn 2022 for remaining cohorts 1-9. This will include a further booster programme for colleagues at the Trust.
- In addition to a booster programme the JCVI advised a one-off, non-urgent programme to offer vaccination to all children aged five to 11 years of age who are not in a clinical risk group from 4th April 2022.

The update also provides an overview of the progression of the Hospital Hub re-locating from its present location in the Trusts Education Centre to the ground floor to TB3. TB3 renovation work commenced 22nd March 2022 with estimated completion date mid-April 2022

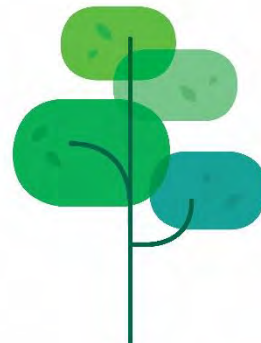
#### Recommendation

The Trust Board is asked to take assurance from the report and to note the significant contributions made by colleagues at Sherwood Forest to enable the successful delivery of vaccinations to the citizens of Nottinghamshire and colleagues working at Sherwood.

# Programme Assurance Report

## March 2022

COVID 19 Vaccination Programme  
Sherwood Forest Hospital Hub



# Vaccine Activity Report

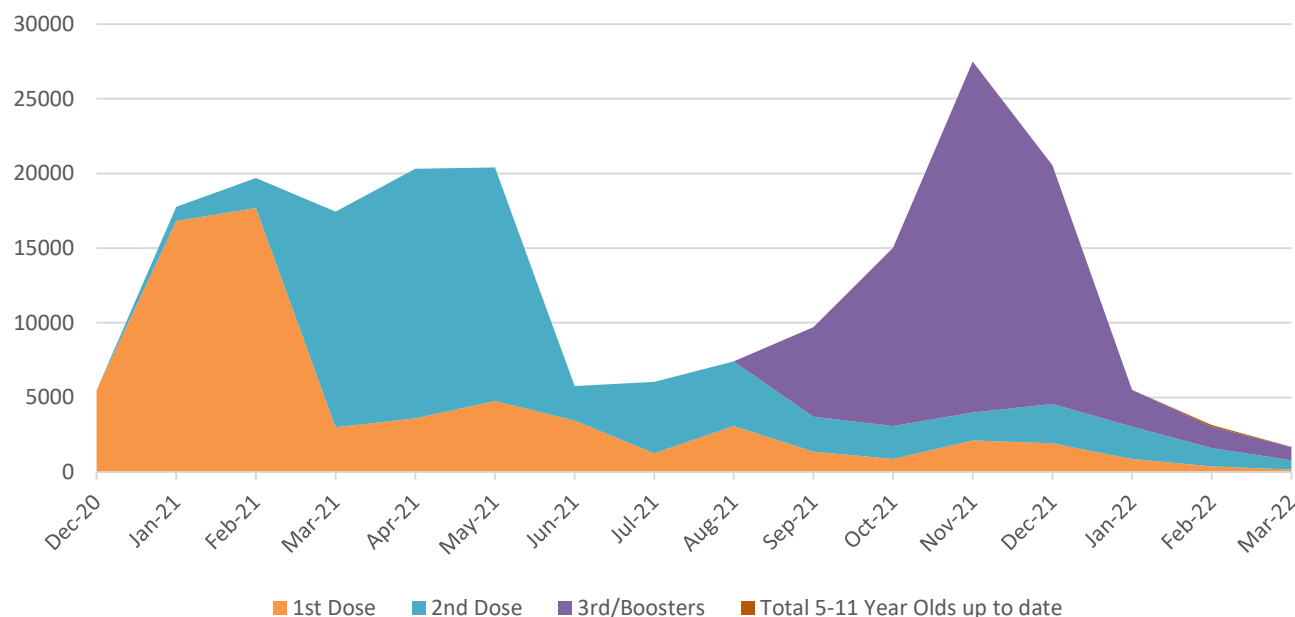


Sherwood Forest Hospitals  
NHS Foundation Trust

Performance to Date (8<sup>th</sup> Dec 2020 to 22<sup>nd</sup> March 2022)

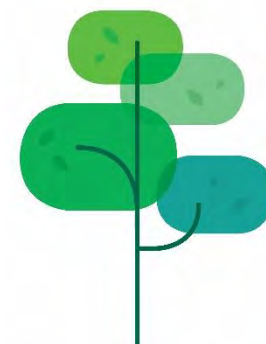
| Vaccines administered | Total number of first doses administered | Total number of Second doses administered | Total number of third doses administered | Total 5-11 year old vaccines administered |
|-----------------------|--|---|--|---|
| 203,279               | 66,880                                   | 74,221                                    | 62,178                                   | 149                                       |

SFH Covid Vaccines administered to date by type



Wastage

3,039



# Vaccine Activity Report

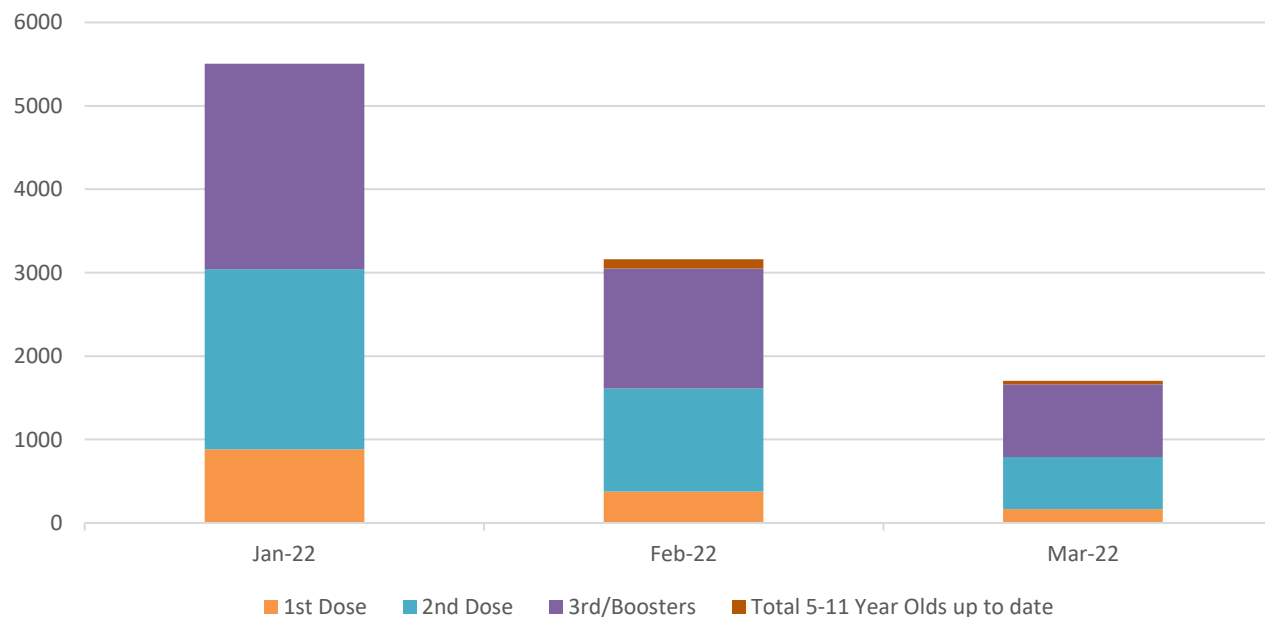
Monthly performance (1<sup>st</sup> - 22<sup>nd</sup> March)



Sherwood Forest Hospitals  
NHS Foundation Trust

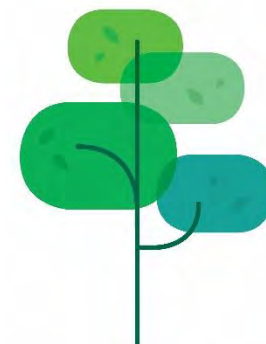
|                       |  |   |  |   |
|-----------------------|--|---|--|---|
| Vaccines administered | Total number of first doses administered | Total number of Second doses administered | Total number of third doses administered | Total 5-11 year old vaccines administered |
| 1663                  | 166                                      | 626                                       | 871                                      | 39  |

SFH Monthly Covid Vaccines by type



Wastage

116



## Board of Directors Meeting

|  |   |   |  |                                |
|--|---|---|--|--------------------------------|
| <b>Subject:</b>  | Maternity and Neonatal Safety Champions Update  |   | <b>Date:</b> 7 <sup>th</sup> April 2022  |                                |
| <b>Prepared By:</b>  | Paula Shore, Divisional Head of Nursing and Midwifery   |   |  |                                |
| <b>Approved By:</b>  | Julie Hogg, Chief Nurse   |   |  |                                |
| <b>Presented By:</b>   | Julie Hogg, Executive Board Safety Champion & Clare Ward, Non-executive Board safety champion |   |  |                                |
| <b>Purpose</b>   |   |   |  |                                |
| To update the board on our progress as maternity and neonatal safety champions   |   |   | <b>Approval</b>                          |                                |
|  |   |   | <b>Assurance</b>                         | <b>x</b>                       |
|  |   |   | <b>Update</b>                            | <b>x</b>                       |
|  |   |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>  |   |   |  |                                |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b>  | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| <b>x</b>   | <b>X</b>  | <b>X</b>  | <b>x</b>                                 |                                |
| <b>Overall Level of Assurance</b>  |   |   |  |                                |
|  | <b>Significant</b>  | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|  |   | <b>x</b>  |  |                                |
| <b>Risks/Issues</b>  |   |   |  |                                |
| <b>Financial</b>   |   |   |  |                                |
| <b>Patient Impact</b>  | <b>x</b>  |   |  |                                |
| <b>Staff Impact</b>  | <b>X</b>  |   |  |                                |
| <b>Services</b>  | <b>x</b>  |   |  |                                |
| <b>Reputational</b>  | <b>x</b>  |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>   |   |   |  |                                |
| <b>None</b>  |   |   |  |                                |
| <b>Executive Summary</b>   |   |   |  |                                |
| <p>The role of the maternity provider safety champions is to support the regional and national maternity safety champions as local champions for delivering safer outcomes for pregnant women and babies. At provider level, local champions should:</p> <ul style="list-style-type: none"> <li>• build the maternity safety movement in your service locally, working with your maternity clinical network safety champion and continuing to build the momentum generated by the maternity transformation programme (MTP) and the national ambition</li> <li>• provide visible organisational leadership and act as a change agent among health professionals and the wider maternity team working to deliver safe, personalised maternity care</li> <li>• act as a conduit to share learning and best practice from national and international research and local investigations or initiatives within your organisation.</li> </ul> <p>This report provides highlights of our work over the last month.</p> |   |   |  |                                |

## **1. Update on Mandated Maternity and Neonatal Safety Champion (MNSC) work for March 2022**

### **1. Service User Voice**

The Professional Midwifery Advocacy (PMA) service continues to provide services to both our women and their families, through the birth outside of guidance, birth after thoughts clinic and to staff through open clinics and planned clinical restorative supervision sessions.

On the 7<sup>th</sup> of March we welcomed Sarah, our service user representative, who is supporting and ensuring that the maternal voices are heard within our services. Following an induction to the area, Sarah initial work plan is to perform a “walking of the patch”, support the Ockenden requests and the CQC survey findings.

### **2. Staff Engagement**

The MNSC Walk Round was completed on the 14<sup>th</sup> of March 2022 which was positive with staffing reported as being improved. Areas around antenatal clinic messaging system had been raised and actions taken. Colleagues were reassured that any necessary actions have been taken from previous walk rounds. The Maternity Forum on the 21<sup>st</sup> of March reflect this feel and discussion were made around the recent appointment (Deputy Head of Midwifery) and the subsequent plans of the coming months. All discussion and subsequent actions are captured and shared out within the Maternity Matters newsletter which is distributed to all colleagues.

Further in staff engagement, highlighted in this month feature, is new role of the Recruitment and Retention (R&R) Lead Midwife post.

### **3. Governance**

Due to the increasing staffing and clinical pressures of Omicron during December, a joint position statement from NHSI/E mandated that all reporting for the Maternity Incentive Scheme cease for a three-month period. We have had some communication that this is due to recommence Mid-April 2022.

NHSR have confirmed our full compliance with the 10 safety actions for year 3 as signed off by the board of directors in 2021. This is excellent news for the service and provides a significant rebate to reinvest in the service.

Due on the 30<sup>th</sup> of March 2022 is part 2 of the Ockenden Report and our teams will be briefed in preparation.

### **4. Quality Improvement Approach**

Work continues on the Maternity and Neonatal Safety Improvement Programme, the regional events continue, specifically focusing on the prevention of pre-term birth. The early implementor site work, featured in our update previously, continues to gather strength. Supportive training measures are underway through mandatory and ad hoc sessions for all Maternity staff.

## **2. Monthly Feature – Recruitment and Retention Lead Midwife Role**

This role, funded by NHSEI for 12 months, aims to offer individualised supportive interventions related to student, early career retention, late career progression and retire and return flexibility, based on local data and insights, including learning, career advice and pastoral care.

NHSEI recognise that there will be a variety of existing models of support and the aim of this resource is to complement or strengthen these to meet the objectives below. This role needs to clearly demonstrate added value beyond current establishment.

Objectives:

1. Provide individualised situated support in clinical environment for students, return to practice learners and early career midwives
  - Develop mechanisms for identifying and addressing individual needs
  - Provide, or signpost to, resources that will promote job satisfaction and retention across multiple domains including those related to pastoral care, learning support and career development.
2. Assimilate and analyse local data, research and intelligence to target interventions.
3. Seek out new and innovative solutions to enhance programme outcomes and/or reinvigorate approaches that have demonstrated value and impact in the past.
4. Monitor impact of interventions on a range of staff experience indicators including local leaver rates.
5. Act as direct link between the director of midwifery/head of midwifery/chief nurse and students, return to practice learners and early career midwives to inform enhancements in learner and staff experience.
6. Work collaboratively with the regional retention teams to inform and evaluate national retention offer for midwives.
7. Participate in learning activities locally and nationally to enhance the overall objectives of the programme.

Delayed initially due to COVID-19 and staffing pressures, our R&R Lead Midwife started in post on the 7<sup>th</sup> of February with a clear job plan to address the above 7 points. We will be monitoring and collating local data as the impacts of the role, which will be tracked through the MNSC meeting. Over February each preceptorship midwife has had a one-to-one conversation with the R&R midwife and the agreed actions she has taken following these meetings. These have been shared at the MNSC meeting and Midwifery Forum in March 2022.

**Action plan:**

| Action number | Action   | By Whom/ When                 | Updates                           | Action RAG rating |
|---------------|--|-------------------------------|-----------------------------------|-------------------|
| 1             | Matron team to ensure ward leaders authorise annual leave in a timely manner   | Matron for Inpatient Services |                                   |                   |
| 2             | Matron team around roster practice, specifically consideration for weekend working   | Matron for Inpatient Services |                                   |                   |
| 3             | PDM Team to streamline Preceptorship paperwork   | PDM Midwives                  | Action underway-update next month |                   |
| 4             | PDM Team to look at booking in all study days (Calculation test, IV Study day, IV Cannulation) prior to induction for the new starters | PDM Midwives                  | Action underway-update next month |                   |
| 5             | PDM Team to review why new starters need to be signed off by a 'buddy' for core midwifery skills                                       | PDM Midwives                  | Action underway-update next month |                   |
| 6             | Pursue 'Bright Sparks' Team regarding lanyards   | R&R Lead Midwife              | Action underway-update next month |                   |

## **Appendices**

### **Appendix 1- Supporting Narrative on Mandated MNSC Activity**

#### **Governance**

##### **Saving Babies Lives Care Bundle v2**

The Saving Babies Lives Care Bundles 2 provides detailed information for providers and commissioners of maternity care on how to reduce perinatal mortality across England. The second version of the care bundle brings together five elements of care that are widely recognised as evidence-based and/or best practice:

- Reducing smoking in pregnancy
- Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction (FGR)
- Raising awareness of reduced fetal movement (RFM)
- Effective fetal monitoring during labour
- Reducing preterm birth

SFH has continued to monitor its compliance with all elements of the Saving Babies' Lives Care Bundle v2. On-going progress is reported externally quarterly to NHSE via the Midlands Maternity Clinical Network. Within Safety Action 6 of the Maternity Incentive Scheme, process and outcome measures regarding compliance have been validated. SFH are continuing to work towards compliance and are being supported through action plan, drafted by the service director, and supported by the MCN and CCG. The NHSR year 4 was released on the 8th of August 2021. SFH have re-instated the divisional working group. Initial risk specifically around safety action 8 has been escalated regionally regarding the timeframes for MDT training. The reviewed standards have are now available at Trust level and the working group are working towards these.

# Maternity Perinatal Quality Surveillance model for February 2022



**Sherwood Forest Hospitals**  
NHS Foundation Trust

|  | OVERALL | SAFE | EFFECTIVE | CARING      | RESPONSIVE | WELL LED |
|--|---------|------|-----------|-------------|------------|----------|
| CQC Maternity Ratings - last assessed 2018   | GOOD    | GOOD | GOOD      | OUTSTANDING | GOOD       | GOOD     |
| 2019   |         |      |           |             |            |          |
| Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (reported annually) | 72%     |      |           |             |            |          |
| Proportion of speciality trainees in O&G responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (reported annually)   | 89.29%  |      |           |             |            |          |

## Exception report based on highlighted fields in monthly scorecard (Slide 2)

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Obstetric haemorrhage &gt;1.5L (Feb 3.3%)</b>  | <b>APGARS &lt;7 at 5 minutes (1.8%, Feb 22)</b>  |  | <b>Staffing red flags</b>  |  |
| <ul style="list-style-type: none"> <li>Improvement made on previous month, remains below revised national rate (&gt;3.6%)</li> <li>Cases reportable via maternity triggers - no lapses in care / learning points identified</li> <li>Division have signed up to regional pilot- first planning meetings on hold for April 22</li> </ul>   | <ul style="list-style-type: none"> <li>Rate improved, but remains over national threshold</li> <li>Deep dive performed on cases identified no concerns/ poor outcomes. Quarter cases to be reviewed collectively to identify any potential themes/ trends- paper to be present to MAC in May 2022</li> <li>Term admission data for Feb remains within expected range and all cases reviewed were deemed unavoidable admissions.</li> </ul> |  | <ul style="list-style-type: none"> <li>3 staffing incidents reported in month</li> <li>Challenges due to short term/ short notice sickness related to COVID-19 persist but with an improving position.</li> </ul> <p><b>Home Birth Service</b></p> <ul style="list-style-type: none"> <li>Due to vacancies and sickness homebirth services remains limited as per Board approval. This has been further escalated to the CCG and regionally for awareness.</li> <li>0 Homebirths conducted in Feb 22, plan in place to re-start the full service in June 22</li> </ul> |  |
| <b>FFT (91% Feb 22)</b>   | <b>Maternity Assurance Divisional Working Group</b>  |  | <b>Incidents reported Feb 22 (43 no/low harm, 44 after review through scoping)</b>   |  |
| <ul style="list-style-type: none"> <li>FFT remains improved following revised actions</li> <li>New system being implemented in April which may cause disruption.</li> <li>CQC annual maternity feedback survey received, Trust results remain the same as other units, noting the COVID challenges, action plan made from findings.</li> <li>Service User Representative in post and providing additional pathways for maternal feedback</li> </ul> | <b>NHSR</b>  | <b>Ockenden</b>  | <b>Most reported</b>   | <b>Comments</b>                                      |
|   | <ul style="list-style-type: none"> <li>NHSR year 4 reporting has been paused – re-launch due Mid-April 22</li> <li>Confirmation received that SFH was successful in obtaining the Year 3 rebate</li> </ul>   | <ul style="list-style-type: none"> <li>One year on submission due to Board and Region by 15/04/22, assurance provided by the MAC, draft signed off by region</li> <li>Ockenden part two expected 30<sup>th</sup> March 22</li> </ul> | Other (Labour & delivery)  | No themes identified                                 |
|   |  |  | Triggers x 12  | Cases included, PPH, term admission, category 1 LSCS |
| One incident reported as 'moderate'   |  |  |  |  |

## Other

- Staffing incidents remain static, all staff now recommended within seconded roles and on-going recruitment continues.
- Birthrate plus re-implementation – live reporting commenced and governance maturity for reports being established.
- Active recruitment continues, Deputy Head of Midwifery appointed
- No further formal letters received and all women who have a planned homebirth, all women due March and April have been written to by the Head of Midwifery to outline current situation
- Midwifery Continuity of Carer formal data collection paused nationally, LMNS work ongoing for Year 1 plans for transformation, Year 1 focus on system alignment of digital workstream
- One case taken to Trust scoping, grade as low harm and for local investigation. Shoulder dystocia, all actions appropriate and reviewed through term admission meeting- unavoidable admission

# Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals  
NHS Foundation Trust

| Sherwood Forest Hospitals                         |  | OVERALL                                     |                        | SAFE   |        | EFFECTIVE |        | CARING      |        | RESPONSIVE |        | WELL LED |  |
|---|--|---|------------------------|--------|--------|-----------|--------|-------------|--------|------------|--------|----------|--|
| CQC Maternity Ratings - last assessed 2018        |  | GOOD  |                        | GOOD   |        | GOOD      |        | OUTSTANDING |        | GOOD       |        | GOOD     |  |
| Maternity Safety Support Programme                |  | No  |                        |        |        |           |        |             |        |            |        |          |  |
| Maternity Quality Dashboard 2021-2022             |  | National standard / average where available | Running Total/ average | Jul-21 | Aug-21 | Sep-21    | Oct-21 | Nov-21      | Dec-21 | Jan-22     | Feb-22 |          |  |
| 1:1 care in labour                                |  | > 95%                                       | 99.81%                 | 95%    | 95%    | 100%      | 100%   | 100%        | 100%   | 100%       | 100%   |          |  |
| Women booked onto MCOC pathway                    |  |   |                        | 18%    | 20%    | 20%       | 20%    | 20%         |        |            |        |          |  |
| Women receiving MCOC intrapartum                  |  |   |                        | 0%     | 0%     | 0%        | 0%     | 0%          |        |            |        |          |  |
| Total BAME women booked                           |  |   |                        | 21%    | 21%    | 20%       | 20%    | 20%         |        |            |        |          |  |
| BAME women on CoC pathway                         |  |   |                        | 5%     | 15%    | 15%       | 15%    | 15%         |        |            |        |          |  |
| Vaginal Birth                                     |  |   |                        | 60%    | 62%    | 51%       | 61%    | 57%         | 56%    | 63%        | 61%    |          |  |
| 3rd/4th degree tear overall rate                  |  | > 3.5%                                      | 2.18%                  | 3.00%  | 2.30%  | 0.94%     | 2.11%  | 3.00%       | 2.50%  | 2.78%      | 2.52%  |          |  |
| Obstetric haemorrhage > 1.5L                      |  | Actual                                      | 116                    | 7      | 8      | 8         | 9      | 10          | 9      | 6          | 8      |          |  |
| Obstetric haemorrhage > 1.5L                      |  | > 3.5%                                      | 3.24%                  | 2.60%  | 2.70%  | 2.51%     | 2.90%  | 3.50%       | 3.00%  | 2.12%      | 3.30%  |          |  |
| Term admissions to NNU                            |  | < 6%  | 3.62%                  | 4.60%  | 2.10%  | 2.16%     | 3.70%  | 3.20%       | 3.70%  | 5.00%      | 3.50%  |          |  |
| Apgar < 7 at 5 minutes                            |  | < 1.2%                                      | 1.56%                  | 1.30%  | 0.68%  | 1.20%     | 1.52%  | 2.03%       | 2.10%  | 1.90%      | 1.80%  |          |  |
| Stillbirth number                                 |  | Actual                                      | 11                     | 1      | 0      | 1         | 0      | 0           | 3      | 1          | 1      |          |  |
| Stillbirth number/rate                            |  | > 4.4/1000                                  | 4.63                   |        |        | 2.176     |        |             | 3.400  |            |        |          |  |
| Rostered consultant cover on SBU - hours per      |  | < 60 hours                                  | 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     |          |  |
| Midwife / band 3 to birth ratio (establishment)   |  | > 1:28                                      |                        | 1:30.4 | 1:30.4 | 1:30.4    | 1:29   | 1:29        | 1:29   | 1:29       | 1:22   |          |  |
| Midwife / band 3 to birth ratio (in post)         |  | > 1:30                                      |                        | 1:31.4 | 1:31.4 | 1:31.4    | 1:29   | 1:29        | 1:28   | 1:28       | 1:24   |          |  |
| Number of compliments (PET)                       |  |   | 0                      | 0      | 0      | 0         | 0      | 0           | 0      | 0          | 0      |          |  |
| Number of concerns (PET)                          |  |   | 9                      | 2      | 1      | 2         | 4      | 0           | 0      | 0          | 0      |          |  |
| Complaints  |  |   | 11                     | 1      | 2      | 1         | 3      | 2           | 1      | 1          | 1      |          |  |
| FFT recommendation rate                           |  | > 93%                                       |                        | 91%    | 91%    | 92%       | 88%    | 96%         | 96%    | 92%        | 91%    |          |  |
| PROMPT/Emergency skills all staff groups          |  |   |                        | 100%   | 100%   | 100%      | 100%   | 100%        | 100%   | 100%       | 100%   |          |  |
| K2/CTG training all staff groups                  |  |   |                        | 98%    | 98%    | 98%       | 98%    | 98%         | 98%    | 98%        | 98%    |          |  |
| CTG competency assessment all staff groups        |  |   |                        | 98%    | 98%    | 98%       | 98%    | 98%         | 98%    | 98%        | 98%    |          |  |
| Core competency framework compliance              |  |   |                        | 26%    | 38%    | 50%       | 62%    | 70%         | 70%    | 81%        | 81%    |          |  |
| Progress against NHSR 10 Steps to Safety          |  | < 4 < 7 & above                             |                        |        |        |           |        |             |        |            |        |          |  |
| Maternity incidents no harm/low harm              |  | Actual                                      | 581                    | 84     | 84     | 76        | 63     | 57          | 89     | 83         | 45     |          |  |
| Maternity incidents moderate harm & above         |  | Actual                                      | 4                      | 0      | 0      | 0         | 1      | 1           | 0      | 1          | 1      |          |  |
| Coroner Reg 28 made directly to the Trust         |  | Y/N   | N                      | N      | N      | N         | N      | N           | 0      | 0          | 0      |          |  |
| HSIB/CQC etc with a concern or request for action |  | Y/N   | N                      | Y      | N      | N         | N      | N           | N      | N          | N      |          |  |

## Board of Directors Meeting - Cover Sheet

|  |   |   |  |                                |
|--|---|---|--|--------------------------------|
| <b>Subject:</b>  | Maternity Continuity of Carer Update                          |   | <b>Date:</b> 7 April 2022                |                                |
| <b>Prepared By:</b>  | Lisa Gowan, General Manager<br>Gemma Boyd, Consultant Midwife |   |  |                                |
| <b>Approved By:</b>  | Julie Hogg, Chief Nurse                                       |   |  |                                |
| <b>Presented By:</b>   | Julie Hogg, Chief Nurse                                       |   |  |                                |
| <b>Purpose</b>   |   |   |  |                                |
| To update the board on our progress around continuity of carer action plan   |   |   | <b>Approval</b>                          |                                |
|  |   |   | <b>Assurance</b>                         | <b>x</b>                       |
|  |   |   | <b>Update</b>                            | <b>x</b>                       |
|  |   |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>  |   |   |  |                                |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b>            | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| <b>x</b>   | <b>X</b>  | <b>X</b>  | <b>x</b>                                 |                                |
| <b>Overall Level of Assurance</b>  |   |   |  |                                |
|  | <b>Significant</b>  | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|  |   | <b>x</b>  |  |                                |
| <b>Risks/Issues</b>  |   |   |  |                                |
| <b>Financial</b>   |   |   |  |                                |
| <b>Patient Impact</b>  | <b>x</b>  |   |  |                                |
| <b>Staff Impact</b>  | <b>X</b>  |   |  |                                |
| <b>Services</b>  | <b>x</b>  |   |  |                                |
| <b>Reputational</b>  | <b>x</b>  |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>   |   |   |  |                                |
| <b>Maternity Assurance Committee – 7 December 2021</b>   |   |   |  |                                |
| <b>Executive Summary</b>   |   |   |  |                                |
| The purpose of this paper is to provide Trust Board members with an update on the progress being made towards the described key milestones in the new guidance released in October 2021 called “Delivering Midwifery Continuity of Carer at Full Scale”  |   |   |  |                                |
| <b>Background</b>  |   |   |  |                                |
| Midwifery Continuity of Carer (MCoC) has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for MCoC to be the default model of care for maternity services and available to all pregnant women in England. The guidance released described that only when safe staffing allows and prescribed “building blocks” are in place should the service implement this model at full scale. That said the aim remains that the plan should be achieved by March 2024 and every LMNS is required to submit a system wide plan for meeting the building blocks for MCOC by 15 <sup>th</sup> May 2022 |   |   |  |                                |

## Purpose

The purpose of this paper is to provide Trust Board members with an update on the progress being made towards the described key milestones in the new guidance released in October 2021 called “Delivering Midwifery Continuity of Carer at Full Scale”

## Background

Midwifery Continuity of Carer (MCoC) has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for MCoC to be the default model of care for maternity services and available to all pregnant women in England. The guidance released described that only when safe staffing allows and prescribed “building blocks” are in place should the service implement this model at full scale. That said the aim remains that the plan should be achieved by March 2024 or in agreed timescales linked to essential recruitment of midwives as agreed at regional board.

## What are the Building Blocks?

Appendix A is the developed plan that requires Trust Board sign off by 31 January 2022. This plan has been developed against the prescribed building blocks that are detailed in the guidance. Trust Board members should note that the key requirements that this plan covers are:-

1. Continuing with MCoC teams already in place and to roll out new teams as planned and where appropriate **On-going**
2. Undertake a Birth-rate plus assessment or equivalent to understand the current standard-model midwifery workforce required and following this through with recruitment – **Ongoing**
3. Co-designing a plan with local midwives, obstetricians and service users for implementation and MCoC teams in compliance with national principles and standards. This should be phased alongside the fulfilment of required staffing levels. **On-going**
4. The plan should also recognise the need for staff to recover from the challenges of the pandemic **On-going**
5. Priority for women who are most likely to experience poorer outcomes including BAME and those from the most deprived areas are placed on a MCoC pathway by March 2024 **On-going**
6. The Maternity Services Dataset (MSDS) should be developed to report electronically on these metrics **On-going**

## Current Position

Initially, SFH had been able to run two MCoC teams and were delivering around 16% continuity to women. However, due to continued staffing gaps and, in particular, difficulty recruiting to the community midwifery team, this service was paused. Nationally, there is no requirement to report on continuity of carer and the focus now, is to develop this care pathway so it aligns with our teams and meets the expectations of the latest guidance.

Recent guidance sent to Providers on 23<sup>rd</sup> March 2022 from NHSE/I states that LMNSs should ensure all providers remain on track to offer MCOC as the default model of care, and are prioritising rollout to those most likely to experience poorer outcomes by

- a) Ensuring the building blocks for safe and sustainable transformation are in place as set out in Delivering Continuity of Carer at full scale
- b) By submitting a plan and quarterly trajectory for roll out of MCOC in line with the building blocks, so it is the default model for all women, and so that 75% of women Black, Asian and Mixed ethnicity and from the most deprived neighbourhoods are placed on pathways by March 2024, or to timescales linked to the essential recruitment of midwives, as agreed with Regional Boards
- c) Prioritising rollout of MCOC teams to the most deprived areas and those with higher numbers of women of Black, Asian or Mixed ethnicity.

## Workforce Planning

There is a divisional workforce group in place that is chaired by the Consultant Midwife and the Divisional HR Business Partner which meets monthly. This group includes midwives, obstetric leads as well as Finance and OD and is currently focussing on exploring recruitment & retention initiatives to support safe staffing levels. The planning detail will be undertaken by this group and monthly flash reports will be shared at the monthly divisional transformation group which is chaired by the DGM for W&C. To ensure regular executive oversight of this key piece of work, the DGM for W&C ensures monthly updates to the Maternity Assurance Committee which is chaired by the Chief Nurse.

Key completed actions within this group in Q1 2022 include

- Secured funding from NHSE/I Maternity Support Worker Clinical Educator to support retention and development of Maternity Support Workers.
- Bid for funding from NHSE/I to extend secondment of Recruitment and Retention Midwife from 1 year to 2 years (awaiting outcome of bid).
- Agreed in principle standardised pay uplift of 4.5% for midwives who work in MCOC model to ensure midwives are not financially disadvantaged by working in MCOC model.
- Midwifery Recruitment Day planned for 3<sup>rd</sup> year student midwives in June 2022

## Future Reporting and Key Lines of Enquiry (KLOE)

The guidance is very specific about reporting and the timelines around this. The table below describes the committees in which the various milestones will be updated.

| What                              | By When                                  | KLoE   | SFH Assurance                                 | RAG |
|-----------------------------------|--|--|---|-----|
| Submission and agreement of plans | June 2022 (submission)<br>Q4 (assurance) | Has the plan been signed off by the trust board and subsequently the | Trust Board<br><br>March 2022<br><br>May 2022 |     |

|   |  |   |  |  |
|---|--|---|--|--|
|   |  | regional maternity board?   |  |  |
| Delivery against plans: building blocks   | Quarterly from Q4 2021   | Is the LMS on track against stated deliverables and milestones?   | <b>Maternity Assurance Committee (MAC)</b> from Jan 2022<br><br><b>Trust Board</b> quarterly from March 2022   |  |
| Delivery against plans: provision   | Quarterly from Q4 2021   | Is the current level of provision on track against the planned phased implementation?   | <b>Maternity Assurance Committee (MAC)</b> from Jan 2022<br><br><b>Trust Board</b> quarterly from March 2022   |  |
| Workforce capacity surveys  | October 2021 and March 2022 and on-going until providers are reporting provision on MSDS   | What is the current establishment and caseload of MCoC teams?   | <b>Trust Board</b> June 2022 following results of interim Birthrate plus report  |  |
| Placing 75% of Black, Asian and Mixed ethnicity women and women from deprived neighbourhoods onto MCoC pathways | March 2024 or to timescales linked to recruitment of midwives as agreed at regional boards | Rate eligible women reaching 29 weeks gestation in March are placed on MCoC pathways<br><br>Analysis of rates of placements using MSDS data | <b>Maternity Assurance Committee (MAC)</b><br>Dependant on timescales agreed that are linked to recruitment of midwives - update May 2022<br><br><b>Trust Board</b><br>Update on plans - June 2022 |  |

## Recruitment & Retention

As previously reported to Trust Board, the maternity team continue to have rolling adverts in place to both staff existing vacancies and the additional posts identified through the Birth-rate plus Review.

The current Midwife vacancy position is 14.43 FTE which is 12% vacancy rate

|                    | FTE vacancy | FTE vacancy % |
|--------------------|-------------|---------------|
| Community midwives | 8.18        | 19%           |
| Acute Midwives     | 6.25        | 8%            |
| Total midwives     | 14.43       | 12%           |

In Q1 2022 we have recruited -

Band 5 NQ Midwives – 3 FTE  
Band 6 Midwives - 3 FTE  
Band 7 Midwife – 0.6 WTE

We have recruited a further 3 Band 6 midwives who are due to commence employment in early April 2022

We have also recruited 2 International Midwives who are currently working on a Band 3 while awaiting their UK NMC Registration.

### **LMNS System wide approach to MCOC**

As an LMNS we have been supported by the Executive Partnership to take a system wide approach to the roll out of MCOC at full scale, with a plan to focus this year particularly on digital transformation, recruitment and retention and personalisation of care. This would support a standardised offer of pathways of care for women across Nottinghamshire as well as parity in ways of working for maternity staff across the system. This will mitigate against fluctuations of booking numbers across Trusts if women know they will have access to the same level of continuity across both Trusts.

Over Q2. The LMNS Workstream Lead for Continuity of Carer will work in partnership with NUH and the LMNS to develop our system plan ready for submission on 15<sup>th</sup> June 2022.

### **Conclusion**

Trust Board are asked to note the development of the continuity plan against the new guidance.

### **Recommendations**



1. Trust Board note the attached action plan which is aligned to the national guidance
2. Trust Board support that the development of the MCoC pathway will be undertaken jointly with NUH and the approach will be monitored at a system level
3. Trust Board note the on-going reporting requirements on a quarterly basis
4. Trust Board note the governance framework in place which includes executive oversight through MAC



## Appendix A




### Delivering Continuity of Carer at full scale: -




The plan is to ensure readiness to implement and sustain Continuity of Carer as the default model of care by putting the building blocks in place to support it as outlined in national guidance from NHS England

Each building block has been needs to be in place before we proceed with full scale implementation of Continuity of Carer

| Building Block | Action  | In Place  | By Who    | By When  | Evidence   | RAG |
|----------------|---|---|-----------|----------|--|-----|
| Safe Staffing  | Agreed safe staffing levels for traditional model, proceeding only when safe to do so – using NHS England and NHS Improvement tool to support planning <ul style="list-style-type: none"> <li>How many midwives required</li> <li>How many in post</li> </ul> | Interim Birth rate plus review that reflects current position   | PS/R<br>S | April 22 | <br>Sherwood_Forest_Hospitals_NHS_Trust_F   |     |
|                |   | Establishment review  | PS/R<br>S | April 21 |  |     |
|                | Recruitment plan with timescales  | Recruitment and retention midwife in post to support early career midwives  | SP        | Feb 22   | <br>27.09.21 Sherwood MoU Midwifery retent |     |
|                |   | Set up Maternity Workforce Transformation sub group to develop local workforce strategy that supports future planning for safe staffing | RS        | On-going | Minutes and action log of meeting<br><br>Development and implementation of strategy  |     |

|  |  |   |                   |   |  |  |
|--|--|---|-------------------|---|--|--|
| Planning spread sheet – demonstrate safety from a staffing perspective |  | On-going recruitment  | PS                | On -going   | Rolling job advert on NHS Jobs Recruitment Event for 3 <sup>rd</sup> Year student midwives organised for June 2022   |  |
|  |  | Introduction of PMA service to support staff and improve retention                | GB                | Oct 21- Full scale roll out commenced Feb 2022 as delayed due to redeployement due to Covid 19. |  PMA model doc.docx<br> PMA flash report March 22.docx |  |
|  | <ul style="list-style-type: none"> <li>How many women can receive CoC –reviewing in and out of area and cross boundaries</li> <li>Where women are cared for at any given time, now and in CoC model</li> <li>Midwifery redeployment plan for CoC, including timescales and recruitment plan for a phased scale up to default position</li> </ul> | Complete spread sheet using template from NHS England and NHS Improvement toolkit | GB/L B/RS/ PA/L W | Jan 2022.   | Planning spread sheet using template from NHS England and NHS Improvement toolkit – awaiting Interim Birthrate plus report as baseline. Revised date May 2022.   |  |
| Communication and staff engagement                                     | Provide evidence of staff engagement and   | Continuity of Carer as regular agenda item in meetings                            | GB                | On-going  |  |  |

|                                       |   |   |           |                   |   |  |
|---------------------------------------|---|---|-----------|-------------------|---|--|
|                                       | logs/responses/counter responses                    | Continuity of Carer working group   | GB        | On-going          |   |  |
|                                       |   | Deep dive in CoC midwives experience of working in teams  | GB        | July 2021         | <br>CoC team 1-2-1s.docx   |  |
|                                       |   | Maternity Communication hub set up  | GB/A F    | Nov 21            | Estates issue – currently under review  |  |
|                                       |   | Conversations with staff about CoC  | GB        | March 21- May -21 | Monitored via MAC   |  |
|                                       |   | Regular updates on closed Facebook group, email, and visual aids  | GB        | On-going          | <br>Continuity of Carer- update on new guidance<br><br>Update around Continuity of Carer fr |  |
|                                       |   | Open meetings for all staff groups to share vision with teams and to receive feedback                               | GB/L F/LB | On -going         |   |  |
| Review skill mix within whole service | Number of band 5s working in service                | 22 Band 5 midwives in clinical practice with 2 International midwives working as Band 3s, awaiting NMC registration | PDMs      | March 2022        | Health Roster   |  |
|                                       | Ensure there is appropriate support for these newly | Revised preceptorship package launched with   | PDMs / JP | Oct 21            | Preceptorship package   |  |

|  |  |  |                         |                 |  |  |
|--|--|--|-------------------------|-----------------|--|--|
|  | qualified members of staff, via preceptorship framework                                      | wraparound support informed by evaluation of previous cohort of NQMs                     |                         |                 | <br>NQM evaluation.pptx                                       |  |
|  |  | On-going evaluation of cohort of band 5 midwives through 1-2-1s and online questionnaire | PDMs /SP                | Oct 21-April 22 | <br>RR Lead Midwife Feb 22 update.docx                        |  |
|  | Appropriate and planned use of MSWs, particularly in teams working in areas of greatest need | Developing workforce plan for MSWs within Maternity Workforce Transformation sub group   | RW/R S                  | Ongoing         | Minutes and action log from Workforce strategy working group   |  |
|  |  | MSW clinical educator to support MSW development and retention.                          | RW/P atient Safety team | April 22        | <br>Band 4 Clinical educator JD version 1                     |  |
|  |  | Quality improvement project to pilot MSWs in community setting                           | SB                      | March 2022      | Project delayed due to Fellow being redeployed to support clinically – project recommenced and ongoing and supported by Deputy Head of Midwifery |  |
|  | Ensure preparedness of Band 7 delivery suite co-ordinators                                   | External OD support and leadership development package                                   | LG                      | TBC             | External OD Support started with Band 7's but  |  |

|                      |   |  |                         |     |   |  |
|----------------------|---|--|-------------------------|-----|---|--|
|                      | to support programme of change  | to support Co-Ordinators   |                         |     | <p>paused currently due to current Covid position</p> <p>Discussion on 30.3.22 to look at plan to re-commence conversation and agree approach</p> |  |
| Training             | Each midwife who will work in the team has a personal training needs analysis (TNA)               | Once redeployment planned, each team member has 1-2-1 with PDM to develop personalised TNA with bespoke training package | PDMs                    | TBC | Completed training packages   |  |
| Team building        | Time allocated for team building and softer development as midwives move into new ways of working | Protected time rostered in for midwives to support team development  | Team Leaders –all areas | TBC |   |  |
|                      |   | Training and support given to team leaders to support team building  | OD team                 | TBC |   |  |
| Linked Obstetricians | Obstetric involvement and link Obstetricians identified   | Plan for how to incorporate link role to CoC teams into existing job plans   | SAS                     | TBC |   |  |
|                      | SOP that includes referral process to Obstetricians   | Review and adapt existing guideline and develop SOP  | SAS/ Clinical Gover     | TBC |   |  |

|                       |  |  |            |   |   |  |
|-----------------------|--|--|------------|---|---|--|
|                       |  |  | nance Team |   |   |  |
| Pay                   | No midwife should be financially disadvantaged for working in this way. Each Trust needs to review and manage this | Review of payment structure and agreement around on-call                                 | RS/P A     | May 2022  | Agreed in principle at Workforce Strategy Group – awaiting Birthrate plus report to establish costings. |  |
| Estates and equipment | Place for midwives to see women  | Quality improvement project to explore feasibility of hub working for community midwives | MJ         | TBC   | Due to current operational pressures, this work has been delayed  |  |
|                       | Equipment reviews to be undertaken once team structure has been confirmed  | Funding from 2020/21 remains available for any equipment requirements                    | LB/JM      | TBC   |   |  |
| Evaluation            | MSDS to have reporting functionality to capture MCoC   | New MIS procured for system that will support capture of data                            | CM         | Nov 2022 for new system to be fully operational |   |  |
| Review process        | Date for initial plan to be reviewed by Trust Board.   | Date in place for initial plan to be reviewed and quarterly                              | GB         | Jan 22  | Paper to Trust Board  |  |
|                       | Trust Board Quarterly review dates in place  |  | GB         | On-going  | Oversight via MAC   |  |
|                       | Dates set for LMNS, regional and national review   | Maternity Transformation Board monthly updates on progress and submission of local       | GB         | Jan 22  |   |  |

|  |  |                                       |  |  |  |  |
|--|--|---------------------------------------|--|--|--|--|
|  |  | plan to LMNS to inform<br>system plan |  |  |  |  |
|--|--|---------------------------------------|--|--|--|--|

**RAG Key**

|  |                    |
|--|--------------------|
|  | Action not started |
|  | Delayed            |
|  | Update Required    |
|  | On Track           |
|  | Completed          |



## Board of Directors Meeting - Cover Sheet

|  |   |   |  |                                |
|--|---|---|--|--------------------------------|
| <b>Subject:</b>  | Sherwood Forest Response to the Kirkup Report (2015)  |   | <b>Date:</b> 7 <sup>th</sup> April 2022  |                                |
| <b>Prepared By:</b>  | Paula Shore, Divisional Head of Nursing and Midwifery   |   |  |                                |
| <b>Approved By:</b>  | Julie Hogg, Chief Nurse   |   |  |                                |
| <b>Presented By:</b>   | Julie Hogg, Executive Board Safety Champion & Clare Ward, Non-executive Board safety champion |   |  |                                |
| <b>Purpose</b>   |   |   |  |                                |
| <p>This paper provides a further update to Trust Board on the Request to review the recommendation from the 2015 Kirkup report into Maternity Service at Morecombe Bay.</p> <p>Trust Board members are asked to note the report and declared full compliance, validated by the LMNS</p>  |   |   | <b>Approval</b>                          |                                |
|  |   |   | <b>Assurance</b>                         | <b>x</b>                       |
|  |   |   | <b>Update</b>                            | <b>x</b>                       |
|  |   |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>  |   |   |  |                                |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b>  | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| <b>x</b>   |   | <b>X</b>  | <b>x</b>                                 |                                |
| <b>Overall Level of Assurance</b>  |   |   |  |                                |
|  | <b>Significant</b>  | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|  |   | <b>X</b>  |  |                                |
| <b>Risks/Issues</b>  |   |   |  |                                |
| <b>Financial</b>   |   |   |  |                                |
| <b>Patient Impact</b>  | <b>x</b>  |   |  |                                |
| <b>Staff Impact</b>  | <b>X</b>  |   |  |                                |
| <b>Services</b>  | <b>x</b>  |   |  |                                |
| <b>Reputational</b>  | <b>x</b>  |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>   |   |   |  |                                |
| <p>Maternity Assurance Committee 8<sup>th</sup> March 2022</p> <p>LMNS Ockenden Panel Review Meeting 23<sup>rd</sup> March 2022</p>  |   |   |  |                                |
| <b>Executive Summary</b>   |   |   |  |                                |
| <p>This paper provides the Board with an updated position and assurance against the Kirkup recommendations from the report into Maternity Service in Morecombe Bay in 2015. Following a review of services at East Kent in 2021, Bill Kirkup has requested that nationally all Maternity Unit provide assurance as to the recommendation from this report, due to similar themes being identified in East Kent.</p> <p>The paper below, presented through both internal and external governance, outlines full compliance to these recommendations</p> |   |   |  |                                |

## **Sherwood Forest Hospitals Trust- Kirkup Report (2015) Gap Analysis**

**February 2022**

### **Purpose**

The Morecambe Bay Investigation was established by the Secretary of State for Health to examine concerns raised by the occurrence of serious incidents in maternity services provided by what became the University Hospitals of Morecambe Bay NHS Foundation Trust, including the deaths of mothers and babies.

The review carried out a thorough and independent investigation of these events, covering the period from 1 January 2004 to 30 June 2013. The findings were stark and catalogue a series of failures at almost every level – from the maternity unit to those responsible for regulating and monitoring the Trust. Bill Kirkup, the report author noted that the nature of these problems was serious and shocking, and that it was important for the lessons of these events to be learnt and acted upon, not only to improve the safety of maternity services, but also to reduce risk elsewhere in NHS Systems.

Since the publication of the Kirkup report in 2015, as further investigation into Maternity Service at East Kent Hospitals has been performed. This initial investigation, led by Bill Kirkup, has raised similar themes and understandably wider concerns. Nationally, all Trusts have been required to provide assurance in regard to the recommendations provided in 2015.

Below is the detailed supporting response from Sherwood Forest Hospitals, providing further information. All areas within this report have been self-assessed as green, following review through the Maternity Assurance Committee on the 8<sup>th</sup> of March 2022.

### **Recommendation**

This update report is read in conjunction with the Nottinghamshire Ockenden and Kirkup Response and Assurance Assessment Tool, providing further clarity on the return with details of further actions.

## 1. Kirkup Gap Analysis with supporting evidence

| Kirkup Action no. | Relating to Kirkup Recommendation | Action   | Suggested documents that may support Trust assurance.    | Sherwood Forest Hospitals RAG status | Evidence   |
|-------------------|-----------------------------------|--|--|--------------------------------------|--|
| 7                 | R2, R3                            | Review the skills of Band 6 midwives to identify and address any training needs to ensure a competent and motivated workforce  | Develop a robust support package for new band 6 midwives |                                      | <ul style="list-style-type: none"> <li>Competency Package- Band 6-7 and Band 7 development</li> </ul>              |
|                   |                                   |  | Completion of the Mentoring module                       |                                      | <ul style="list-style-type: none"> <li>Mentorship competency/Aligned to SSSA- Midwives completed</li> </ul>        |
|                   |                                   |  | Suturing competency                                      |                                      | <ul style="list-style-type: none"> <li>Suturing package</li> </ul>   |
|                   |                                   |  | IV therapy competency                                    |                                      | <ul style="list-style-type: none"> <li>IV therapy package</li> </ul>   |
|                   |                                   |  | Care of women choosing epidural anaesthesia.             |                                      | <ul style="list-style-type: none"> <li>Epidural package and e-learning</li> </ul>                                  |
| 8                 |                                   | Review the current induction and orientation process for midwives and nurses joining the organisation at Band 6 to ensure they are competent and confident to provide care | Practice educator reports and feedback                   |                                      | <ul style="list-style-type: none"> <li>Induction package and programme</li> </ul> <p><i>See above number 7</i></p> |

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| 9  | R2 | Review the current induction programme for locum doctors  | Locum policies   |  | <ul style="list-style-type: none"> <li>• HR Policy in place</li> </ul>   |
| 10 |    | Review the current provision of education and training for locum doctors with the aim of introducing streamlined bespoke training for this group.   |  |  | <ul style="list-style-type: none"> <li>• HR Policy in place</li> </ul>   |
| 11 | R2 | Review the provision of maternal AIMS courses and ensure that all places are allocated appropriately and staff attend the session.  | Practice educator meeting notes, discussion with DoMS/HoMs                   |  | <ul style="list-style-type: none"> <li>• Maternal AIMS attendance, training and governance minutes</li> <li>• Progressed to PROMPT training- April 2020</li> </ul> |
| 12 | R2 | Review the educational opportunities available for staff working in postnatal areas to increase their understanding of the compromised neonate, including consideration of bespoke educational sessions and HEI courses e.g. Care of the compromised baby module at University of Salford | Practice educator reports and feedback                                       |  | <ul style="list-style-type: none"> <li>• Evidence of training aligned to the current Core Competency Framework (NHS England, 2020).</li> </ul>                     |
| 13 | R2 | Improve staff knowledge, response time and escalation processes in relation to a woman's deteriorating condition  | Incident review and feedback, related lessons learnt, training opportunities |  | <ul style="list-style-type: none"> <li>• Midwifery Risk Management Policy</li> <li>• Incident reviews, learning</li> </ul>   |

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| 14 | R2         | Implement a process for cascading learning points generated from incidents or risk management in each clinical area e.g. email to staff, noticeboard, themed week / message of the week, core huddles, NICU news |  |  | <ul style="list-style-type: none"> <li>• Governance Board</li> <li>• Shared communication tools, LIMS, CHIPS, LIPS</li> <li>• Safety Huddles</li> </ul>     |
| 15 | R3         | Review the current process for staff rotation to ensure that a competent workforce is maintained in all clinical areas.  |  |  | <ul style="list-style-type: none"> <li>• Rostering practice</li> <li>• JD for Acute Midwifery, outlines rotations</li> </ul>                                |
| 16 | R2, R3, R4 | Review and update the Education Strategy   |  |  | <ul style="list-style-type: none"> <li>• TNA 2021-22. 2022-2023 awaiting sign off</li> </ul>  |
| 17 | R3         | Review the support provided when staff are allocated to a new clinical area and what supernumerary actually means in order to manage staff expectations  |  |  | <ul style="list-style-type: none"> <li>• Orientation programme</li> <li>• Staff feedback</li> </ul>   |
| 18 | R3         | Offer opportunities to other heads of service for staff from other trusts to broaden their experience by secondment or supernumerary status  |  |  | <ul style="list-style-type: none"> <li>• External secondments, examples within internal organisation posts, HEE and Patient Safety Collaborative</li> </ul> |
| 19 | R5         | Develop a list of current MDT meetings and events and share with staff across the directorate  |  |  | <ul style="list-style-type: none"> <li>• Annual list published on governance board- visible to all staff</li> </ul>   |
| 20 | R8         | Develop and implement a recruitment and retention  |  |  | <ul style="list-style-type: none"> <li>• Recruitment and retention features as part</li> </ul>  |

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|    |  | strategy specifically for the obstetric directorate   |  |  | of the W&C annual workforce strategy  |
| 21 |  | Review the current midwifery staffing establishment to ensure appropriate staffing levels in all clinical areas   |  |  | <ul style="list-style-type: none"> <li>• Annual establishment review</li> <li>• Birthrate plus 09/2020</li> <li>• Plan refreshed 04/2022</li> </ul> |
| 22 |  | Ensure that all staff who leave are offered an exit interview with a senior member of staff and use the information gained from these interviews to inform changes aimed at improving retention |  |  | <ul style="list-style-type: none"> <li>• Process in place, exit interviews supported by Trust Quality Improvement team</li> </ul>                   |
| 23 |  | Provide Staff Forum meetings where staff are encouraged to attend and discuss concerns  |  |  | <ul style="list-style-type: none"> <li>• Monthly Midwifery Forum in place with actions circulated to all staff following</li> </ul>                 |
| 24 | <b>Only applicable to multi-site trusts.</b> | Improve working relationships between the different sites located geographically apart but under the same organization.   |  |  | Not applicable  |
| 25 | R9   | Reiterate to all staff via email and team meetings the roles and responsibilities of the consultant obstetrician carrying the hot week bleep.   |  |  | <ul style="list-style-type: none"> <li>• Email and confirmed in SOP for Consultant Ward rounds</li> </ul>   |

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| 26 | R11, R12 | Ensure that staff receive education during their induction regarding the incident reporting process including the process for reporting incidents, the incidents that should be reported and the rationale for learning from incidents. |   |  | <ul style="list-style-type: none"> <li>Standard item on both Midwifery and Obstetric induction</li> </ul> |
| 27 | R11, R12 | Including a review of the processes for disseminating and learning from incidents   |   |  | <ul style="list-style-type: none"> <li>Maternity Risk Management Strategy</li> </ul>                      |
| 28 |          | Ensure that staff undertaking incident investigations have received appropriate education and training to undertake this effectively  | All consultants to have completed RCA training  |  | <ul style="list-style-type: none"> <li>All Consultants involved in Incident response have RCA</li> </ul>  |
|    |          |   | Identified midwives to have completed RCA training  |  | <ul style="list-style-type: none"> <li>Register held by Governance Support Unit (GSU)</li> </ul>          |
|    |          |   | Staff who have completed RCA training undertake an investigation within 1 year and regularly thereafter in order to maintain their skills |  | <ul style="list-style-type: none"> <li>Staff competency around Human Factors and HSIB training</li> </ul> |
|    |          |   | Develop a local record of staff who have completed RCA training and the investigations undertaken (including dates)                       |  | <ul style="list-style-type: none"> <li>Register held and maintained by GSU</li> </ul>                     |
| 29 | R12      | Ensure that the details regarding staff debriefing and support are completed on the Trust incident reporting system for all level 4 and 5 incidents   |   |  | <ul style="list-style-type: none"> <li>Maternity Risk Management Strategy</li> </ul>                      |

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| 30 | R12 | Ensure that all Serious Incidents (SI's) are feedback to the staff  |  |  | <ul style="list-style-type: none"> <li>• Maternity Risk Management Strategy</li> <li>• Governance Board</li> </ul>                                   |
| 31 | R12 | Identify ways of improving attendance of midwives at SI's feedback sessions   |  |  | <ul style="list-style-type: none"> <li>• Revised format, hybrid with virtual attendance</li> </ul>   |
| 32 | R13 | Maternity Services Liaison Committee involvement in complaints  | Collation of complaints reports                                |  | <ul style="list-style-type: none"> <li>• Monthly governance report</li> </ul>  |
| 33 | R14 | Review the current obstetric clinical lead structure  |  |  | <ul style="list-style-type: none"> <li>• Triumvirate</li> </ul>  |
| 34 | R15 | Review past SI's and map common themes  | Thematic reviews   |  | <ul style="list-style-type: none"> <li>• Midwifery Summit 2017</li> <li>• Fetal loss review 2020</li> <li>• PPH Deep Dive 2021</li> </ul>            |
| 35 | R23 | Ensure that maternal deaths, late and intrapartum stillbirths and unexpected neonatal deaths are reported, reviewed and an investigation undertaken where appropriate | Maternal deaths, stillbirths and early neonatal deaths reports |  | <ul style="list-style-type: none"> <li>• Compliance with reporting to HSIB</li> <li>• Maternity Risk Management Policy</li> </ul>                    |
| 36 | R26 | Ensure that all staff are aware of how to raise concerns  | Whistle blowing staff policy                                   |  | <ul style="list-style-type: none"> <li>• Speaking Up Policy (Trustwide)</li> </ul>   |
| 37 | R31 | Provide evidence of how we deal with complaints   |  |  | <ul style="list-style-type: none"> <li>• Complaints and Concern Policy (Trustwide)</li> </ul>  |
| 38 | R31 | Educate staff regarding the process for local resolution and support staff to undertake   | Identifying situations where local resolution is required      |  | <ul style="list-style-type: none"> <li>• Complaints and Concern Policy (Trustwide)</li> <li>• Current model of early phone call by Senior</li> </ul> |

|           |     |   |   |  |   |
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|           |     | this process in their clinical area   |   |  | Member of the team to understand complaint and response.  |
| <b>39</b> | R32 | Develop a plan to maintain a supervision system beyond the decommissioning of the LSAs once national recommendations have been agreed.  | Implementation of the A-AQUIP model   |  | <ul style="list-style-type: none"> <li>• PMA Model and Policy</li> </ul>                          |
| <b>40</b> | R38 | Ensure that all perinatal deaths are recorded appropriately   | Sending the completed form to the Deputy Director of Nursing/ Head of Midwifery and the Divisional Clinical Effectiveness Manager |  | <ul style="list-style-type: none"> <li>• PMRT reports</li> </ul>                                  |
| <b>41</b> | R39 | Ensure that Confidential Enquiry reports are reviewed following publication and that an action plan is developed and monitored to ensure that high standards of care are maintained | MBRRACE action plan   |  | <ul style="list-style-type: none"> <li>• MGCG meeting minutes and MBRRACE Action Plan.</li> </ul> |

## Board of Directors Meeting - Cover Sheet

|  |   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
|--|---|--|--|--------------------------------|--------------------|-----------------|----------------------------------|-----------------|--------------------------------------|-----------------|-------------------------------|-----------------|---|-----------------|-------------------------------|-----------------|---------------------|--------------------------|
| <b>Subject:</b>  | Ockenden Report- One Year On at Sherwood Forest Hospitals                                     |  | <b>Date:</b> 7 <sup>th</sup> April 2022  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Prepared By:</b>  | Paula Shore, Divisional Head of Nursing and Midwifery   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Approved By:</b>  | Julie Hogg, Chief Nurse   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Presented By:</b>   | Julie Hogg, Executive Board Safety Champion & Clare Ward, Non-executive Board safety champion |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Purpose</b>   |   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <p>This paper provides a further update to Trust Board on the Ockenden response one year on from the previous report, presented on the 4<sup>th</sup> of February 2021.</p> <p>Trust Board members are asked to note the updated commentary which is described below against the seven Immediate and Essential Actions (IEAs)</p>  |   |  | <b>Approval</b>                          |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
|  |   |  | <b>Assurance</b>                         | <b>x</b>                       |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
|  |   |  | <b>Update</b>                            | <b>x</b>                       |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
|  |   |  | <b>Consider</b>                          |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Strategic Objectives</b>  |   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b>  | <b>To maximise the potential of our workforce</b>                                      | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>x</b>   |   | <b>X</b>   | <b>x</b>                                 |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Overall Level of Assurance</b>  |   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
|  | <b>Significant</b>  | <b>Sufficient</b>  | <b>Limited</b>                           | <b>None</b>                    |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
|  |   | <b>X</b><br><b>Full compliance with 6 out of 7 IEA with partial in the remanding 1</b> |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Risks/Issues</b>  |   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Financial</b>   |   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Patient Impact</b>  | <b>x</b>  |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Staff Impact</b>  | <b>X</b>  |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Services</b>  | <b>x</b>  |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Reputational</b>  | <b>x</b>  |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Committees/groups where this item has been presented before</b>   |   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| Maternity Assurance Committee 8 <sup>th</sup> March 2022<br>LMNS Ockenden Panel Review Meeting 23 <sup>rd</sup> March 2022   |   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <b>Executive Summary</b>   |   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| <p>This paper provides the Board with an updated position and assurance against the Ockenden One Year on questioning. The proposed response has been endorsed by the LMNS.</p> <p>There are seven Immediate &amp; Essential actions identified:</p> <table border="0"> <tr> <td>1. Enhanced Safety</td> <td>Fully compliant</td> </tr> <tr> <td>2. Listening to Women &amp; Families</td> <td>Fully compliant</td> </tr> <tr> <td>3. Staff training &amp; working together</td> <td>Fully compliant</td> </tr> <tr> <td>4. Managing complex pregnancy</td> <td>Fully compliant</td> </tr> <tr> <td>5. Risk assessment throughout pregnancy</td> <td>Fully compliant</td> </tr> <tr> <td>6. Monitoring fetal wellbeing</td> <td>Fully compliant</td> </tr> <tr> <td>7. Informed consent</td> <td>Partial compliance (71%)</td> </tr> </table> |   |  |  |                                | 1. Enhanced Safety | Fully compliant | 2. Listening to Women & Families | Fully compliant | 3. Staff training & working together | Fully compliant | 4. Managing complex pregnancy | Fully compliant | 5. Risk assessment throughout pregnancy | Fully compliant | 6. Monitoring fetal wellbeing | Fully compliant | 7. Informed consent | Partial compliance (71%) |
| 1. Enhanced Safety   | Fully compliant   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| 2. Listening to Women & Families   | Fully compliant   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| 3. Staff training & working together   | Fully compliant   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| 4. Managing complex pregnancy  | Fully compliant   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| 5. Risk assessment throughout pregnancy  | Fully compliant   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| 6. Monitoring fetal wellbeing  | Fully compliant   |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |
| 7. Informed consent  | Partial compliance (71%)  |  |  |                                |                    |                 |                                  |                 |                                      |                 |                               |                 |   |                 |                               |                 |                     |                          |

The service is partially compliant with IEA 7 due to the questioning around the Maternity Voice partnerships, in which the action requires a sign off from the MVP chair. This position, having been vacant since August 2021 is acknowledged as a risk on the LMNS risk register. Whilst we have been able to make a local plan to ensure the woman's / birthing person's voice has been heard through other mechanisms, anything requiring the sign off from the MVP chair, following the panel review has been marked off as non-compliant.

The Board are asked to note:

- This version has been endorsed by the LMNS
- Partial compliance is highlighted in the paper below at IEA7
- Local actions taken over the last year, using funding from the LMNS have strengthened the evidence for ensuring the woman's / birthing persons voice is heard.



## Ockenden Gap Analysis- One Year on

March 2022

### Purpose

The Ockenden report outlined not only outlined local actions for learning, these were extended nationally requiring all Trusts to respond to the immediate and essential actions. Following a review and a self-assessment against the minimum evidential requirements of the seven Immediate and Essential Actions (IEAs), Sherwood Forest Hospitals (SFH) Maternity services had initially declared:

- Partially compliance with IEA 2,3 & 7 based on the availability of the minimum evidence requirements, noting that the content for the IEA's where partial compliance is demonstrated will continue be managed through the Maternity Assurance Committee which has executive oversight

One year on work has continued and we are in position to declare full compliance. The below table outlines the detailed breakdown of changes, supporting evidence and plans in place. It has been a difficult year, noting the challenges brought by the pandemic and the absenteeism of the Maternity Voice Partnerships (MVP) Chair, which is recognised as a risk within the LMNS risk register. Due to this we are able to declare full compliance for IEA 1 to 6. For IEA 7 we are currently at 71%, this is due to:

- Questions 39 and 44 which need for the MVP chair to undertake and sign of this action/ submission

To work towards achieving full compliance, SFH have utilised the national funding, via the LMNS, to strengthen Ockenden immediate and essential actions. This funding has assisted with the recruitment of a service user representative at Sherwood Forest Hospitals. This role will help to strengthen the woman's voice and maternity voice partnerships response. Recruitment has now completed, and role will commence on the 7<sup>th</sup> of March 2022.

This role will be supported by the Consultant Midwife and Professional Midwifery Advocates, with a clear job plan and priorities list for the current six-month funding, as detailed below. This role will have constant evaluation, through the Maternity and Neonatal Safety Champions Meeting.

On-going work continues to ensure that all elements rated as 100% continue to do so, this is monitored through the divisional Ockenden and Maternity Incentive Scheme working group and escalation are taken through the appropriate Divisional Governance frameworks.

A way in which this preparation is achieved is through the completion of the Assurance Assessment Tool, which includes the recommendations from the Morecambe Bay investigation report and the Ockenden report, to support a discussion at Trust Public Board. This was presented at Trust Board on the 2<sup>nd</sup> of March 2022.

### Recommendation

This update report is read in conjunction with the Nottinghamshire Ockenden and Kirkup Response and Assurance Assessment Tool, providing further clarity on the return with details of further actions taken.

Ockenden Initial report  
recommendations against 2021-22  
update

| Nottinghamshire |          |   |  |  |  |                      |
|-----------------|----------|---|--|--|--|----------------------|
| IEA             | Question | Action                                    | Evidence Required  | SHERWOOD<br>FOREST<br>HOSPITALS<br>2020-21 | SHERWOOD<br>FOREST<br>HOSPITALS<br>2021-22 | Update (if required) |
| IEA1            | Q1       | Maternity Dashboard to LMS every 3 months | Dashboard to be shared as evidence.  | 100%                                       | 100%                                       |                      |
|                 |          |   | Minutes and agendas to identify regular review and use of common data dashboards and the response / actions taken. | 100%                                       | 100%                                       |                      |
|                 |          |   | SOP required which demonstrates how the trust reports this both internally and externally through the LMS.         | 100%                                       | 100%                                       |                      |
|                 |          |   | Submission of minutes and organogram, that shows how this takes place.   | 100%                                       | 100%                                       |                      |

|  |    |   |   |      |      |  |
|--|----|---|---|------|------|--|
|  |    | Maternity Dashboard to LMS every 3 months Total   |   | 100% | 100% |  |
|  | Q2 | External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death       | Audit to demonstrate this takes place.  | 100% | 100% |  |
|  |    |   | Policy or SOP which is in place for involving external clinical specialists in reviews.   | 100% | 100% |  |
|  |    | External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death Total |   | 100% | 100% |  |
|  | Q3 | Maternity SI's to Trust Board & LMS every 3 months  | Individual SI's, overall summary of case, key learning, recommendations made, and actions taken to address with clear timescales for completion | 100% | 100% |  |
|  |    |   | Submission of private trust board minutes as a minimum every three months with highlighted areas where SI's discussed                           | 100% | 100% |  |
|  |    |   | Submit SOP  | 100% | 100% |  |

|  |    |   |   |      |      |  |
|--|----|---|---|------|------|--|
|  |    | Maternity SI's to Trust Board & LMS every 3 months Total                            |   | 100% | 100% |  |
|  | Q4 | Using the National Perinatal Mortality Review Tool to review perinatal deaths       | Audit of 100% of PMRT completed demonstrating meeting the required standard including parents notified as a minimum and external review.                        | 100% | 100% |  |
|  |    |   | Local PMRT report. PMRT trust board report. Submission of a SOP that describes how parents and women are involved in the PMRT process as per the PMRT guidance. | 100% | 100% |  |
|  |    | Using the National Perinatal Mortality Review Tool to review perinatal deaths Total |   | 100% | 100% |  |
|  | Q5 | Submitting data to the Maternity Services Dataset to the required standard          | Evidence of a plan for implementing the full MSDS requirements with clear timescales aligned to NHSR requirements within MIS.                                   | 100% | 100% |  |
|  |    | Submitting data to the Maternity Services Dataset to the required standard Total    |   | 100% | 100% |  |

|  |            |  |  |      |      |  |
|--|------------|--|--|------|------|--|
|  | Q6         | Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme       | Audit showing compliance of 100% reporting to both HSIB and NHSR Early Notification Scheme.  | 100% | 100% |  |
|  |            | Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme Total |  | 100% | 100% |  |
|  | Q7         | Plan to implement the Perinatal Clinical Quality Surveillance Model                          | Full evidence of full implementation of the perinatal surveillance framework by June 2021.   | 100% | 100% |  |
|  |            |  | LMS SOP and minutes that describe how this is embedded in the ICS governance structure and signed off by the ICS.  | 100% | 100% |  |
|  |            |  | Submit SOP and minutes and organogram of organisations involved that will support the above from the trust, signed off via the trust governance structure. | 100% | 100% |  |
|  |            | Plan to implement the Perinatal Clinical Quality Surveillance Model Total                    |  | 100% | 100% |  |
|  | IEA1 Total |  |  | 100% | 100% |  |

|      |     |   |   |      |      |  |
|------|-----|---|---|------|------|--|
| IEA2 | Q11 | Non-executive director who has oversight of maternity services          | Evidence of how all voices are represented:   | 0%   | 100% | <p>Woman's voice now a standing agenda item on Maternity and Neonatal Safety Champions paper includes MVP, PMA and complaints/ concerns update.</p> <p>Service User Representative job plan and reporting structures</p> |
|      |     |   | Evidence of link in to MVP; any other mechanisms  | 0%   | 100% | <p>Standing agenda item as above. Other mechanisms will incorporate Service User Representative job plan</p>   |
|      |     |   | Evidence of NED sitting at trust board meetings, minutes of trust board where NED has contributed   | 100% | 100% |  |
|      |     |   | Evidence of ward to board and board to ward activities e.g. NED walk arounds and subsequent actions | 100% | 100% |  |
|      |     |   | Name of NED and date of appointment   | 100% | 100% |  |
|      |     |   | NED JD  | 100% | 100% |  |
|      |     | Non-executive director who has oversight of maternity services<br>Total |   | 67%  | 100% |  |

|     |  |   |      |      |  |
|-----|--|---|------|------|--|
| Q13 | Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services          | Clear co-produced plan, with MVP's that demonstrate that co production and co-design of service improvements, changes and developments will be in place and will be embedded by December 2021.              | 100% | 100% |  |
|     |  | Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps)   | 100% | 100% |  |
|     |  | Please upload your CNST evidence of co-production. If utilised then upload completed templates for providers to successfully achieve maternity safety action 7. CNST templates to be signed off by the MVP. | 100% | 100% |  |
|     | Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services<br>Total |   | 100% | 100% |  |
| Q14 | Trust safety champions meeting   | Action log and actions taken.   | 100% | 100% |  |

|  |     |  |  |      |      |  |
|--|-----|--|--|------|------|--|
|  |     | bimonthly with Board level champions   | Log of attendees and core membership.  | 100% | 100% |  |
|  |     |  | Minutes of the meeting and minutes of the LMS meeting where this is discussed.   | 100% | 100% |  |
|  |     |  | SOP that includes role descriptors for all key members who attend by-monthly safety meetings.  | 100% | 100% |  |
|  |     | Trust safety champions meeting bimonthly with Board level champions Total  |  | 100% | 100% |  |
|  | Q15 | Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services. | Clear co produced plan, with MVP's that demonstrate that co-production and co-design of all service improvements, changes and developments will be in place and will be embedded by December 2021. | 100% | 100% |  |
|  |     | Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices  |  | 100% | 100% |  |

|               |     |   |   |      |      |  |
|---------------|-----|---|---|------|------|--|
|               |     | Partnership (MVP) to coproduce local maternity services.<br>Total           |   |      |      |  |
|               | Q16 | Non-executive director support the Board maternity safety champion          | Evidence of participation and collaboration between ED, NED and Maternity Safety Champion, e.g. evidence of raising issues at trust board, minutes of trust board and evidence of actions taken | 100% | 100% |  |
|               |     |   | Name of ED and date of appointment  | 100% | 100% |  |
|               |     |   | Role descriptors  | 100% | 100% |  |
|               |     | Non-executive director support the Board maternity safety champion<br>Total |   | 100% | 100% |  |
| IEA2<br>Total |     |   |   | 88%  | 100% |  |
| IEA3          | Q17 | Multidisciplinary training and working occurs. Evidence must be externally  | A clear trajectory in place to meet and maintain compliance as articulated in the TNA.  | 100% | 100% |  |

|  |   |   |      |      |  |
|--|---|---|------|------|--|
|  | validated through the LMS, 3 times a year.  | LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data.            | 100% | 100% |  |
|  |   | Submit evidence of training sessions being attended, with clear evidence that all MDT members are represented for each session.   | 100% | 100% |  |
|  |   | Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHSR requirements. | 100% | 100% |  |
|  |   | Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.   | 100% | 100% |  |
|  | Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year. Total |   | 100% | 100% |  |

|  |     |   |  |      |      |  |
|--|-----|---|--|------|------|--|
|  | Q18 | Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.                      | Evidence of scheduled MDT ward rounds taking place since December, twice a day, day & night. 7 days a week (e.g. audit of compliance with SOP) | 100% | 100% |  |
|  |     |   | SOP created for consultant led ward rounds.  | 100% | 100% |  |
|  |     | Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward. Total                |  | 100% | 100% |  |
|  | Q19 | External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only | Confirmation from Directors of Finance   | 100% | 100% |  |
|  |     |   | Evidence from Budget statements.   | 100% | 100% |  |
|  |     |   | Evidence of funding received and spent.  | 100% | 100% |  |
|  |     |   | Evidence that additional external funding has been spent on funding including staff can attend training in work time.                          | 100% | 100% |  |
|  |     |   | MTP spend reports to LMS   | 100% | 100% |  |
|  |     | External funding allocated for the training of maternity staff, is ring-fenced                                |  | 100% | 100% |  |

|     |  |  |  |      |      |  |
|-----|--|--|--|------|------|--|
|     |  | and used for this purpose only Total   |  |      |      |  |
| Q21 |  | 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session       | A clear trajectory in place to meet and maintain compliance as articulated in the TNA.   | 100% | 100% |  |
|     |  |  | Attendance records - summarised  | 100% | 100% |  |
|     |  |  | LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data. Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place. | 100% | 100% |  |
|     |  | 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session Total |  | 100% | 100% |  |

|  |     |  |  |      |      |  |
|--|-----|--|--|------|------|--|
|  | Q22 | Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.   | Evidence of scheduled MDT ward rounds taking place since December 2020 twice a day, day & night; 7 days a week (E.G audit of compliance with SOP)  | 100% | 100% |  |
|  |     | Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week. Total   |  | 100% | 100% |  |
|  | Q23 | The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place | A clear trajectory in place to meet and maintain compliance as articulated in the TNA.   | 100% | 100% |  |
|  |     |  | LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation described as checking the accuracy of the data. | 100% | 100% |  |

|               |     |   |   |      |      |  |
|---------------|-----|---|---|------|------|--|
|               |     | The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place<br>Total |   | 100% | 100% |  |
| IEA3<br>Total |     |   |   | 100% | 100% |  |
| IEA4          | Q24 | Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre  | Audit that demonstrates referral against criteria has been implemented that there is a named consultant lead, and early specialist involvement and that a Management plan that has been agreed between the women and clinicians | 100% | 100% |  |
|               |     |   | SOP that clearly demonstrates the current maternal medicine pathways that includes: agreed criteria for referral to the maternal medicine centre pathway.   | 100% | 100% |  |

|     |  |  |  |      |      |  |
|-----|--|--|--|------|------|--|
|     |  | Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre Total   |  | 100% | 100% |  |
| Q25 | Women with complex pregnancies must have a named consultant lead       | Audit of 1% of notes, where all women have complex pregnancies to demonstrate the woman has a named consultant lead.   |  | 100% | 100% |  |
|     |  | SOP that states that both women with complex pregnancies who require referral to maternal medicine networks and women with complex pregnancies but who do not require referral to maternal medicine network must have a named consultant lead. |  | 100% | 100% |  |
|     | Women with complex pregnancies must have a named consultant lead Total |  |  | 100% | 100% |  |
| Q26 | Complex pregnancies have early specialist involvement and              | Audit of 1% of notes, where women have complex pregnancies to ensure women have early specialist involvement and management  |  | 100% | 100% |  |

|  |     |   |  |      |      |  |
|--|-----|---|--|------|------|--|
|  |     | management plans agreed   | plans are developed by the clinical team in consultation with the woman.   |      |      |  |
|  |     |   | SOP that identifies where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the teams. | 100% | 100% |  |
|  |     | Complex pregnancies have early specialist involvement and management plans agreed Total   |  | 100% | 100% |  |
|  | Q27 | Compliance with all five elements of the Saving Babies' Lives care bundle Version 2       | Audits for each element.   | 100% | 100% |  |
|  |     |   | Guidelines with evidence for each pathway  | 100% | 100% |  |
|  |     |   | SOP's  | 100% | 100% |  |
|  |     | Compliance with all five elements of the Saving Babies' Lives care bundle Version 2 Total |  | 100% | 100% |  |

|  |     |  |  |      |      |  |
|--|-----|--|--|------|------|--|
|  | Q28 | All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.       | SOP that states women with complex pregnancies must have a named consultant lead.  | 100% | 100% |  |
|  |     |  | Submission of an audit plan to regularly audit compliance  | 100% | 100% |  |
|  |     | All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place. Total |  | 100% | 100% |  |
|  | Q29 | Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres       | Agreed pathways  | 100% | 100% |  |
|  |     |  | Criteria for referrals to MMC  | 100% | 100% |  |
|  |     |  | The maternity services involved in the establishment of maternal medicine networks evidenced by notes of meetings, agendas, action logs. | 100% | 100% |  |

|               |     |   |   |      |      |  |
|---------------|-----|---|---|------|------|--|
|               |     | Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres<br>Total                             |   | 100% | 100% |  |
| IEA4<br>Total |     |   |   | 100% | 100% |  |
| IEA5          | Q30 | All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional | How this is achieved within the organisation.   | 100% | 100% |  |
|               |     |   | Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above. | 100% | 100% |  |
|               |     |   | Review and discussed and documented intended place of birth at every visit.   | 100% | 100% |  |
|               |     |   | SOP that includes definition of antenatal risk assessment as per NICE guidance.   | 100% | 100% |  |
|               |     |   | What is being risk assessed.  | 100% | 100% |  |

|     |   |   |  |      |      |  |
|-----|---|---|--|------|------|--|
|     |   | All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional Total |  | 100% | 100% |  |
| Q31 | Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.       | Evidence of referral to birth options clinics   |  | 100% | 100% |  |
|     |   | Out with guidance pathway.  |  | 100% | 100% |  |
|     |   | Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.   |  | 100% | 100% |  |
|     |   | SOP that includes review of intended place of birth.  |  | 100% | 100% |  |
|     | Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture. Total |   |  | 100% | 100% |  |

|     |  |   |      |      |  |
|-----|--|---|------|------|--|
| Q33 | A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance. | Example submission of a Personalised Care and Support Plan (It is important that we recognise that PCSP will be variable in how they are presented from each trust) | 100% | 100% |  |
|     |  | How this is achieved in the organisation  | 100% | 100% |  |
|     |  | Personal Care and Support plans are in place and an ongoing audit of 5% of records that demonstrates compliance of the above.                                       | 100% | 100% |  |
|     |  | Review and discussed and documented intended place of birth at every visit.   | 100% | 100% |  |
|     |  | SOP to describe risk assessment being undertaken at every contact.  | 100% | 100% |  |
|     |  | What is being risk assessed.  | 100% | 100% |  |
|     | A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit  |   | 100% | 100% |  |

|            |     |  |   |      |      |  |
|------------|-----|--|---|------|------|--|
|            |     | mechanisms are in place to assess PCSP compliance. Total   |   |      |      |  |
| IEA5 Total |     |  |   | 100% | 100% |  |
| IEA6       | Q34 | Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring | Copies of rotas / off duties to demonstrate they are given dedicated time.  | 100% | 100% |  |
|            |     |  | Examples of what the leads do with the dedicated time E.G attendance at external fetal wellbeing event, involvement with training, meeting minutes and action logs. | 100% | 100% |  |
|            |     |  | Incident investigations and reviews   | 100% | 100% |  |
|            |     |  | Name of dedicated Lead Midwife and Lead Obstetrician  | 100% | 100% |  |

|     |  |  |  |      |      |  |
|-----|--|--|--|------|------|--|
|     |  | Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring Total |  | 100% | 100% |  |
| Q35 | The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health | Consolidating existing knowledge of monitoring fetal wellbeing   |  | 100% | 100% |  |
|     |  | Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported e.g clinical supervision   |  | 100% | 100% |  |
|     |  | Improving the practice & raising the profile of fetal wellbeing monitoring   |  | 100% | 100% |  |
|     |  | Interface with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.       |  | 100% | 100% |  |
|     |  | Job Description which has in the criteria as a minimum for both roles and confirmation that roles are in post  |  | 100% | 100% |  |
|     |  | Keeping abreast of developments in the field   |  | 100% | 100% |  |

|  |     |  |  |      |      |  |
|--|-----|--|--|------|------|--|
|  |     |  | Lead on the review of cases of adverse outcome involving poor FHR interpretation and practice. | 100% | 100% |  |
|  |     |  | Plan and run regular departmental fetal heart rate (FHR) monitoring meetings and training.     | 100% | 100% |  |
|  |     | The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health Total |  | 100% | 100% |  |
|  | Q36 | Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?   | Audits for each element  | 100% | 100% |  |
|  |     |  | Guidelines with evidence for each pathway  | 100% | 100% |  |
|  |     |  | SOP's  | 100% | 100% |  |
|  |     | Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2? Total                                     |  | 100% | 100% |  |

|            |     |  |  |      |      |  |
|------------|-----|--|--|------|------|--|
|            | Q37 | Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?       | A clear trajectory in place to meet and maintain compliance as articulated in the TNA.   | 100% | 100% |  |
|            |     |  | Attendance records - summarised  | 100% | 100% |  |
|            |     |  | Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHR requirements. | 100% | 100% |  |
|            |     | Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019? Total |  | 100% | 100% |  |
| IEA6 Total |     |  |  | 100% | 100% |  |

|      |     |  |   |      |      |  |
|------|-----|--|---|------|------|--|
| IEA7 | Q39 | Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery | Information on maternal choice including choice for caesarean delivery.   | 100% | 100% |  |
|      |     |  | Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites. | 0%   | 0%   | No MVP chair in post- service user rep and CNIO to review as a priority and produce a submission |
|      |     | Total  |   | 50%  | 50%  |  |
|      | Q41 | Women must be enabled to participate equally in all decision-making processes  | An audit of 1% of notes demonstrating compliance.   | 100% | 100% |  |
|      |     |  | CQC survey and associated action plans  | 100% | 100% |  |
|      |     |  | SOP which shows how women are enabled to participate equally in all decision making processes and to make informed choices about their care. And where that is recorded.  | 100% | 100% |  |
|      |     | Women must be enabled to participate equally in  |   | 100% | 100% |  |

|     |  |   |      |      |  |  |
|-----|--|---|------|------|--|--|
|     |  | all decision-making processes Total   |      |      |  |  |
| Q42 | Women's choices following a shared and informed decision-making process must be respected  | An audit of 5% of notes demonstrating compliance, this should include women who have specifically requested a care pathway which may differ from that recommended by the clinician during the antenatal period, and also a selection of women who request a caesarean section during labour or induction. | 100% | 100% |  |  |
|     |  | SOP to demonstrate how women's choices are respected and how this is evidenced following a shared and informed decision-making process, and where that is recorded.   | 100% | 100% |  |  |
|     | Women's choices following a shared and informed decision-making process must be respected Total                                      |   | 100% | 100% |  |  |
| Q43 | Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your | Clear co produced plan, with MVP's that demonstrate that co production and co-design of all service improvements, changes and developments will be in place and will be embedded by December 2021.  | 100% | 100% |  |  |

|  |     |   |   |      |      |  |
|--|-----|---|---|------|------|--|
|  |     | Maternity Voices Partnership to coproduce local maternity services?   | Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps)   | 100% | 100% |  |
|  |     |   | Please upload your CNST evidence of co-production. If utilised then upload completed templates for providers to successfully achieve maternity safety action 7. CNST templates to be signed off by the MVP. | 100% | 100% |  |
|  |     | Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?<br>Total |   | 100% | 100% |  |
|  | Q44 | Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.   | Co-produced action plan to address gaps identified  | 0%   | 0%   | No MVP chair in post- service user rep and CNIO to review as a priority and produce a gap analysis. This will be actioned by the Digital Midwife |
|  |     |   | Gap analysis of website against Chelsea & Westminster conducted by the MVP  | 0%   | 0%   | No MVP chair in post- service user rep and CNIO to review as a priority and produce a gap  |

|            |     |   |   |      |      |   |
|------------|-----|---|---|------|------|---|
|            |     |   |   |      |      | analysis. This will be actioned by the Digital Midwife  |
|            |     |   | Information on maternal choice including choice for caesarean delivery.   | 100% | 100% |   |
|            |     |   | Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites. | 0%   | 0%   | No MVP chair in post- service user rep and CNIO to review as a priority and produce a submission. |
|            |     | Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. Total |   | 25%  | 100% | To be incorporated into the review and re-design by the Digital Midwife.                          |
| IEA7 Total |     |   |   | 71%  | 71%  |   |
| WF         | Q45 | Demonstrate an effective system of clinical workforce planning to the required standard   | Consider evidence of workforce planning at LMS/ICS level given this is the direction of travel of the people plan   | 100% | 100% |   |
|            |     |   | Evidence of reviews 6 monthly for all staff groups and evidence considered at board level.  | 100% | 100% |   |

|  |     |  |   |      |      |  |
|--|-----|--|---|------|------|--|
|  |     |  | Most recent BR+ report and board minutes agreeing to fund.  | 100% | 100% |  |
|  |     | Demonstrate an effective system of clinical workforce planning to the required standard<br>Total   |   | 100% | 100% |  |
|  | Q46 | Demonstrate an effective system of midwifery workforce planning to the required standard?          | Most recent BR+ report and board minutes agreeing to fund.  | 100% | 100% |  |
|  |     | Demonstrate an effective system of midwifery workforce planning to the required standard?<br>Total |   | 100% | 100% |  |
|  | Q47 | Director/Head of Midwifery is responsible and accountable to an executive director                 | HoM/DoM Job Description with explicit signposting to responsibility and accountability to an executive director | 100% | 100% |  |
|  |     | Director/Head of Midwifery is responsible and accountable to an                                    |   | 100% | 100% |  |

|     |  |   |  |      |      |  |
|-----|--|---|--|------|------|--|
|     |  | executive director<br>Total   |  |      |      |  |
| Q48 |  | Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care:       | Action plan where manifesto is not met   | 100% | 100% |  |
|     |  |   | Gap analysis completed against the RCM strengthening midwifery leadership: a manifesto for better maternity care | 100% | 100% |  |
|     |  | Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care: Total |  | 100% | 100% |  |
| Q49 |  | Providers to review their approach to NICE guidelines in maternity and provide assurance  | Audit to demonstrate all guidelines are in date.   | 100% | 100% |  |

# Healthier Communities, Outstanding Care

|          |  |   |   |      |      |  |
|----------|--|---|---|------|------|--|
|          |  | that these are assessed and implemented where appropriate.  | Evidence of risk assessment where guidance is not implemented.                  | 100% | 100% |  |
|          |  |   | SOP in place for all guidelines with a demonstrable process for ongoing review. | 100% | 100% |  |
|          |  | Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Total |   | 100% | 100% |  |
| WF Total |  |   |   | 100% | 100% |  |

Official

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To:

- NHS Trust and Foundation Trust:
  - Chief Executives
  - Chairs
  - Chief Nurses
  - Chief Midwives
  - Medical Directors
- ICS leads and Chairs
- LMNS/LMS leads
- CCG Accountable Officers

Skipton House  
80 London Road  
London  
SE1 6LH

1 April 2022

CC:

- Regional chief nurses
- Regional chief midwives
- Regional medical directors
- Regional obstetricians

Dear colleagues

## **Ockenden – Final report**

The [Ockenden – Final report](#) from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust was published on 30 March.

Donna Ockenden and her team have set out the terrible failings suffered by families at what should have been the most special time of their lives. We are deeply sorry for the loss and the heartbreak they have had to endure.

This report must act as an immediate call to action for all commissioners and providers of maternity and neonatal services who need to ensure lessons are rapidly learned and service improvements for women, babies, and their families are driven forward as quickly as possible.

NHS England and NHS Improvement are working with the Department of Health and Social Care to implement the 15 Immediate & Essential Actions (IEAs) and every trust, ICS and LMS/LMNS Board must consider and then act on the report's findings.

We have announced significant investment to kick-start transformation of maternity services with [investment of £127 million](#) over the next two years, on top of the £95 million annual increase that was started last year. This will fund further workforce expansion, leadership development, capital to increase neonatal cot capacity, additional support to LMS/LMNS and retention support. We will set out further information in the coming weeks.

Your Board has a duty to prevent the failings found at Shrewsbury and Telford Hospitals NHS Trust happening at your organisation / within your local system. The Ockenden report should be taken to your next public Board meeting and be shared

with all relevant staff – we strongly recommend everyone reads it, regardless of their role. After reviewing the report, you should take action to mitigate any risks identified and develop robust plans against areas where your services need to make changes, paying particular attention to the report's four key pillars:

1. Safe staffing levels
2. A well-trained workforce
3. Learning from incidents
4. Listening to families

The report illustrates the importance of creating a culture where all staff feel safe and supported to speak up. We expect every trust board to have robust Freedom to Speak Up training for all managers and leaders and a regular series of listening events. A dedicated maternity listening event should take place in the coming months. We will soon publish a revised national policy and guidance on speaking up.

Staff in maternity services may need additional health and wellbeing support. Please signpost colleagues to local support services or [national support for our people](#).

The report highlights the importance of listening to women and their families. Action needs to be taken locally to ensure women have the necessary information and support to make informed, personalised and safe decisions about their care.

It includes a specific action on continuity of carer: *'All trusts must review and suspend if necessary, the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts.'* (IEA 2, Safe Staffing page 164)

In line with the maternity transformation programme, trusts have already been asked to submit their MCoC plans by 15 June 2022. In doing so, they must take into account this IEA in ensuring that safe midwifery staffing plans are in place. Trusts should therefore immediately assess their staffing position and make one of the following decisions for their maternity service:

1. Trusts that can demonstrate staffing meets safe minimum requirements can continue existing MCoC provision and continue to roll out, subject to ongoing minimum staffing requirements being met for any expansion of MCoC provision.
2. Trusts that cannot meet safe minimum staffing requirements for further roll out of MCoC, but can meet the safe minimum staffing requirements for existing MCoC provision, should cease further roll out and continue to support at the current level of provision or only provide services to existing women on MCoC pathways and suspend new women being booked into MCoC provision.
3. Trusts that cannot meet safe minimum staffing requirements for further roll out of MCoC and for existing MCoC provision, should immediately suspend existing MCoC provision and ensure women are safely transferred to alternative maternity pathways of care, taking into consideration their individual needs; and any midwives in MCoC teams should be safely supported into other areas of maternity provision.

Boards must also assure themselves that any recent reviews of maternity and neonatal services have been fully considered, actions taken, and necessary assurance of implementation is in place.

We expect there will be further recommendations for maternity and neonatal services to consider later this year given other reviews underway. We are committed to consolidating actions to ensure a coherent national delivery plan.

However, there can be no delay in implementing local action that can save lives and improve the care women and their families are receiving now.

In the 25 January 2022 [letter](#) we asked you to set out at a Public Board your organisation's progress against the seven IEAs in the interim Ockenden report before the end of March 2022. Your position should be discussed with your LMS and ICS and reported to regional teams by 15 April 2022. We will be publishing a detailed breakdown of these returns and compliance by Trust with the first Ockenden IEAs at NHSE/I public Board in May. Your trust also needs to provide reliable data to the regular provider workforce return, with executive level oversight.

For organisations without maternity and neonatal services, this report must still be considered, and the valuable lessons digested.

We know you will be as determined as we are to ensure the NHS now makes the changes that will prevent other families suffering such devastating pain and loss.

Yours sincerely



**Amanda Pritchard**

NHS Chief Executive



**Ruth May**

Chief Nursing Officer



**Professor Stephen Powis**

National Medical Director

## Board of Directors Meeting - Cover Sheet

|  |  |   |  |                                |
|--|--|---|--|--------------------------------|
| <b>Subject:</b>  | Ockenden Final Report 30 <sup>th</sup> March 2022  | <b>Date:</b> 4 <sup>th</sup> April 2022           |  |                                |
| <b>Prepared By:</b>  | Paula Shore, Divisional Head of Nursing and Midwifery<br>Susanna Al-Samarrai, Service Director |   |  |                                |
| <b>Approved By:</b>  | Julie Hogg, Chief Nurse  |   |  |                                |
| <b>Presented By:</b>   | Julie Hogg, Executive Board Safety Champion & Clare Ward, Non-executive Board safety champion  |   |  |                                |
| <b>Purpose</b>   |  |   |  |                                |
| To provide the board an overview into the recently published report into Maternity Services at Shrewsbury and Telford Hospitals, it's impact and actions required at Sherwood Forest Hospitals.  |  |   | <b>Approval</b>                          |                                |
|  |  |   | <b>Assurance</b>                         | <b>x</b>                       |
|  |  |   | <b>Update</b>                            | <b>x</b>                       |
|  |  |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>  |  |   |  |                                |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b>   | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| <b>x</b>   | <b>X</b>   | <b>X</b>  | <b>x</b>                                 |                                |
| <b>Overall Level of Assurance</b>  |  |   |  |                                |
|  | <b>Significant</b>   | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|  |  | <b>x</b>  |  |                                |
| <b>Risks/Issues</b>  |  |   |  |                                |
| <b>Financial</b>   |  |   |  |                                |
| <b>Patient Impact</b>  | <b>x</b>   |   |  |                                |
| <b>Staff Impact</b>  | <b>X</b>   |   |  |                                |
| <b>Services</b>  | <b>x</b>   |   |  |                                |
| <b>Reputational</b>  | <b>x</b>   |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>   |  |   |  |                                |
| <b>None</b>  |  |   |  |                                |
| <b>Executive Summary</b>   |  |   |  |                                |
| <p>Following the publication of the interim report in December 2020, the final Ockenden report containing the findings, conclusions and essential actions from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust was published on 30th March 2022.</p> <p>The first report outlined the Local Actions for Learning (LAfL) and Immediate and Essential Actions (IEAs) to be implemented at the Trust and across the wider maternity system in England.</p> <p>This report builds upon the first in that all the LAfL and IEAs within that report remain important and must be progressed. A number of new themes have been identified with the creation of further Local Actions for Learning for the Trust and Immediate and Essential Actions, which must be implemented by The Shrewsbury and Telford Hospital NHS Trust with the IEAs considered by all Trusts across England in a timely manner.</p> <p>Sherwood Forest Hospitals have declared full compliance to six out of the seven IEAs with the remanding requiring further working with newly appointed interim Chair of the Maternity Voice Partnerships to achieve full compliance. The new 15 IEAs are currently under review in preparation for the self-assessed return.</p> |  |   |  |                                |

## Overview

The review team examined the maternity care given to 1,486 families resulting in 1,592 clinical incidents, with the majority being over the time period 2000 to 2019.

In addition to the Trust's internal investigation and governance processes being reviewed, external reports into the Trust's maternity services over these years (national regulatory reports and locally commissioned reports) as well as ombudsman and coroner's reports have been scrutinised.

Alongside the 7 IEAs from the interim report that Trusts are providing assurance against, a further 60 local actions for SaTH have been identified. In addition, a further 15 IEAs have been developed for all organisations to implement, with particular attention being drawn to:

- Safe staffing levels
- A well-trained workforce
- Learning from incidents
- Listening to families

The final report has built on the concerns identified in the interim publication, based on reviews of the Trust's policies and procedures alongside interviews with both families and staff, past and present, to formulate its recommendations.

Themes of concern that run through the report are of an organisation that has failed:

*'It failed to investigate, failed to learn and failed to improve and therefore often failed to safeguard mothers and their babies at one of the most important times in their lives.'*

Areas identified of concern were repeated patterns of poor care, resulting in the identification of significant or major gaps which, if care had been provided appropriately, could have changed the eventual outcome in relation to maternal and neonatal death, stillbirth and avoidable brain injury. This has been compounded by poor quality investigation processes alongside failures in governance and leadership at all levels. There was also criticism of a number of external reviews conducted by external agencies resulting in false reassurance about the Trust's maternity service despite repeated concerns being raised by families, highlighting a persistent failure to listen and believe.

In total more than 60 Local Actions for Learning have been identified specifically for the Trust in light of the care received by the 1,486 families featured in the review. There has been recognition within the report of recent improvement in maternity services at the Trust with increased numbers of senior clinicians employed following the publication of the interim report in December 2020 which should be acknowledged.

It is recognised that many of the issues highlighted in the report are not unique to Shrewsbury and Telford Hospitals NHS Trust and have been highlighted in other local and national reports into maternity services in recent years. This has resulted in the identification of 15 areas as Immediate and Essential Actions which should be considered by all trusts in England providing maternity services. Some of these include: the need for significant investment in the maternity workforce and multi-professional training; suspension of the Midwifery Continuity of Carer model until, and unless, safe staffing is shown to be present; strengthened accountability for improvements in care amongst senior maternity staff, with timely implementation of changes in practice and improved investigations involving families.

Robust and funded maternity-wide workforce planning has been highlighted as essential to address the present and future requirements for midwives, obstetricians, anaesthetists, neonatal teams and associated staff working in and around maternity services. Without this,

maternity services cannot provide safe and effective care for women and babies. In addition, this workforce plan must also focus on significantly reducing the attrition of midwives and doctors since increases in workforce numbers are of limited use if those already within the maternity workforce continue to leave.

Particular reference is made to a specific action on continuity of carer: 'All trusts must review and suspend if necessary, the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts.' In line with the maternity transformation programme, trusts have already been asked to submit their MCoC plans by 15 June 2022. In doing so, they must take into account this IEA in ensuring that safe midwifery staffing plans are in place.

The immediate and essential areas for proposed national action from the report are:

|  |                       |
|--|-----------------------|
| Workforce planning and sustainability              | Preterm birth         |
| Safe staffing                                      | Labour and birth      |
| Escalation and accountability                      | Obstetric anaesthesia |
| Clinical governance (leadership)                   | Postnatal care        |
| Clinical governance (investigation and complaints) | Bereavement care      |
| Learning from maternal deaths                      | Neonatal care         |
| Multidisciplinary training                         | Supporting families   |
| Complex antenatal care                             |                       |

## Next steps

Trusts have been asked to set out at Public Board their organisation's progress against the seven IEAs in the interim Ockenden report before the end of March 2022. That position should have been discussed with their LMNS and ICS and reported to regional teams by 15 April 2022. A detailed breakdown of these returns and compliance by Trust with the first Ockenden IEAs will be published at NHSE/I public Board in May 2022.

The Sherwood Forest response has followed the timeframe and has gone to the LMNS prior to the region submission on the 15<sup>th</sup> of April.

Trusts will now be requested to self-assess their current position against the 15 Immediate and Essential Actions (IEAs) in the Ockenden Report and provide assurance of effective implementation to their boards using a nationally developed assurance and assessment tool.

At Sherwood Forest Hospitals we have started the process of starting to self-assess using our previous governance frameworks for reporting.

## Recommendation

That Board members note the contents of the report

**Appendix 1**

**(Quality Committee (March 2022)) - Cover Sheet**

|  |   |   |  |                                |
|--|---|---|--|--------------------------------|
| <b>Subject:</b>  | Hospital Standardised Mortality Ratio (HSMR) Update                           |   | <b>Date: 15<sup>th</sup> March 2022</b>  |                                |
| <b>Prepared By:</b>  | Nigel Marshall (Medical Examiner and Project Advisor to the Medical Director) |   |  |                                |
| <b>Approved By:</b>  | David Selwyn (Medical Director)   |   |  |                                |
| <b>Presented By:</b>   | David Selwyn / Nigel Marshall   |   |  |                                |
| <b>Purpose</b>   |   |   |  |                                |
| To provide Quality Committee with an update on the Hospital Standardised Mortality Ratio (HSMR) and schedule of work   |   |   | <b>Approval</b>                          |                                |
|  |   |   | <b>Assurance</b>                         |                                |
|  |   |   | <b>Update</b>                            | X                              |
|  |   |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>  |   |   |  |                                |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b>                            | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| X  |   |   | X  |                                |
| <b>Overall Level of Assurance</b>  |   |   |  |                                |
|  | <b>Significant</b>  | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|  |   |   | X  |                                |
| <b>Risks/Issues</b>  |   |   |  |                                |
| <b>Financial</b>   | <b>Potential litigation</b>   |   |  |                                |
| <b>Patient Impact</b>  | <b>Potentially, dependent on implications</b>                                 |   |  |                                |
| <b>Staff Impact</b>  | <b>Limited</b>  |   |  |                                |
| <b>Services</b>  | <b>Limited</b>  |   |  |                                |
| <b>Reputational</b>  | <b>Significant, with external regulator interest</b>                          |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>   |   |   |  |                                |
| <b>Original paper presented to Quality Committee (November 2020) with subsequent updates (previous update 8<sup>th</sup> November 2021).</b>   |   |   |  |                                |
| <b>Executive Summary</b>   |   |   |  |                                |
| <p><b>Summary:</b></p> <ul style="list-style-type: none"> <li>New methodology, applied by Dr Foster, is now being used for monthly reporting. However, the presence of a high number of residual codes and issues with data submission have led to the need to lag data reporting by one-month. This is actively being investigated between the Trust and Dr Foster.</li> <li>Latest HSMR has seen a recent rise but there are a few factors impacting this, including the recent re-modelling (see below).</li> <li>SHMI remains "as expected"</li> <li>We continue to work closely with Dr Foster to ensure best use of data in supporting review of the overall picture, trends and outlier areas (both historical and current)</li> </ul> <p><b>The Quality Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>Note recent changes to methodology and potential impact on relative risk seen by the Trust, but also nationally.</li> <li>Acknowledge the challenge to accurate and reporting due to residual code issues.</li> <li>Recognise the HSMR continues to be utilised in supporting identification and pursuit of areas where we can continue to improve the quality of our patient care.</li> <li>Note the update to project / focus areas and continued challenge, into the system, for comprehensive and achievable action plans around areas highlighted for improvement.</li> <li>Support continued monitoring, using the Learning from Deaths (LfD) Group as a vehicle to</li> </ul> |   |   |  |                                |

provide formal challenge and scrutiny.

**Recent HSMR changes:**

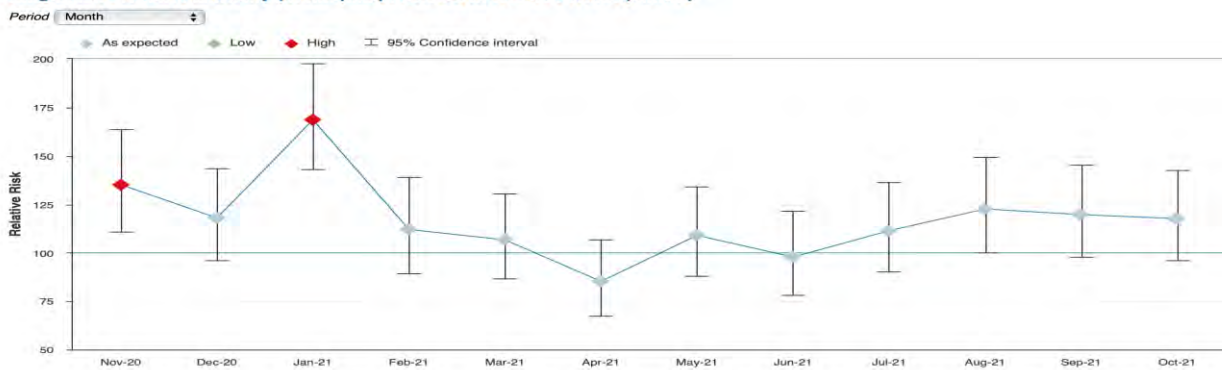
- April 2020 was reported as an exceptional month, seeing high deaths against low admissions; this month has now moved out of the dataset (most recent year of benchmarking).
- The modelling is still “volatile” as it includes COVID (ref April 2020). However, the previous “over-adjustment”, as a result of Covid, is felt to have now “normalised” BUT for those Trusts with high Covid activity (incl. SFHT) there may be a disproportionate rise compared to peers.
- National HSMR has now reverted to a baseline of 100, potentially providing assurance of the increasing stability of the model.
- An overall, greater observed increase volume of deaths v a lower expected (due to historical and adjustments) has given a disproportionate rise in Relative Risk (National 2-point change v SFH 4-point change). A decreasing trend in palliative care coding has also resulted in a decreasing trend in expected numbers which is different to peers (regional and national), further adding to the disproportionate rise.
- Despite this rise in Relative Risk, the actual position of the trust, in terms of benchmarking against peers, has seen little movement in the last few months indicating a degree of stability.

**SFH HSMR Highlights:**

- Latest HSMR monthly reporting covers the 12-month period Nov 2020 – Oct 2021
  - High numbers of residual codes were reported in latest data; a one-month “lag” is currently being used to show the most accurate and up to date reflection of position.
  - In addition, review highlighted potential incomplete data submission (Month 8), further supporting the need to time-lag reporting.
- Nationally, many trusts have seen a rise in HSMR.
- HSMR at SFHT has risen with a few factors impacting this (highlighted below), including the latest approach to modelling.
  - **HSMR 117.0 (108.8 ex-covid)- Above Expected**
    - To be “as expected”, there would need to be a 9-10pt reduction.
  - **SMR 123.2 (109.3 ex-covid)- High**
  - **SHMI 97.45- As Expected**
- Reporting (February 2022) highlights 7 alerting diagnosis groups, including:
  - Inflammation of the eye, Coagulation / Haemorrhagic disorders, Viral infections, Epilepsy, Respiratory failure, Deficiency and anaemia, COPD (see below)
  - \*\*Removal of Covid-19 activity removes epilepsy and viral infections from these alerts.
- Low Palliative coding continues to be highlighted as a key influencer on HSMR but not SHMI.

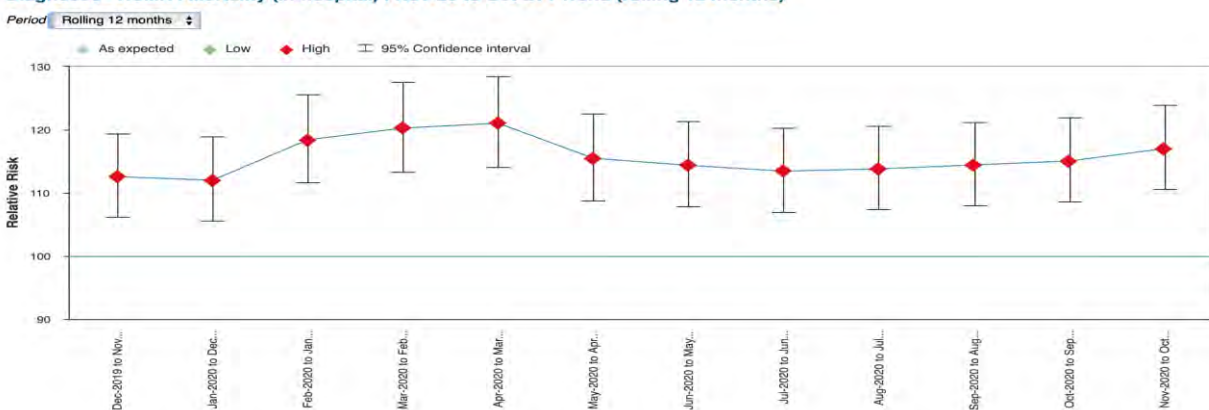
**HSMR Monthly Trend (Nov 2020 – Oct 2021)**

Diagnoses - HSMR | Mortality (in-hospital) | Nov-20 to Oct-21 | Trend (month)



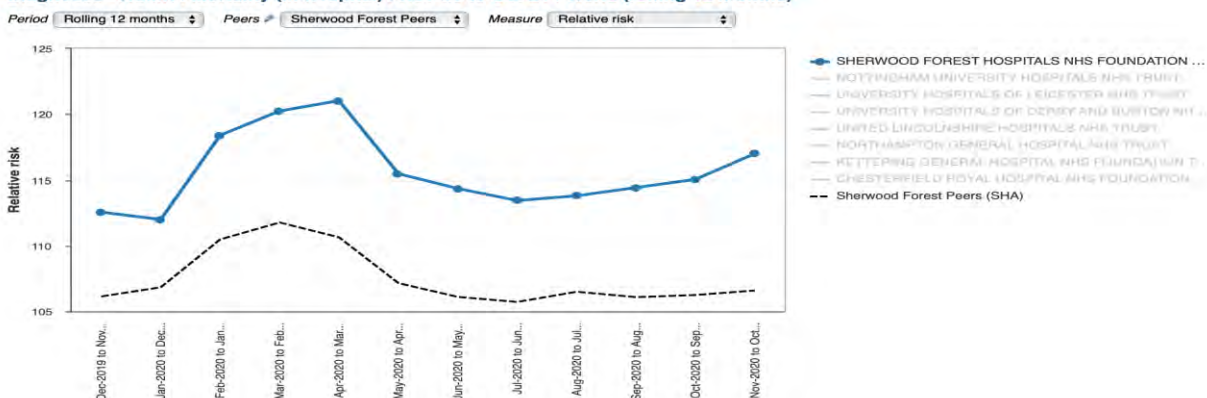
## HSMR 12 month Rolling Trend (Nov 20-Oct 21)

Diagnoses - HSMR | Mortality (in-hospital) | Nov-20 to Oct-21 | Trend (rolling 12 months)



## HSMR 12-month Peer comparison

Diagnoses - HSMR | Mortality (in-hospital) | Nov-20 to Oct-21 | Trend (rolling 12 months)



## Covid reporting:

- Covid appears to have a greater impact on HSMR in Trusts where they have seen a “3<sup>rd</sup> spike”. SFHT activity is currently being evaluated against peer experience.
- The approach to coding of Covid diagnosis is thought to be different in some Hospital Trusts. Initial scoping would suggest SFH are coding and maintaining codes correctly and in accordance with guidelines. This is reassuring but potentially makes SFH figures appear worse when compared to others who aren’t necessarily following the rules in the same way.
- SFHT has seen rates of 2.1% v 1.6% nationally- this will have impact on overall HSMR and,

alongside our position against peers.

### **Outlier / Project Areas:**

#### **New outlier alerts-**

- New HSMR outliers have created unusual alerts with small volumes of deaths. These have low impact on overall HSMR but still do contribute to the gap between observed and expected.
  - Areas, including Eye infection (3 patients), Coagulation (4 patients) and Epilepsy (8 patients), are awaiting case notes for review to ascertain whether coding errors exist (especially regarding eye infection as this would not be a typical group)

#### **Ca Breast-**

- The value has fallen to “as expected” (and remained) with a recent increased volume activity
- The suggestion has been to monitor trend whilst considering potential Covid effect (including later presentation, greater number).

#### **COPD-**

- Remains an alert but Relative Risk is decreasing
- Primary crude rate is increased but spells have decreased.
- There is a divergent trend when compared to peers (especially expected)
- A meeting was held 01/03/2022 with the Trust Respiratory Clinical Lead who had undertaken a review and felt there were no clear clinical management issues of concern but a question around clerking documentation, use of COPD diagnosis and appropriate coding. This is being discussed in a coding meeting later this week and further review continues.
- Case-mix and Covid diagnosis are also felt to be key influencers in this domain.

#### **ALD-**

- Trend shows a decreased Relative Risk to an “as expected” range
- Work continues to look at general management, demand factors and bundle / front door approach but also outside factors; however, nothing new has been raised through data.
- We are awaiting a report from Specialty teams (Front door / Gastro) as to progress with bundles and management approach.

#### **Fractured Neck of Femur (#NOF)-**

- The Relative Risk is “as expected” although a recent slight increase has been observed, coupled with the historical presence of 3 spikes (Jan 21, June 21, Oct 21)
- The increase is thought to be a result of observed - expected divergence over the past 3 months. It has been suggested to monitor activity data / trends and link in with intelligence received from Medical Examiner / Learning from Deaths.
- Orthopaedics, Anaesthetics and Ortho-geriatrics have made progress with developing a collaborative approach (MDT) to decision making (appropriate, shared and documented rationale) – feedback has been positive and there is an action to mobilise immediately.

#### **Palliative Care-**

- Palliative care coding remains much lower than peers and is felt to have a definite impact on HSMR, both overall but within diagnosis groups.
  - There are plans to assess the inclusion rules around palliative care in the Dr Foster risk model, but a decision has yet to be made and there is no timeline for implementation.
- Internally, a “collaborative” meeting between Specialist Palliative Care, and the Trust (including End of Life Teams and coding team) is due. It is hoped to identify what activity is taking place, documentation and understand capture of coding for data submission.
  - A progress report has been requested regarding mobilisation of agreed actions.

- We have discussed, with Dr Foster, the possibility of looking at other trust models for palliative care provision and coding (recognising the inter-dependency) but also to use the SHMI in conjunction with the HSMR as it is thought this will help support understanding of impact.

**Other points for consideration:**

- What is driving the HSMR (in addition to or including above)?
  - It is felt there is a need to recognising the challenges in using HSMR data, via Dr Foster, as the primary (or even sole) driver to highlight areas for further evaluation. The lag between reporting and original activity often means any spike / trend occurred months in the past.
  - Work is being undertaken to identify how to gain more effective (and timely) intelligence, including triangulation between Medical Examiner scrutiny, in-house specialty review (including SJR process and regular sample audit / review) and trends identified through Learning from Deaths and other processes. It is hoped, this will support identification of issues, sub-optimal management or good practice (i.e., not just related to death) in a more effective manner.
  - It is thought Dr Foster data (and HSMR) should be considered, and used, as more of a “sense check” to support earlier understanding of what may be happening and provide supportive evidence of change due to prior actions.
- The SFH “expected” value is far lower than other trusts with similar activity – this will have a disproportionate resultant Relative Risk.
  - We are trying to understand whether our expected value / case-mix is correct.
  - Palliative care coding is likely to be a main contributor to the lower expected figure.
  - Dr Foster have seen a greater proportion, compared to other trusts, of diagnosis groups with a noticeably different diagnosis on discharge. This may be a result of our methods and point for data capture, related to patient “flow”.

**Quality Committee is asked to:**

- Note recent changes to methodology and potential impact on relative risk seen by the Trust, but also nationally.
- Acknowledge the challenge to accurate and reporting due to residual code issues.
- Recognise the HSMR continues to be utilised in supporting identification and pursuit of areas where we can continue to improve the quality of our patient care.
- Note the update to project / focus areas and continued challenge, into the system, for comprehensive and achievable action plans around areas highlighted for improvement.
- Support continued monitoring, using the Learning from Deaths (LfD) Group as a vehicle to provide formal challenge and scrutiny.
- Acknowledge that we continue to monitor for any triangulation of quality markers which might support the higher than anticipated HSMR



### Q3 Data from ME Office – Acute Adult Deaths

|                   |     |
|-------------------|-----|
| Oct 21            | 154 |
| Nov 21            | 147 |
| Dec 21            | 167 |
| Total = 468 Adult |     |

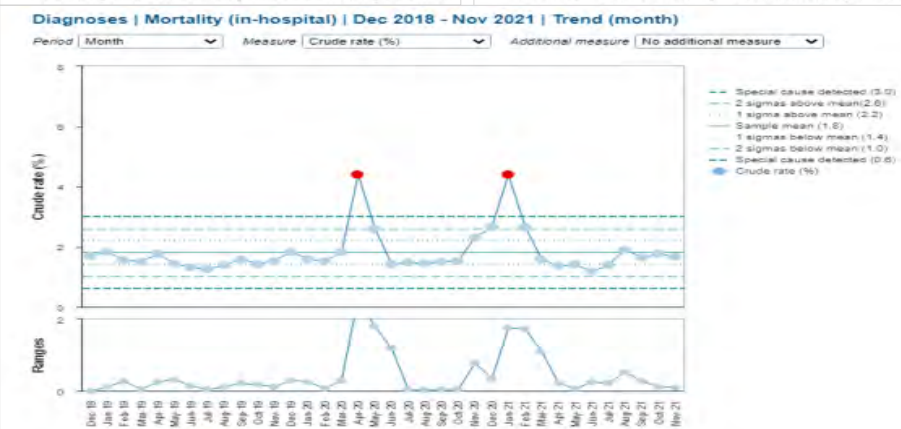
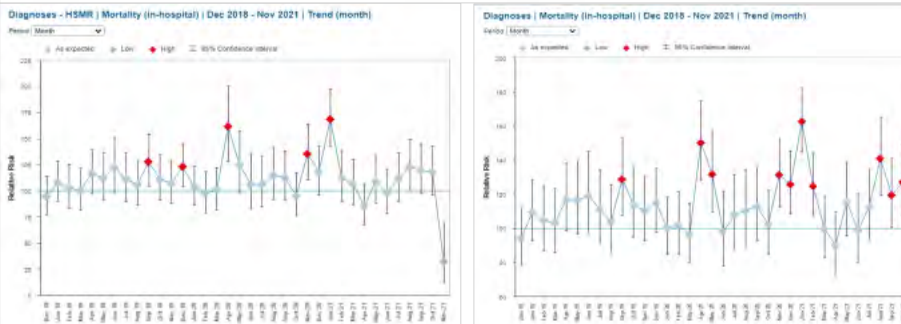
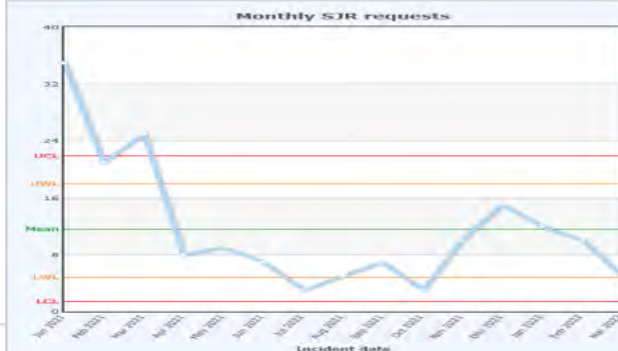
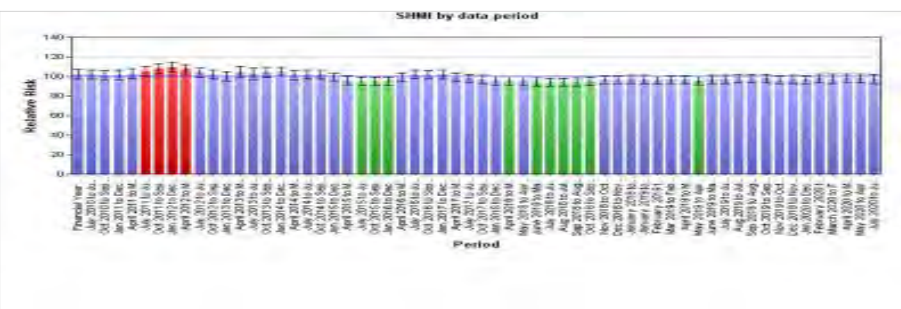
- 100% of all deaths were scrutinised & within the following timeframes –
- Day of death or 1<sup>st</sup> Day after death - 298
- 2<sup>nd</sup> Day after death - 75
- 3<sup>rd</sup> Day after death - 55
- 4<sup>th</sup> Day after death - 23 – Xmas & New Year Bank holidays reflect this figure
- 5<sup>th</sup> Day after death - 16 – Xmas & New Year Bank holidays reflect this figure
- Over 5 days - 1 – This is the only breach in Q3 and relates to a death at Newark which they failed to notify us of.

### Q3 Data from ME Office – Acute Child Deaths

- We had only one reportable in Q3 and this case was scrutinised on day of death.

### Q3 – Data from ME Office – Community Deaths.

- 40 x community deaths were scrutinised during Q3



Good Practice and Learning points

Monthly

Issues raised by the bereaved

Problems in Care



Deaths which have met SI criteria (avoidable deaths)

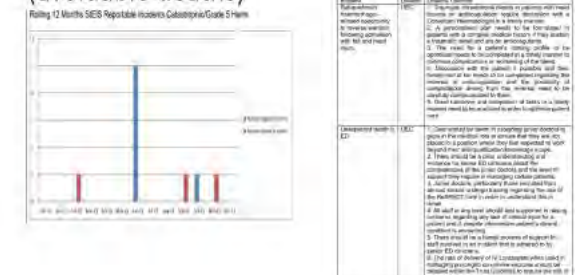


Figure 4.1 Mortality Review Tool at Q2 2021/22

| Inpatient & Emergency Department Deaths | Total | On MRT | % Reviewed |
|---|-------|--------|------------|
| Oct-21                                  | 155   | 121    | 78.1       |
| Nov-21                                  | 147   | 82     | 55.8       |
| Dec-21                                  | 167   | 80     | 47.9       |
| Qtr 1                                   | 321   | 255    | 79.4       |
| Qtr 2                                   | 412   | 320    | 77.7       |
| Qtr 3                                   | 469   | 283    | 60.3       |
| Qtr 4                                   |       |        |            |
| Year 21/22                              | 1202  | 858    | 71.2       |
| Year 20/21                              | 1772  | 1535   | 86.6       |
| Year 19/20                              | 1514  | 1366   | 90.2       |
| Year 18/19                              | 1446  | 1267   | 87.62      |
| Year 17/18                              | 1550  | 1300   | 83.9%      |

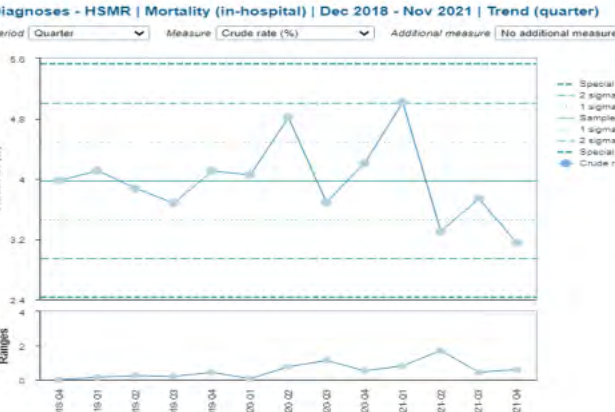
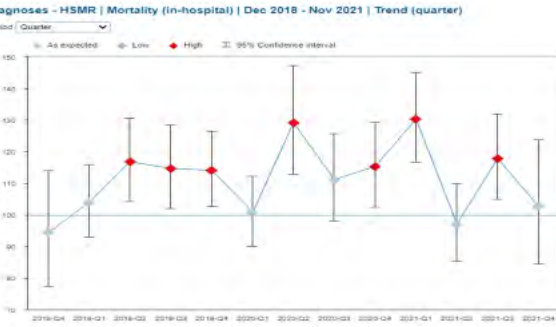
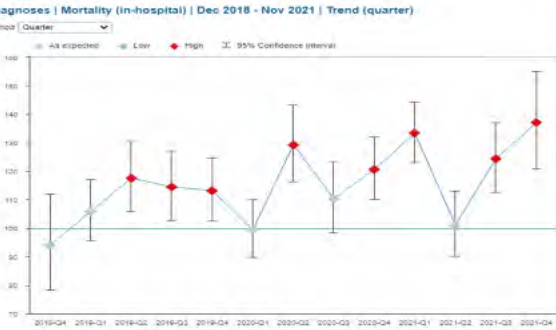
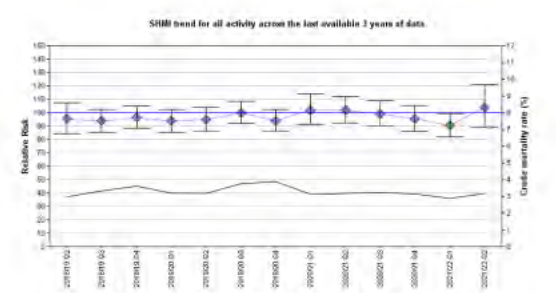
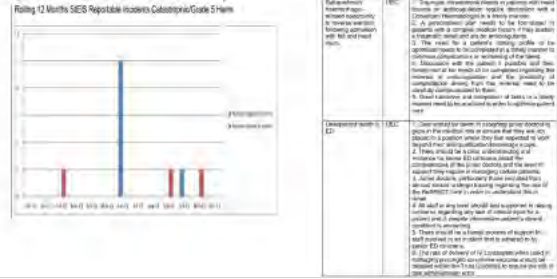
Good Practice and Learning points

Issues raised by the bereaved

Problems in Care



Deaths which have met SI criteria (avoidable deaths)



Q3 Data from ME Office – Acute Adult Deaths

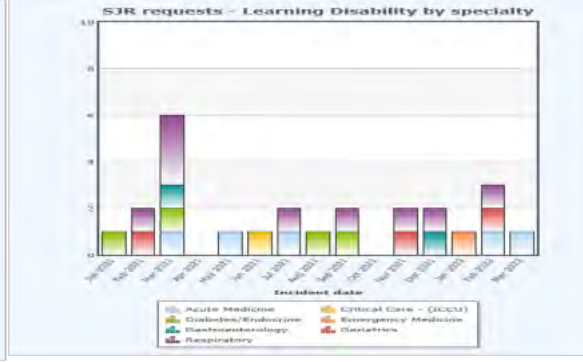
- Oct 21 - 154
- Nov 21 - 147
- Dec 21 - 167 Total = 468 Adult
- 100% of all deaths were scrutinised & within the following timeframes -
- Day of death or 1<sup>st</sup> Day after death - 298
- 2<sup>nd</sup> Day after death - 75
- 3<sup>rd</sup> Day after death - 55
- 4<sup>th</sup> Day after death - 23 - Xmas & New Year Bank holidays reflect this figure
- 5<sup>th</sup> Day after death - 16 - Xmas & New Year Bank holidays reflect this figure
- Over 5 days - 1 - This is the only breach in Q3 and relates to a death at Newark which they failed to notify us of.

Q3 Data from ME Office – Acute Child Deaths

- We had only one reportable in Q3 and this case was scrutinised on day of death.

Q3 – Data from ME Office – Community Deaths.

- 40 x community deaths were scrutinised during Q3



# Macro: Comparators and crude rate

- Definitions- case selection

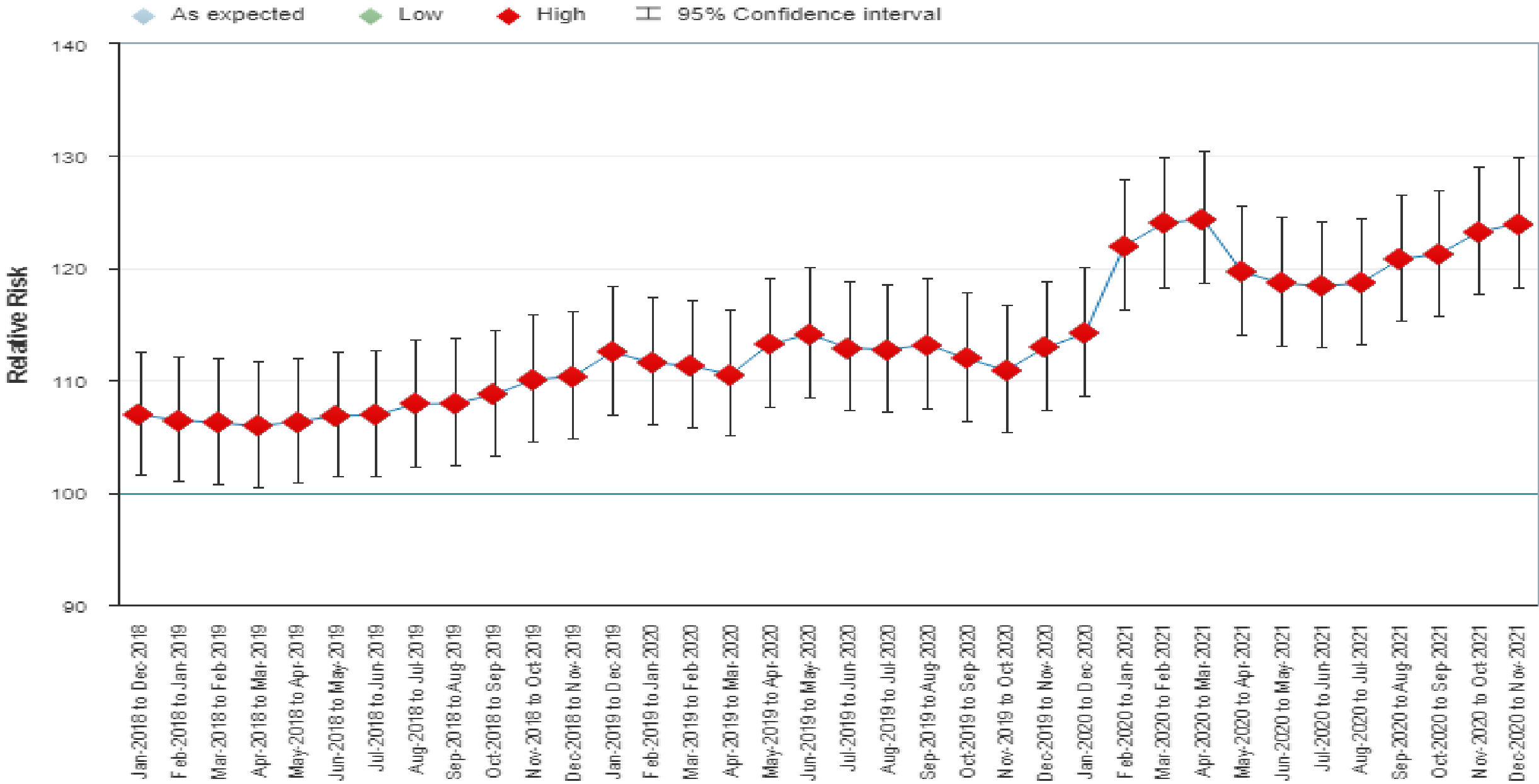
- Diagnoses all in hospital deaths
- Diagnoses (HSMR) deaths in HSMR basket of diagnoses
- SHMI deaths in SHMI basket of diagnoses

- Definitions- data handling

- Relative risk observed vs expected ratio
  - This figure in HSMR basket is what is commonly known as “HSMR” and is typically shown as a 12month rolling average

Diagnoses | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (rolling 12 months)

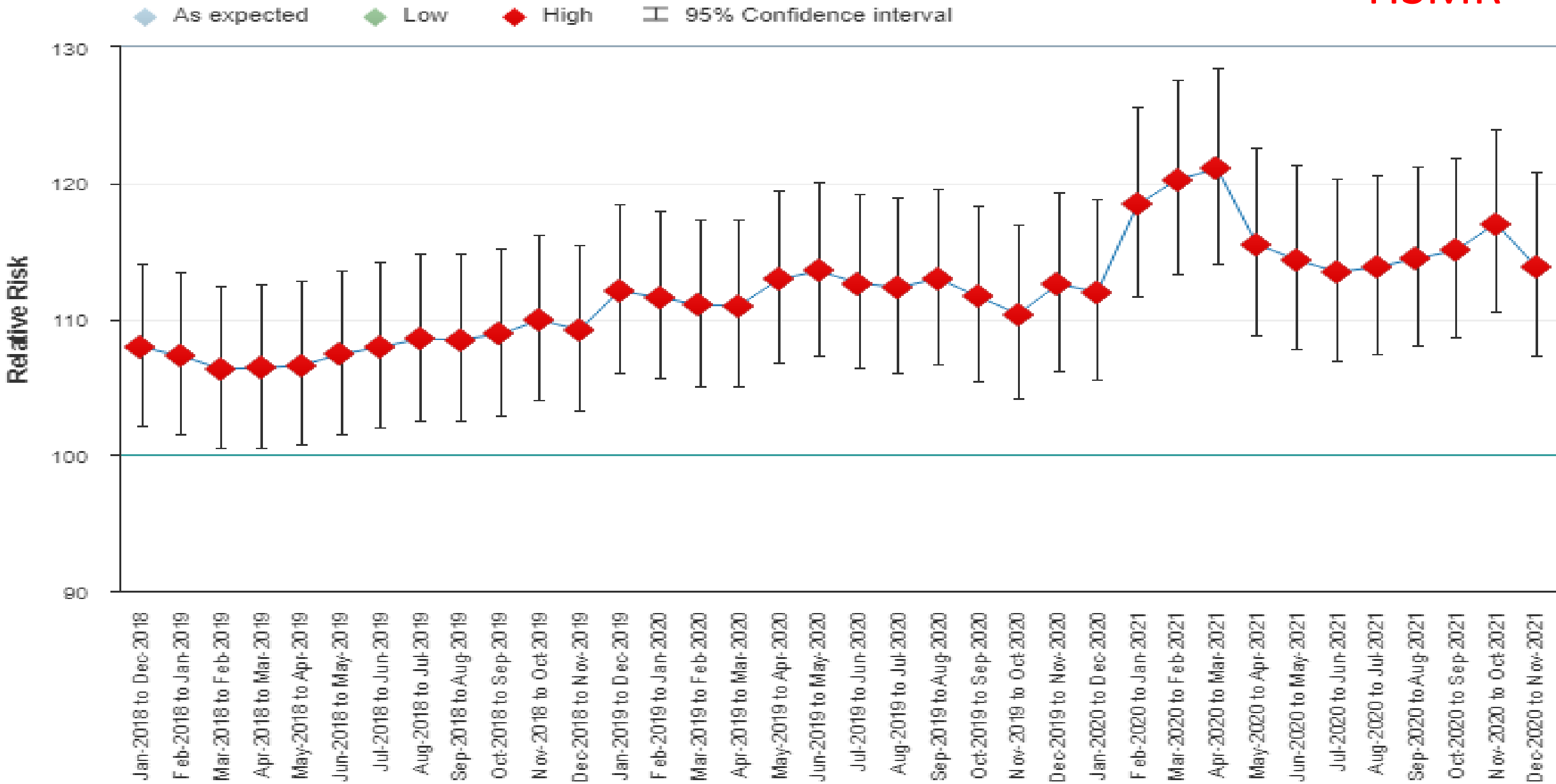
Period Rolling 12 months



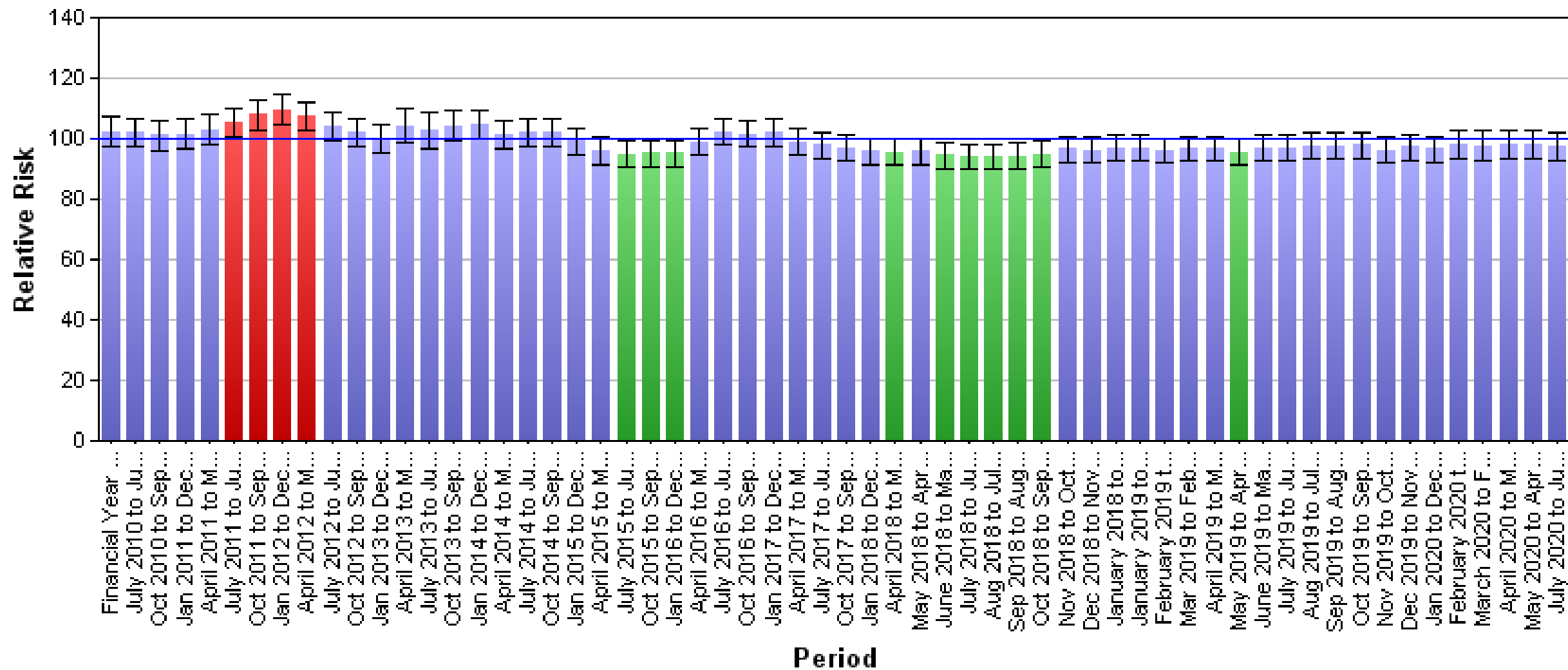
# Diagnoses - HSMR | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (rolling 12 months)

Period Rolling 12 months

“HSMR”

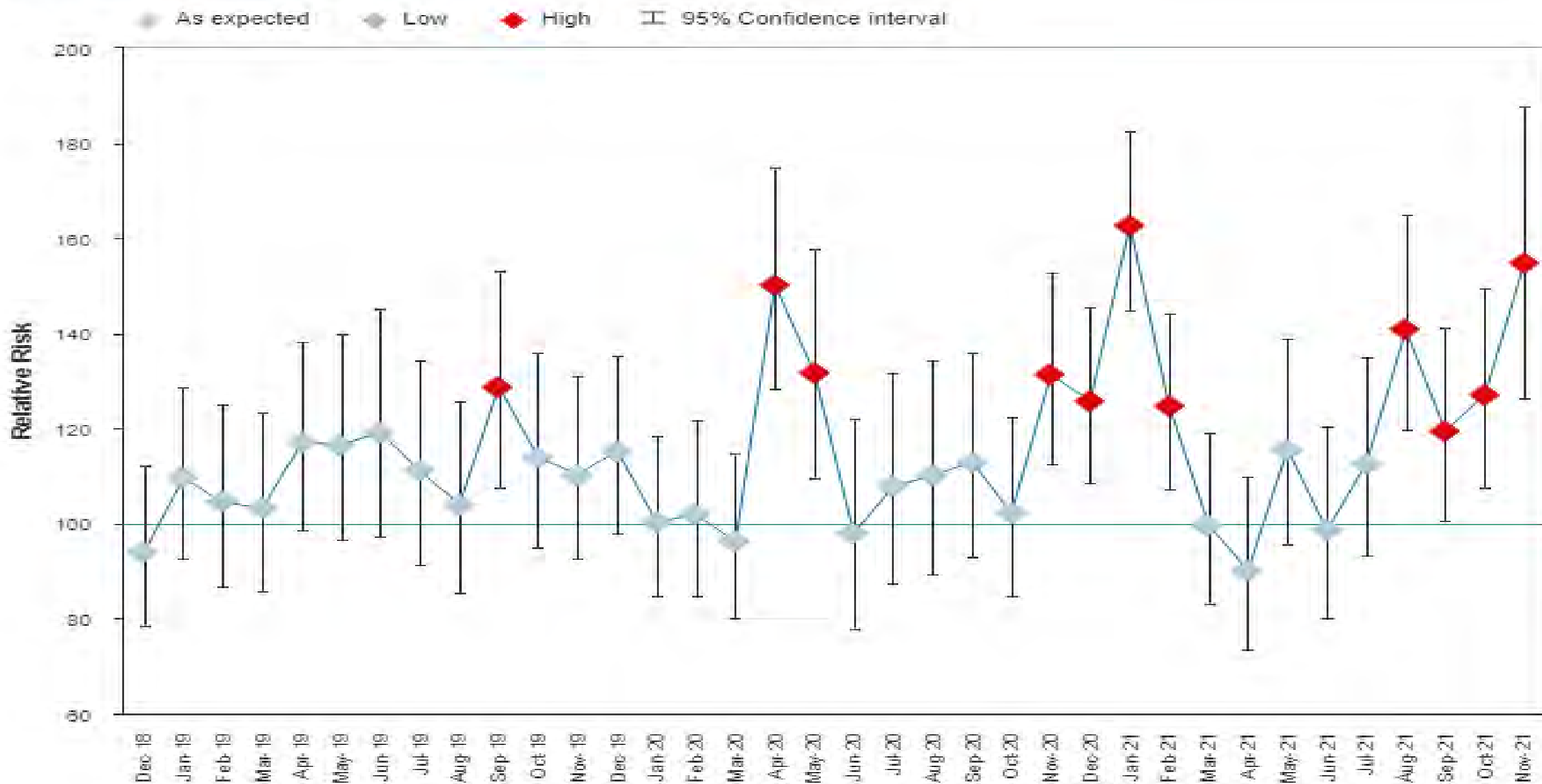


# SHMI by data period



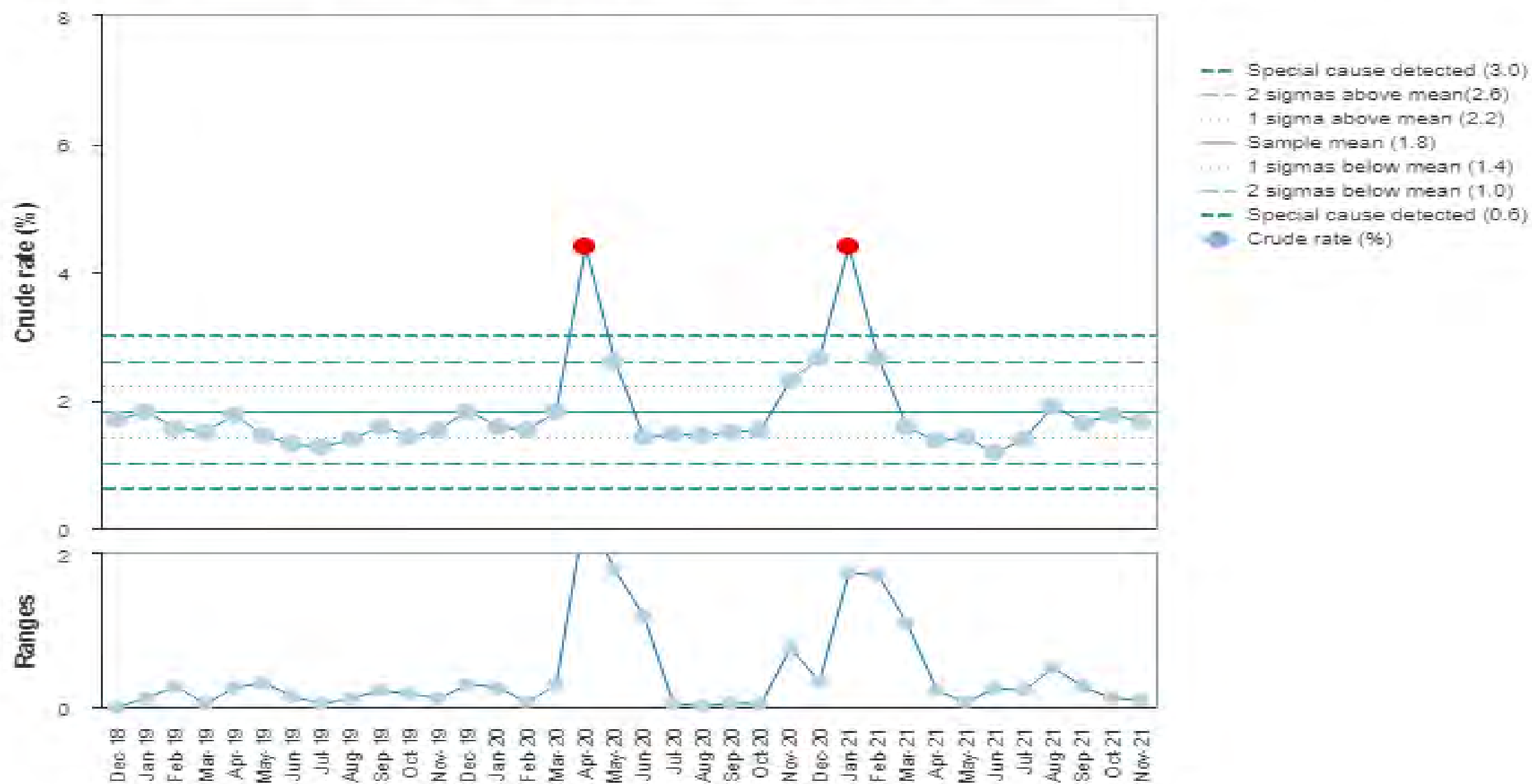
# Diagnoses | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (month)

Period Month ▼



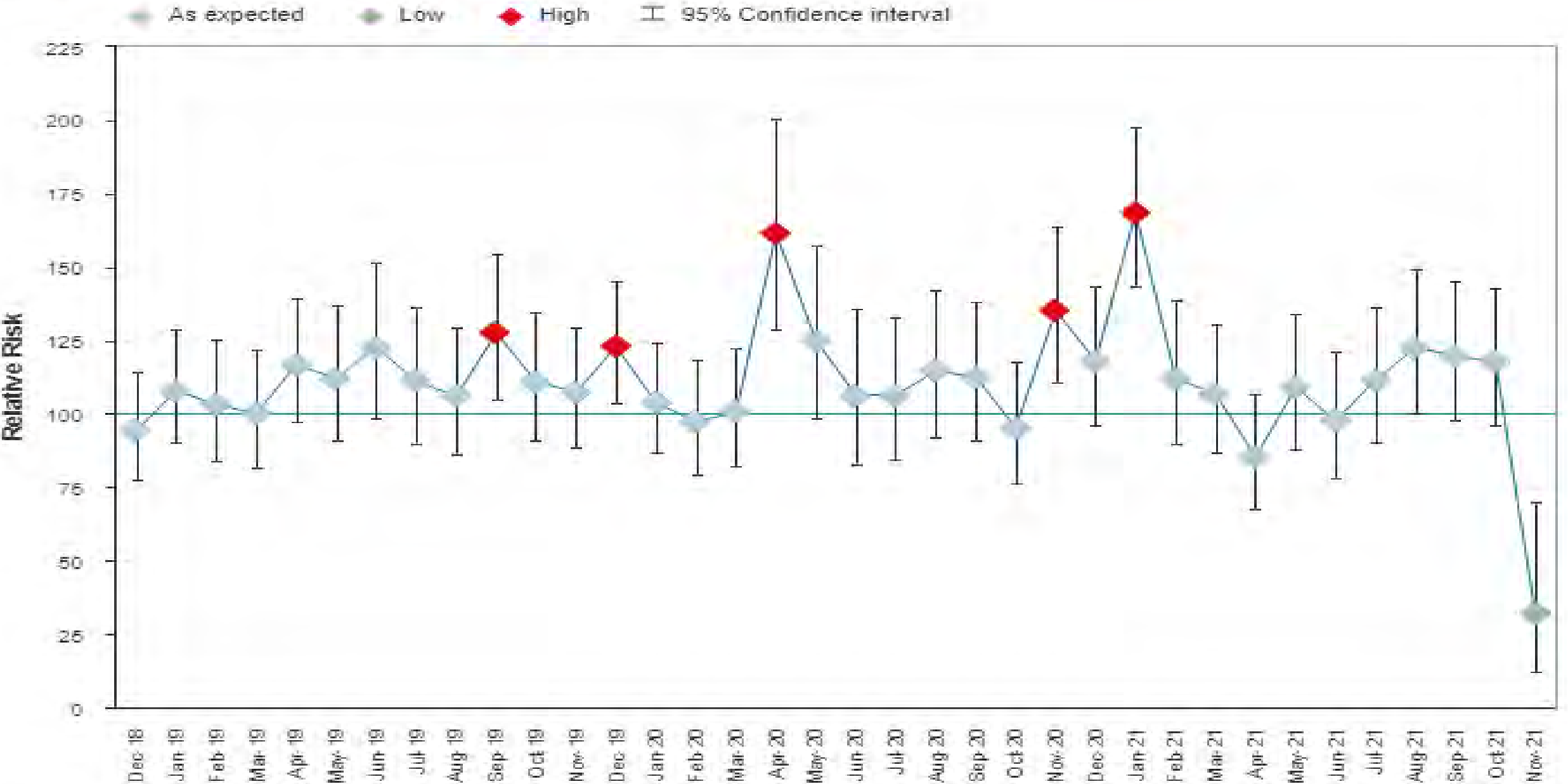
# Diagnoses | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (month)

Period  Measure  Additional measure



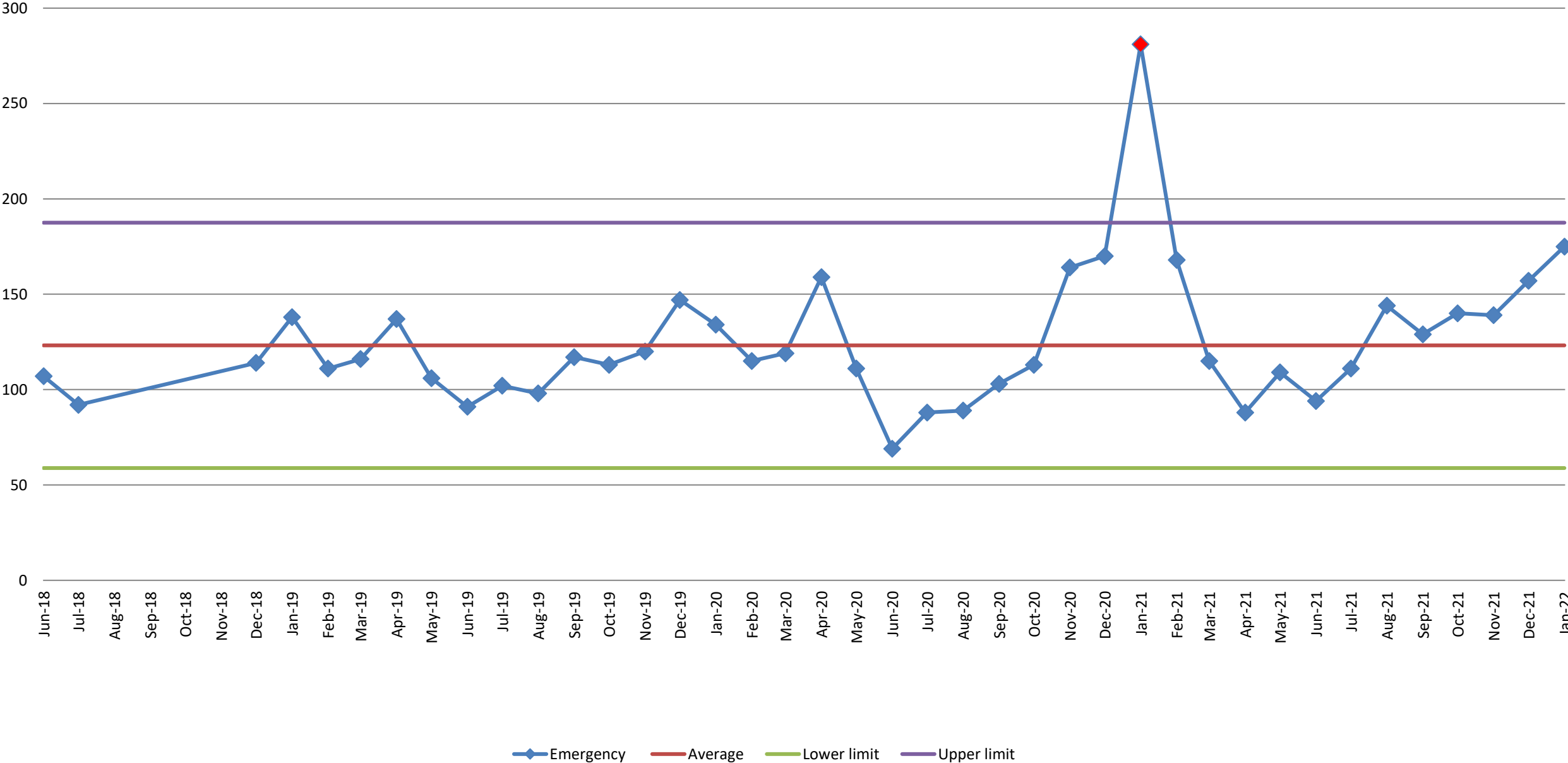
Diagnoses - HSMR | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (month)

Period Month 

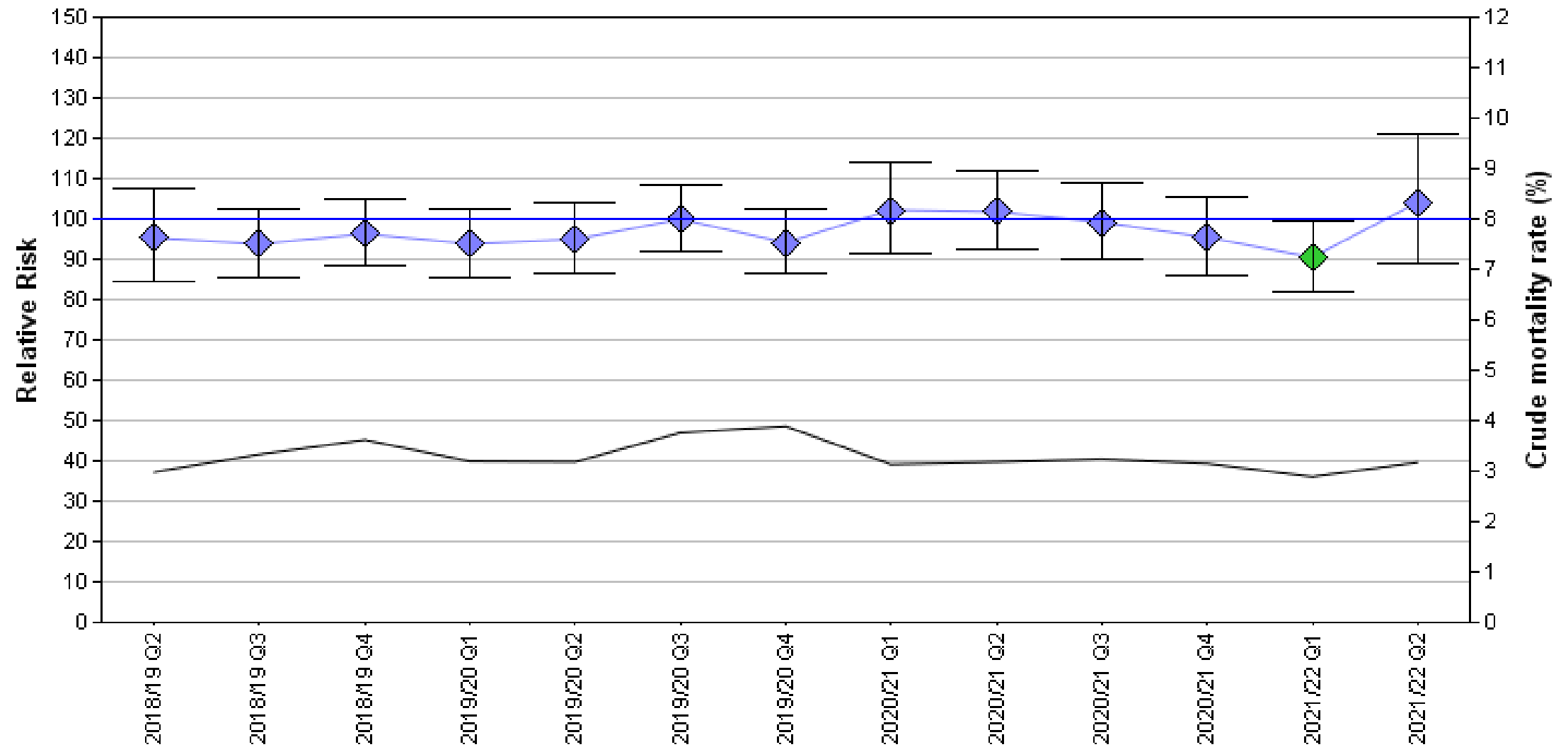


# Emergency Deaths

(January 2018 onwards)

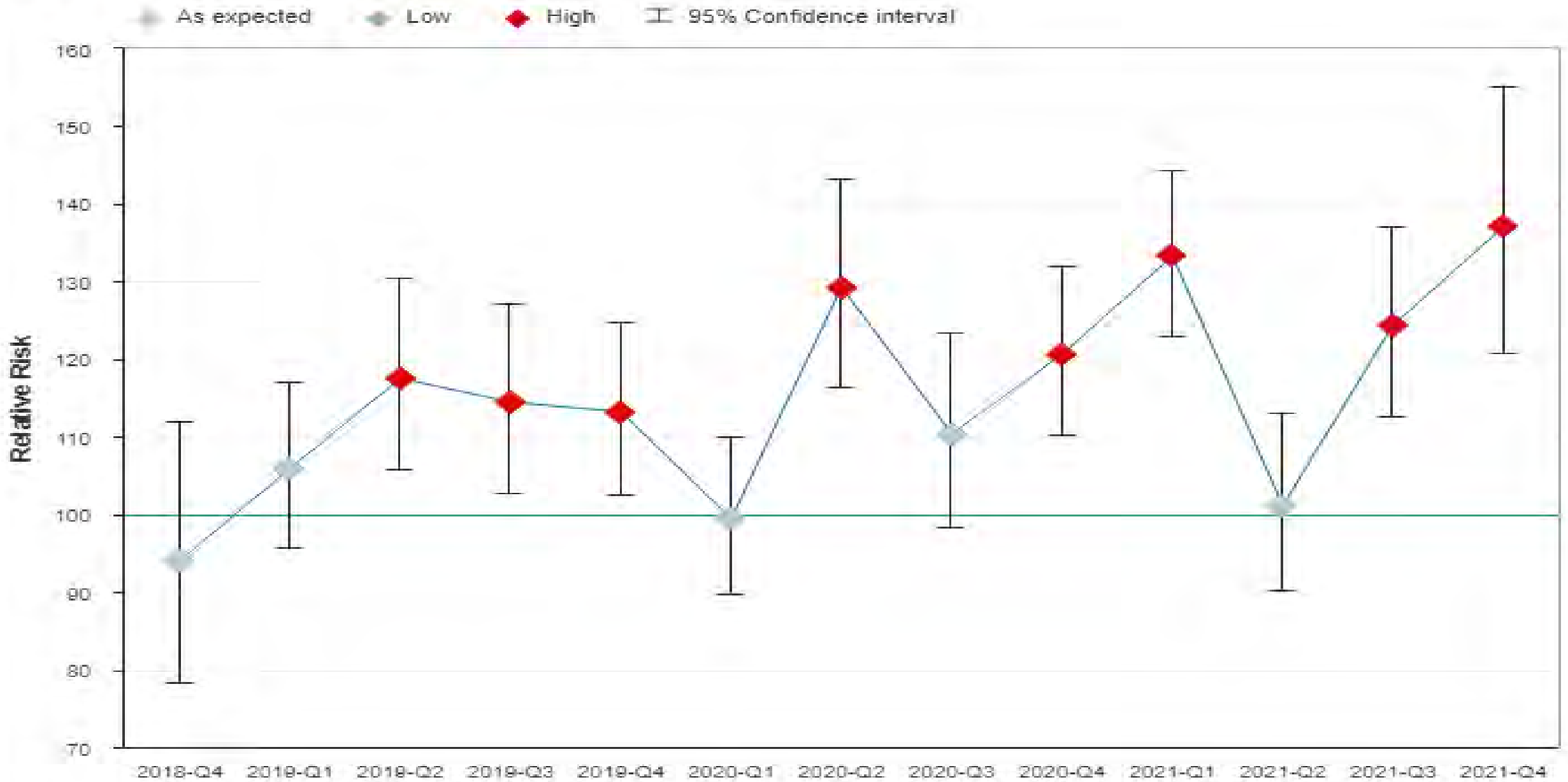


SHMI trend for all activity across the last available 3 years of data



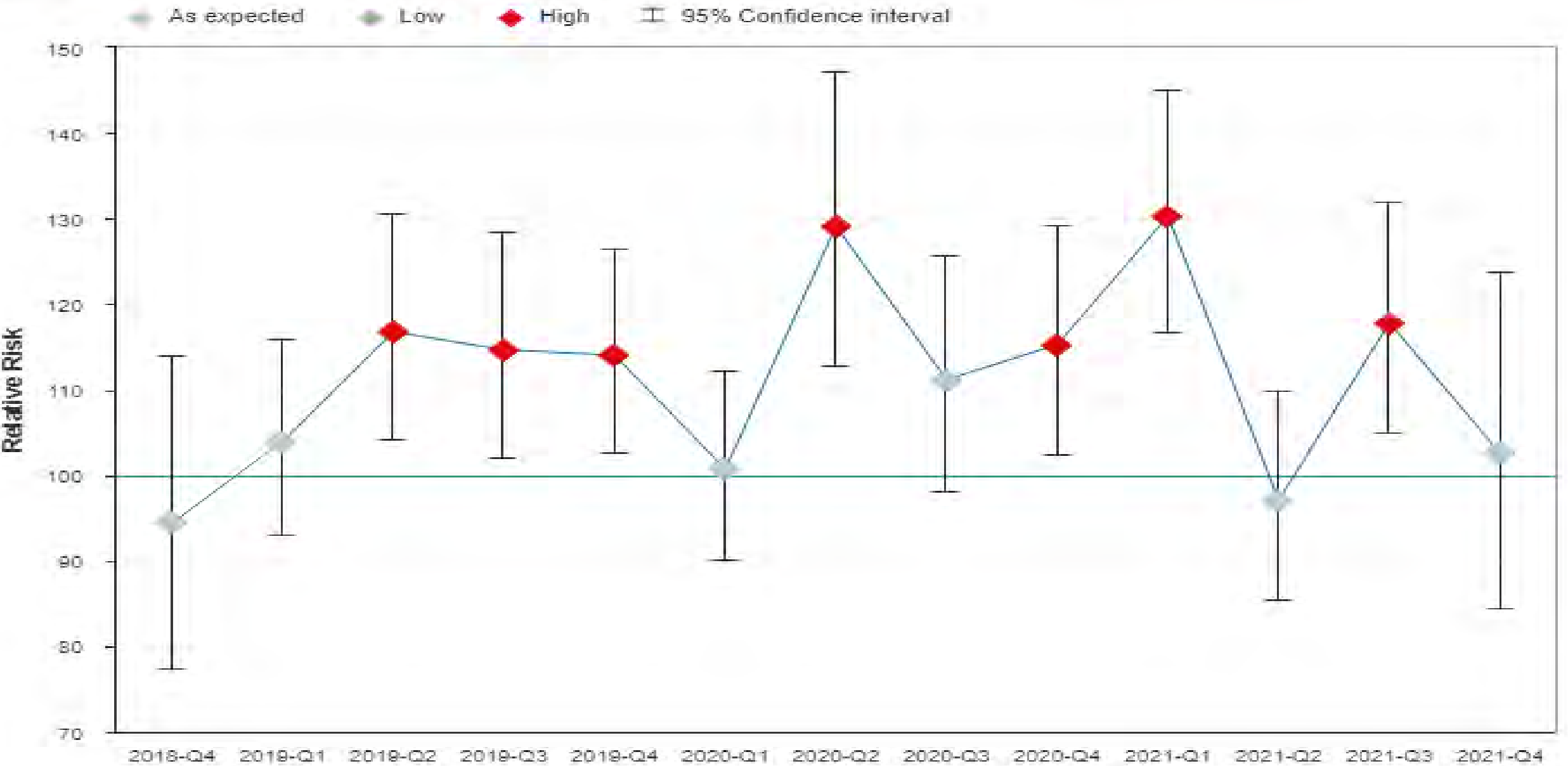
# Diagnoses | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (quarter)

Period



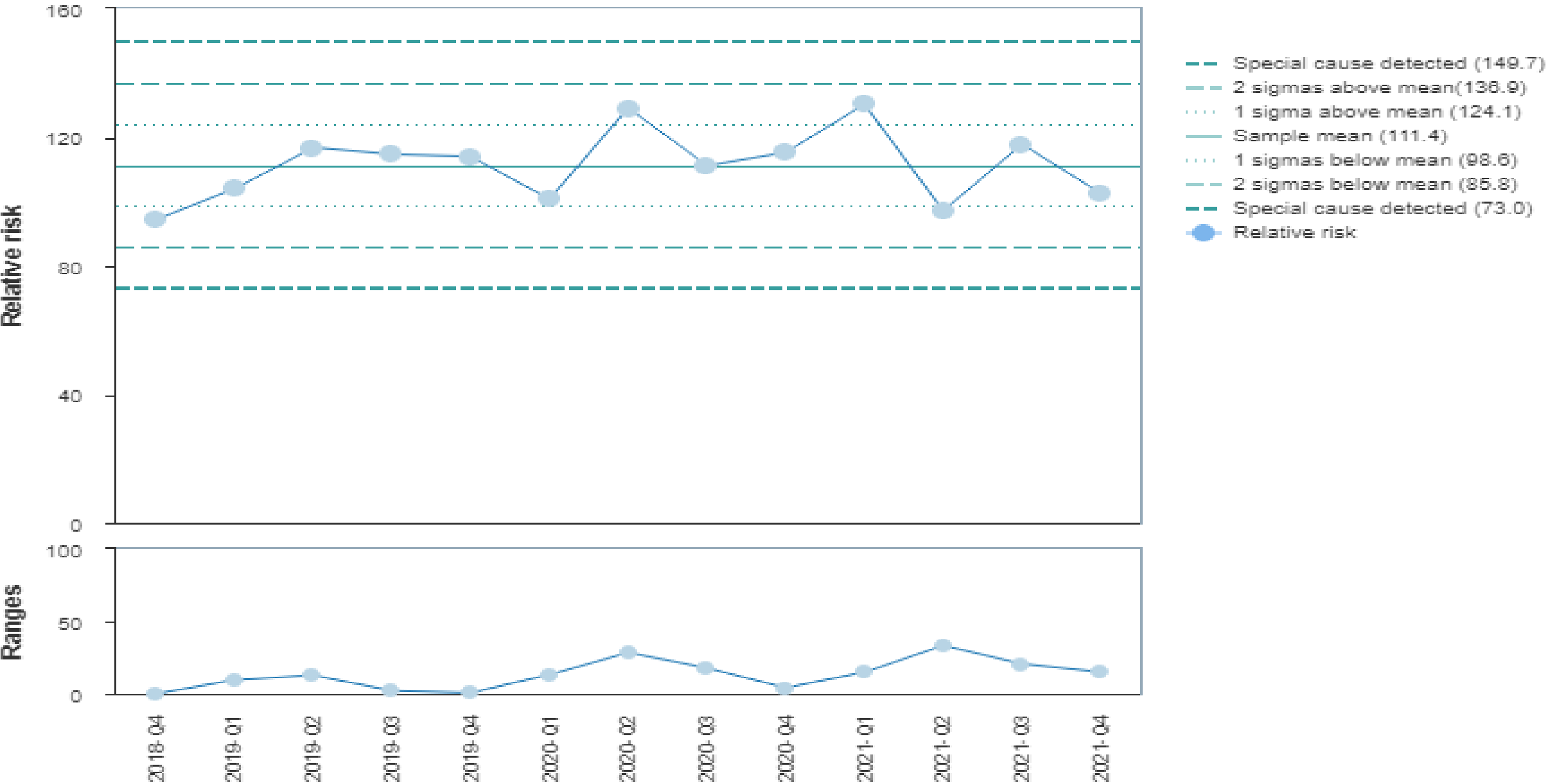
Diagnoses - HSMR | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (quarter)

Period Quarter



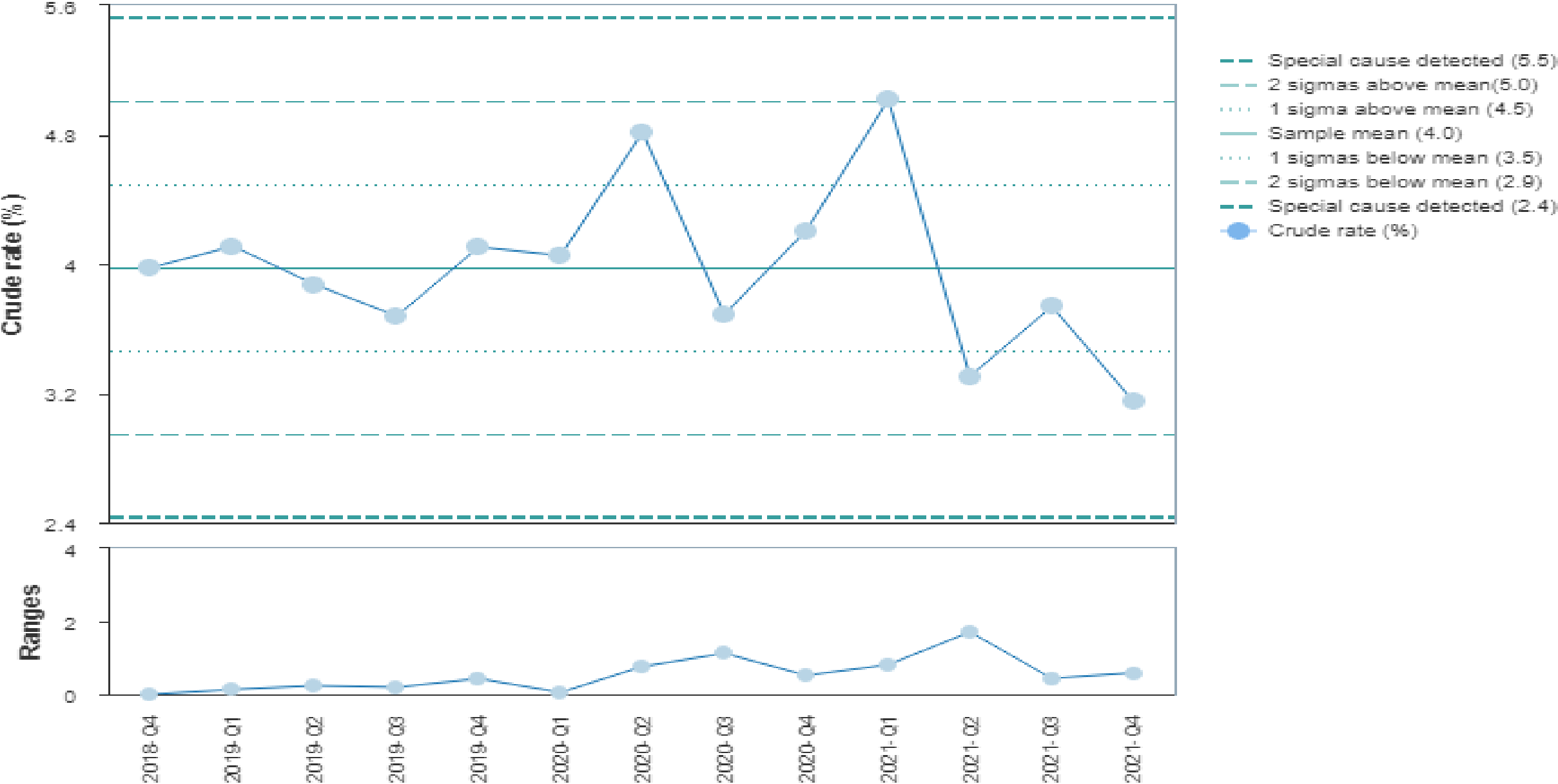
Diagnoses - HSMR | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (quarter)

Period Quarter Measure Relative risk Additional measure No additional measure



Diagnoses - HSMR | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (quarter)

Period Quarter Measure Crude rate (%) Additional measure No additional measure



# Meso: Scrutiny and SJR

**Figure 4.1 Mortality Review Tool at Q2 2021/22**

| <b>Inpatient &amp; Emergency Department Deaths</b> | <b>Total</b> | <b>On MRT</b> | <b>% Reviewed</b> |
|--|--------------|---------------|-------------------|
| Oct-21   | 155          | 121           | 78.1              |
| Nov-21   | 147          | 82            | 55.8              |
| Dec-21   | 167          | 80            | 47.9              |
| <b>Qtr 1</b>                                       | <b>321</b>   | <b>255</b>    | <b>79.4</b>       |
| <b>Qtr 2</b>                                       | <b>412</b>   | <b>320</b>    | <b>77.7</b>       |
| Qtr 3  | <b>469</b>   | <b>283</b>    | <b>60.3</b>       |
| Qtr 4  |              |               |                   |
| <b>Year 21/22</b>                                  | <b>1202</b>  | <b>858</b>    | <b>71.2</b>       |
| Year 20/21   | 1772         | 1535          | 86.6              |
| Year 19/20   | 1514         | 1366          | 90.2              |
| Year 18/19   | 1446         | 1267          | 87.62             |
| Year 17/18   | 1550         | 1300          | 83.9%             |

## • Q3 Data from ME Office – Acute Adult Deaths

- Oct 21 - 154
- Nov 21 - 147
- Dec 21 - 167      Total = 468 Adult
- 
- **100%** of all deaths were scrutinised & within the following timeframes –
- Day of death or 1<sup>st</sup> Day after death - 298
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- Over 5 days - notify us of. 1 – This is the only breach in Q3 and relates to a death at Newark which they failed to

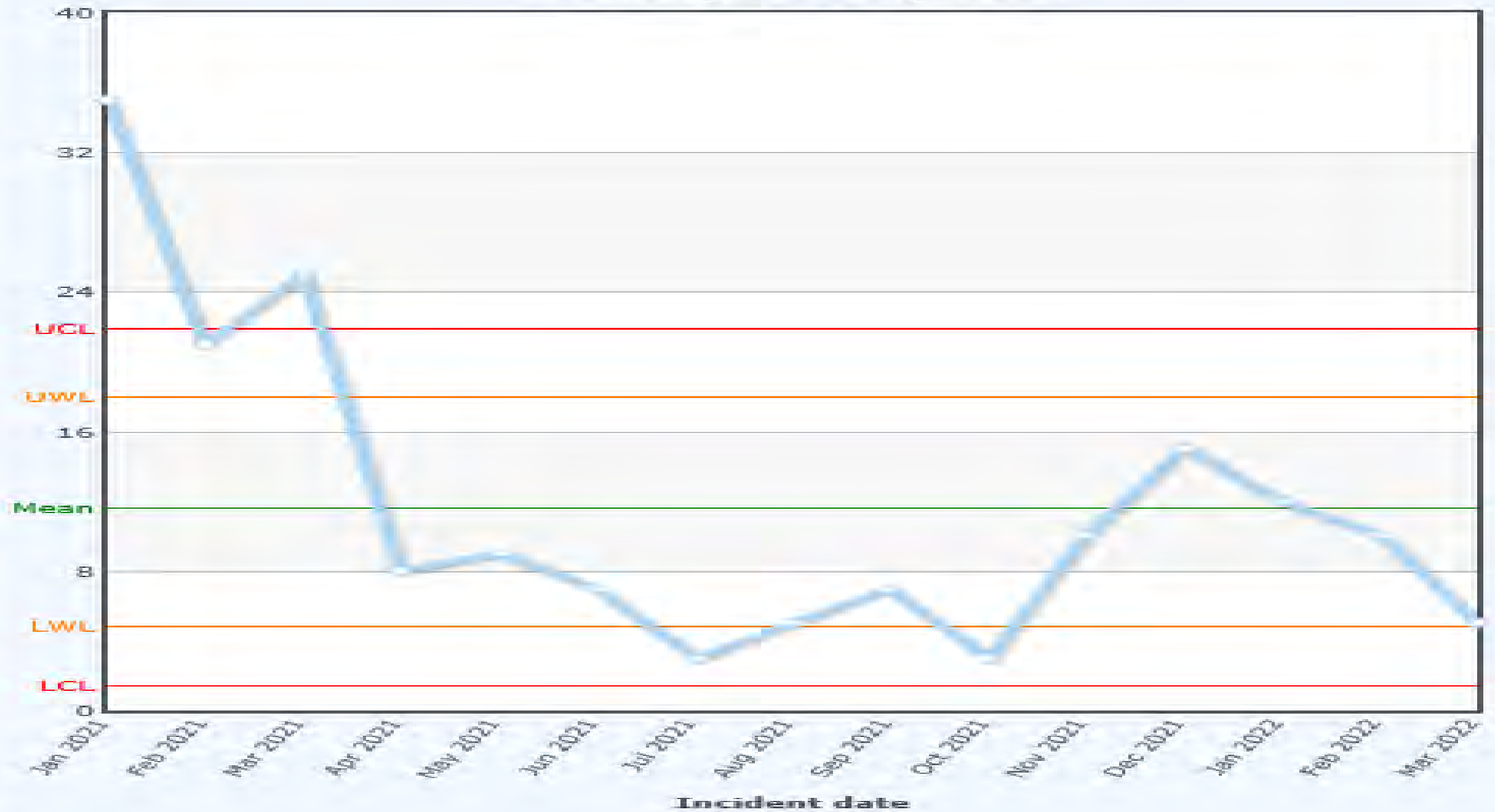
## • Q3 Data from ME Office – Acute Child Deaths

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- 

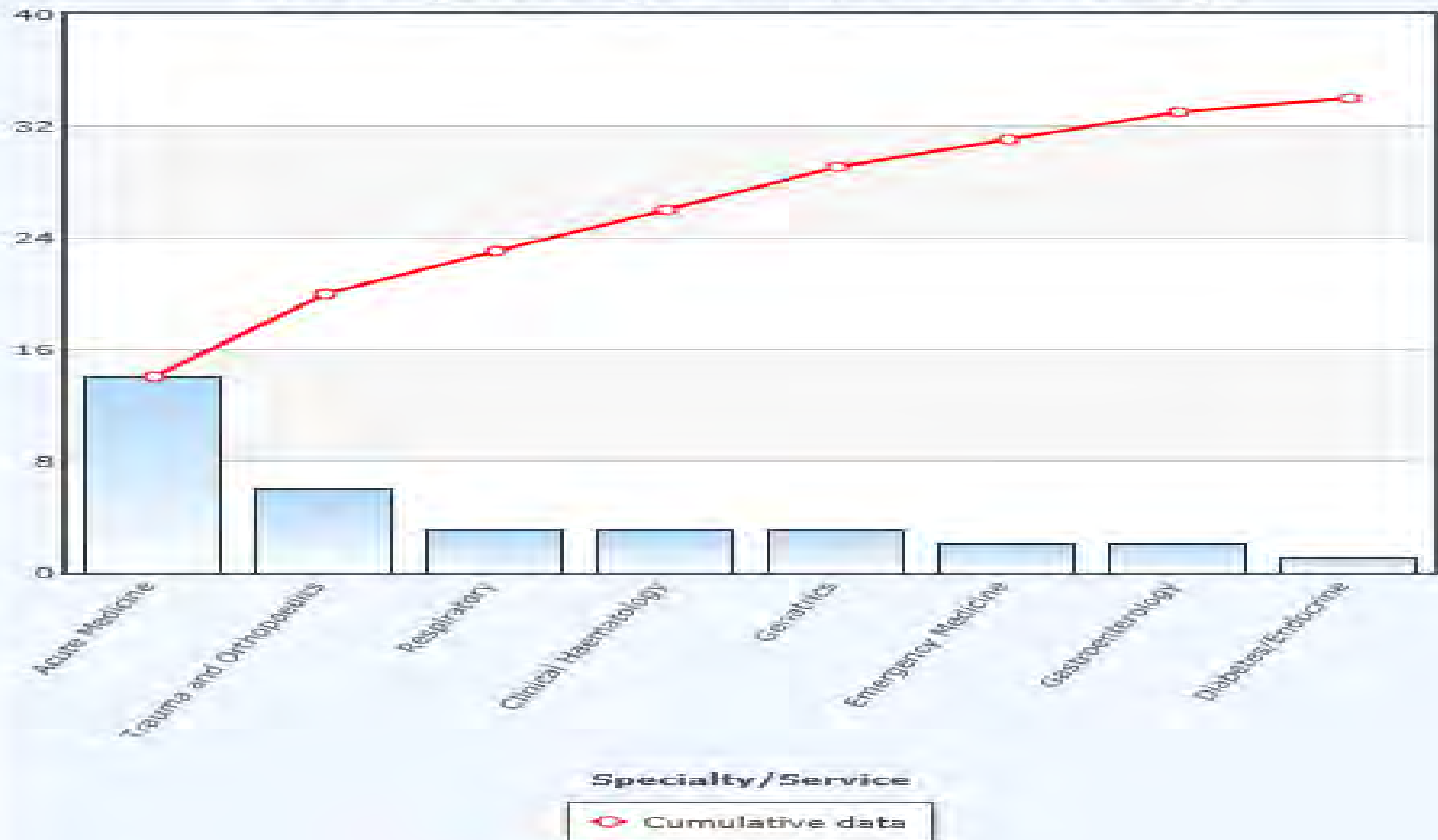
## • Q3 – Data from ME Office – Community Deaths.

- 40 x community deaths were scrutinised during Q3

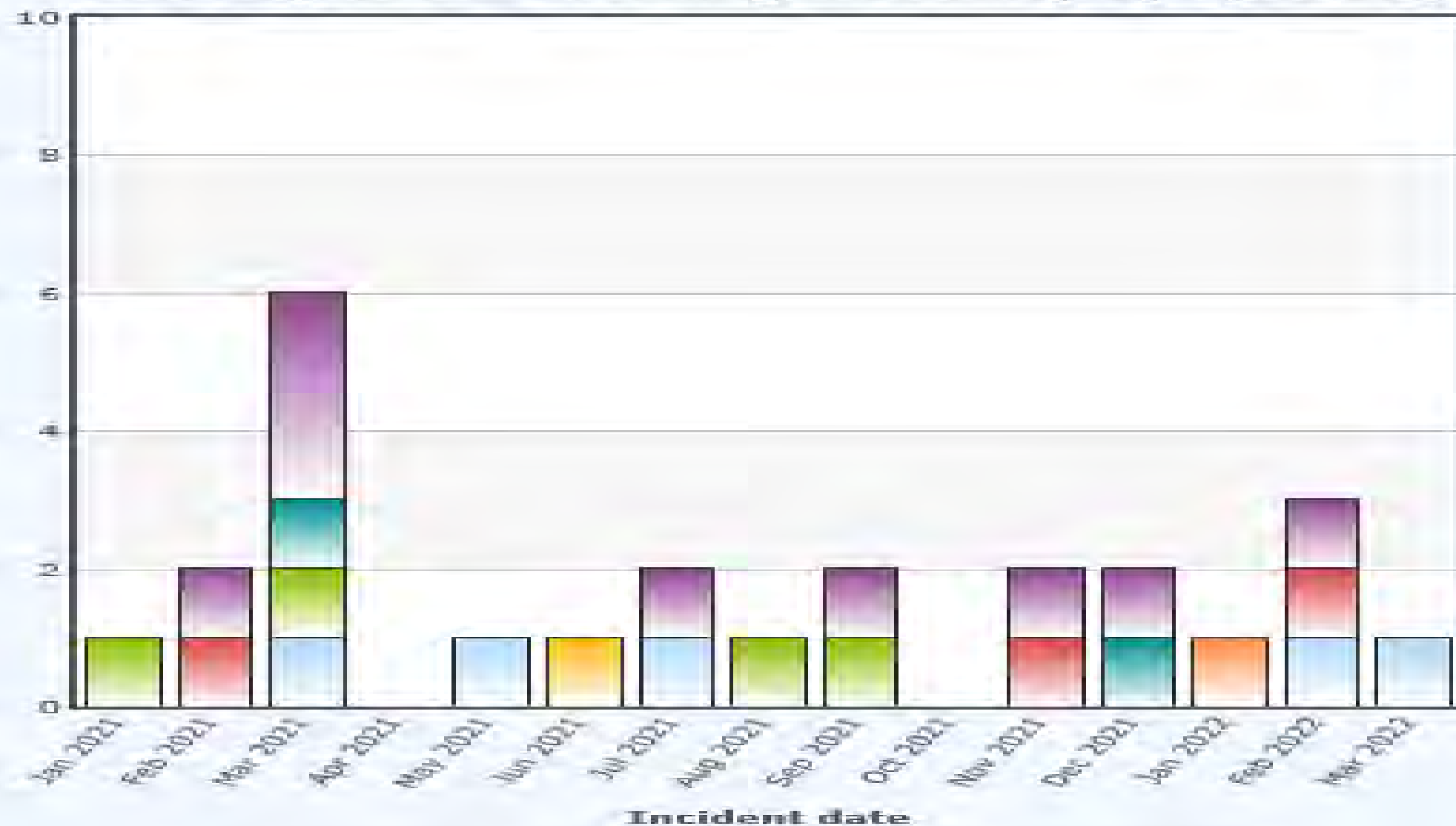
Monthly SJR requests



**SJR requests open in excess of 45 days**



## SJR requests - Learning Disability by specialty



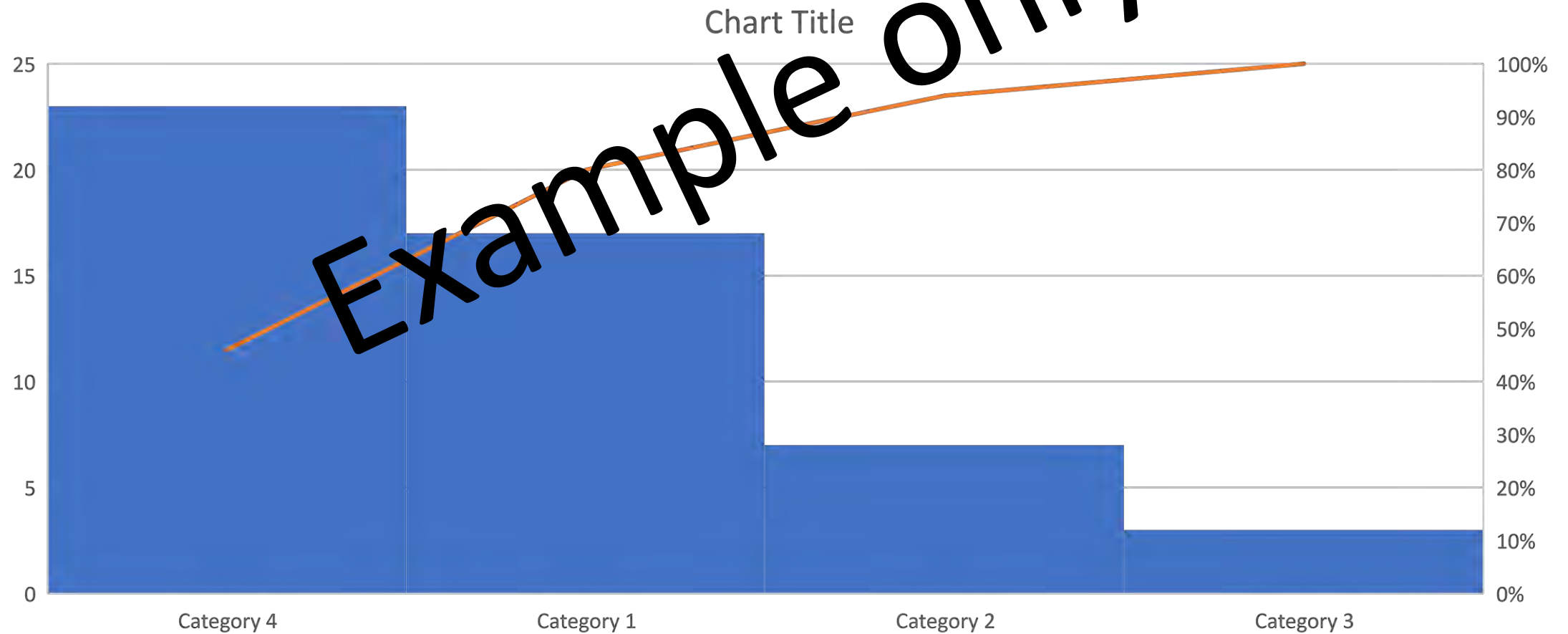
- |                    |                        |
|--------------------|------------------------|
| Acute Medicine     | Critical Care - (ICCU) |
| Diabetes/Endocrine | Emergency Medicine     |
| Gastroenterology   | Geriatrics             |
| Respiratory        |                        |

Micro: Individual Output

# Good Practice and Learning points

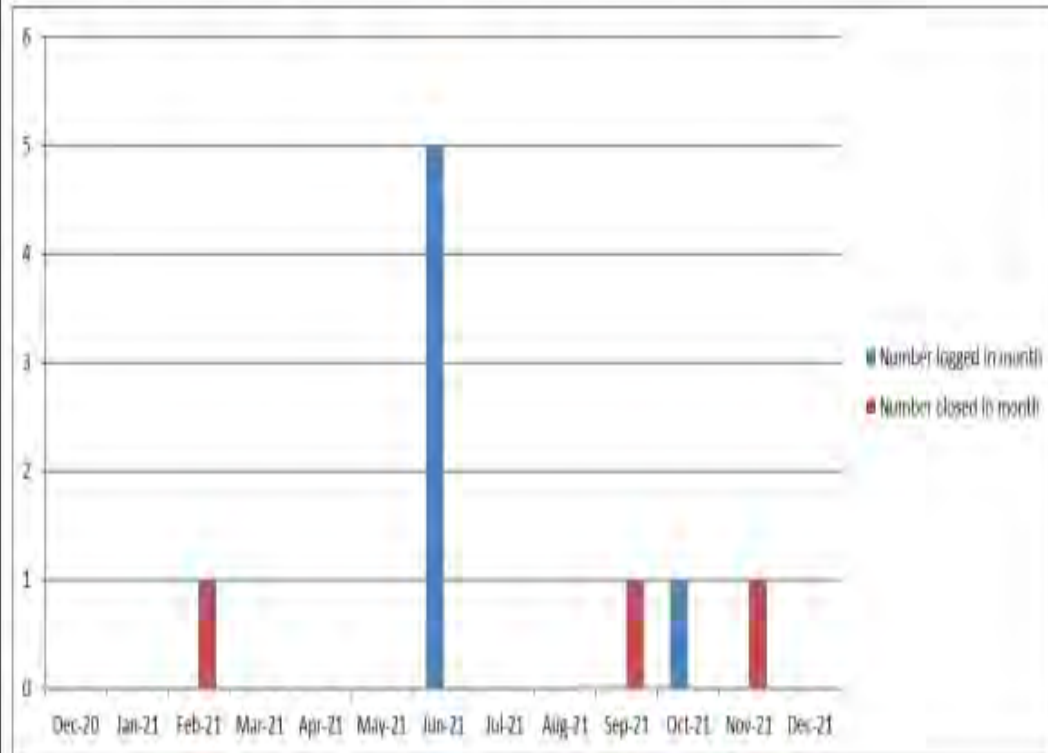
Issues raised by the bereaved

# Problems in Care



# Deaths which have met SI criteria (avoidable deaths)

Rolling 12 Months StEIS Reportable Incidents Catastrophic/Grade 5 Harm:



There have been two reports relating to the death of a patient signed off during this reporting period:

| Incident   | Division | Lessons Learned  |
|--|----------|--|
| Subarachnoid haemorrhage – missed opportunity to reverse warfarin following admission with fall and head injury. | UEC      | <ol style="list-style-type: none"> <li>1. Traumatic intracerebral bleeds in patients with head trauma on anticoagulation require discussion with a Consultant Haematologist in a timely manner.</li> <li>2. A personalised plan needs to be formulated in patients with a complex medical history if they sustain a traumatic bleed and are on anticoagulants.</li> <li>3. The need for a patient's clotting profile to be optimised needs to be completed in a timely manner to minimise complications or worsening of the bleed;</li> <li>4. Discussion with the patient if possible and their family/next of kin needs to be completed regarding the reversal of anticoagulation and the possibility of complications arising from this reversal need to be carefully communicated to them.</li> <li>5. Good handover and completion of tasks in a timely manner need to be practiced in order to optimise patient care.</li> </ol>   |
| Unexpected death in ED.  | UEC      | <ol style="list-style-type: none"> <li>1. Care should be taken in assigning junior doctors to gaps in the medical rota to ensure that they are not placed in a position where they feel expected to work beyond their skill/qualification/knowledge scope.</li> <li>2. There should be a clear understanding and evidence for senior ED clinicians about the competencies of the junior doctors and the level of support they require in managing certain patients.</li> <li>3. Junior doctors, particularly those recruited from abroad should undergo training regarding the use of the ReSPECT form in order to understand this in detail.</li> <li>4. All staff at any level should feel supported in raising concerns regarding any lack of clinical input for a patient and if, despite intervention patient's clinical condition is worsening.</li> <li>5. There should be a formal process of support for staff involved in an incident that is adhered to by senior ED clinicians.</li> <li>6. The rate of delivery of IV Lorazepam when used in managing prolonged convulsive seizures should be detailed within the Trust Guideline to reduce the risk of rate administration error.</li> </ol> |

### Appendix 3

|  |  |   |  |                                |
|--|--|---|--|--------------------------------|
| <b>Subject:</b>  | Learning from Learning Disability Deaths             |   | <b>Date:</b> 7/04/2022                   |                                |
| <b>Prepared By:</b>  | Lisa Richmond – Learning Disability Specialist Nurse |   |  |                                |
| <b>Approved By:</b>  | David Selwyn   |   |  |                                |
| <b>Presented By:</b>   | David Selwyn   |   |  |                                |
| <b>Purpose</b>   |  |   |  |                                |
| To provide Trust Board with an update on specific Learning Disability aspects from the Learning from Deaths programme  |  |   | <b>Approval</b>                          |                                |
|  |  |   | <b>Assurance</b>                         | x                              |
|  |  |   | <b>Update</b>                            |                                |
|  |  |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>  |  |   |  |                                |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b>   | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| x  |  |   | x  |                                |
| <b>Overall Level of Assurance</b>  |  |   |  |                                |
|  | <b>Significant</b>                                   | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|  |  | x   |  |                                |
| <b>Risks/Issues</b>  |  |   |  |                                |
| <b>Financial</b>   |  |   |  |                                |
| <b>Patient Impact</b>  |  |   |  |                                |
| <b>Staff Impact</b>  |  |   |  |                                |
| <b>Services</b>  |  |   |  |                                |
| <b>Reputational</b>  |  |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>   |  |   |  |                                |
| Nil  |  |   |  |                                |
| <b>Executive Summary</b>   |  |   |  |                                |
| <p>Since the start of 2022, there have been 7 deaths in patients with learning disabilities in the trust.</p> <ul style="list-style-type: none"> <li>• 4 of these were respiratory related deaths.</li> <li>• None of these deaths were from a BAME background. Patients were primarily White British.</li> </ul> <p>The LD nurse now receives data shared from the LeDeR reviews on a bimonthly basis relating to patients who have died whilst at Sherwood Forest Hospitals.</p> <p>This aims to identify themes and trends which can support learning across the organisation.</p> <p>During the period from November 2021 to Feb 2022, there were 9 reviews completed with 7 ongoing.</p> <p>Of the 9 reviews 5 were focused reviews, which means they took more time to gather information. 3 reviews met the deadline of 6 months from the notification date.</p> <p>6 reviews were completed outside of the deadline due to delays in accessing SJCR and GP records, delays were also experienced due to continued pressures on systems due to covid 19 and awaiting coroner's inquest reports.</p> <p>There were also technical problems with the LeDeR platform as it was new last year. These issues were not related to SFH.</p> <p>There were issues identified relating to the quality of the SJCRs. Some information received has been too sparse to add to the review. This has been found at both SFH and other acute hospital providers and is part of our on-going SJCR quality improvement process.</p> |  |   |  |                                |

When looking for patterns around cause of death respiratory health has been identified as an issue. 6 out of 9 deaths from the reviews taken had a respiratory issue included.

Learning identified that was related to hospital care were shared from the reviews and fed back to clinicians and/ or community services, as appropriate.

The review for one patient death found there were delays in discharge due to the availability of social care placements, which lead to a prolonged hospital stay. Actions have already been implemented from this and the learning shared.

Another review found issues in how hospitals communicate with each other, particularly electronically shared data. IT systems should ensure clear transfer of information between hospitals to allow continuous care and improve quality of care.

A positive finding has also been shared from a review; hospital staff allowing the patient's staff to remain with him while in hospital to support the patient and his family.

Trust Board is also asked to note the following additional updates;

There has been a change in practice which now sees deaths of people with a diagnosis of autism being review in the same way as LD deaths.

Autism reviews can now be uploaded onto the LeDeR platform. However clear pathways need to be established to be able to identify autism deaths as there are for learning disabilities. Work will also be required to review Autism SCJR pathways and how these can be embedded similarly to the LD pathway.

Nottinghamshire CCG has been given funding for a band 6 Learning disability speech and language therapist to work with acute providers. Work is currently underway to review how this role is able to best support Learning Disability patient/service user pathways for SFH.

Issues relating to ReSPECT forms for LD patients has been identified as an internal challenge. The LD nurse plans to meet with the Senior Resuscitation team to look at the auditing of ReSPECT forms for LD patients and will sit as part of the ReSPECT development group to support with the ongoing work within the organisation.

**Board of Directors (April 2022)**

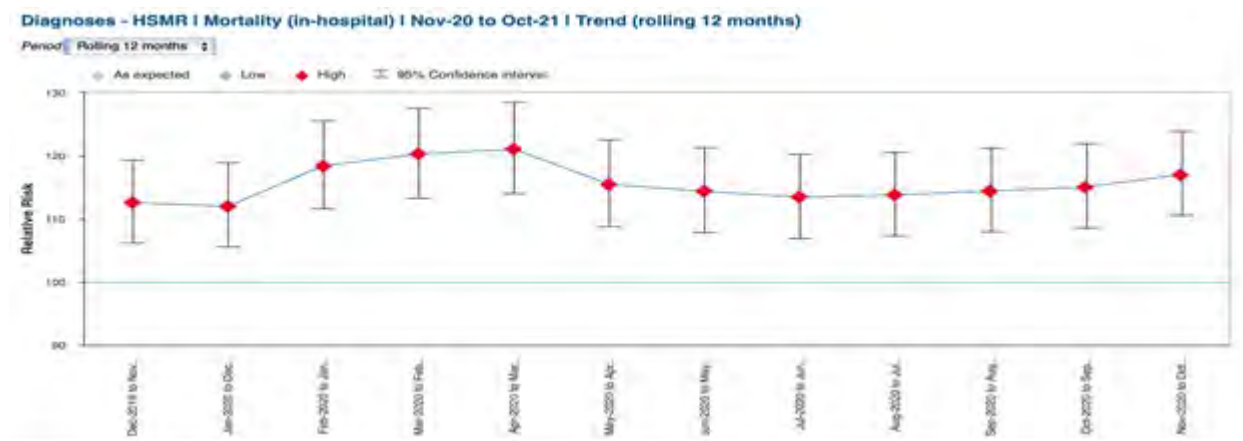
|   |   |   |  |                                |
|---|---|---|--|--------------------------------|
| <b>Subject:</b>   | Learning from Deaths Group update   |   | <b>Date:</b> 7 <sup>th</sup> April 2022  |                                |
| <b>Prepared By:</b>   | Main report: Dr John Tansley, Clinical Director for Patient Safety<br>Chair Learning from Deaths Group<br>HSMR update: Dr Nigel Marshall, Medical Examiner and Project Advisor to the Medical Director<br>LeDeR update: Lisa Richmond, Specialist Learning Disability Nurse |   |  |                                |
| <b>Approved By:</b>   | David Selwyn  |   |  |                                |
| <b>Presented By:</b>  | David Selwyn, 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 to update on the work on-going to both respond to and improve that intelligence.   |   |   | <b>Approval</b>                          | <b>x</b>                       |
|   |   |   | <b>Assurance</b>                         | <b>x</b>                       |
|   |   |   | <b>Update</b>                            | <b>x</b>                       |
|   |   |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>   |   |   |  |                                |
| <b>To provide outstanding care</b>  | <b>To promote and support health and wellbeing</b>  | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| <b>x</b>  |   |   | <b>x</b>                                 | <b>x</b>                       |
| <b>Overall Level of Assurance</b>   |   |   |  |                                |
|   | <b>Significant</b>  | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|   |   | <b>x</b>  |  |                                |
| <b>Risks/Issues</b>   |   |   |  |                                |
| <b>Financial</b>  | Formal job planning of mortality review activities  |   |  |                                |
| <b>Patient Impact</b>   | Improvements to services and care will be realised through the timely and comprehensive review of each death to maximise learning opportunities   |   |  |                                |
| <b>Staff Impact</b>   | Changes to practice and care will be identified through the Mortality Review Process  |   |  |                                |
| <b>Services</b>   | Changes to practice and care will be identified through the Mortality Review Process  |   |  |                                |
| <b>Reputational</b>   | Potential to impact on HSMR and SHMI  |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>  |   |   |  |                                |
| An earlier version of the main report was presented to Patient Safety Committee on 11/3/2022<br>The HSMR update was presented to Quality Committee on 15/3/2022   |   |   |  |                                |
| <b>Executive Summary</b>  |   |   |  |                                |
| This report provides an update on mortality intelligence and the work of the learning from deaths group since the last update in November 2021. We give details of our current mortality measures, progress against actions identified in that update and other recent activity from the group.<br>The Board is asked to note <ul style="list-style-type: none"> <li>The HSMR for the 12 months to October 2021 is <b>117.0</b> and statistically 'above expected'</li> </ul> |   |   |  |                                |

- It is worthy of note that the HSMR this period removing covid is **108.8**
- The SHMI is **97.25** (as expected)
- A detailed update on our work around these mortality measures is provided in an addendum to this report from Dr Nigel Marshall, Project advisor to the Medical Director describing
  - New methodology, applied by Dr Foster, which is now being used for monthly reporting. The presence of a high number of residual codes and issues with data submission have led to the need to lag data reporting by one-month. This is actively being investigated between the Trust and Dr Foster.
  - Latest HSMR has seen a recent rise but there are a few factors impacting this, including the recent re-modelling
  - Continuing work with Dr Foster to ensure best use of data in supporting review of the overall picture, trends, and outlier areas (both historical and current)
- **Progress on actions in Q3/4**
  - Work on new mortality review tool continues. This has been challenging in the face of clinical pressure. Key actions and enablers have been identified to allow a proposed roll-out in August 2022
  - Mortality Management policy has been updated to reflect recommendations of external auditors and represent relevant KPIs within the mortality tool/ process
- **New developments**
  - Initial discussion regarding better use of coded data to provide more timely intelligence
  - New mortality dashboards
- **Plans for Q4 & 2022/23**  
The learning from deaths Group will
  - Continue to work with Dr Foster and internal analysts to ensure flow of robust and timely data
  - Complete build of mortality review tool build on DCIQ. Including monitoring of timescales of reviews.
  - Redevelop Mortality dashboard to align with improved mortality review infrastructure
  - Recruit specialty/ divisional mortality reviewers through job planning process and deliver training.
  - Continue work of SJCR Faculty to ensure consistency of quality mortality review processes and support learning from deaths.
  - Continue clinical project work in those areas which have been identified as mortality outliers

○

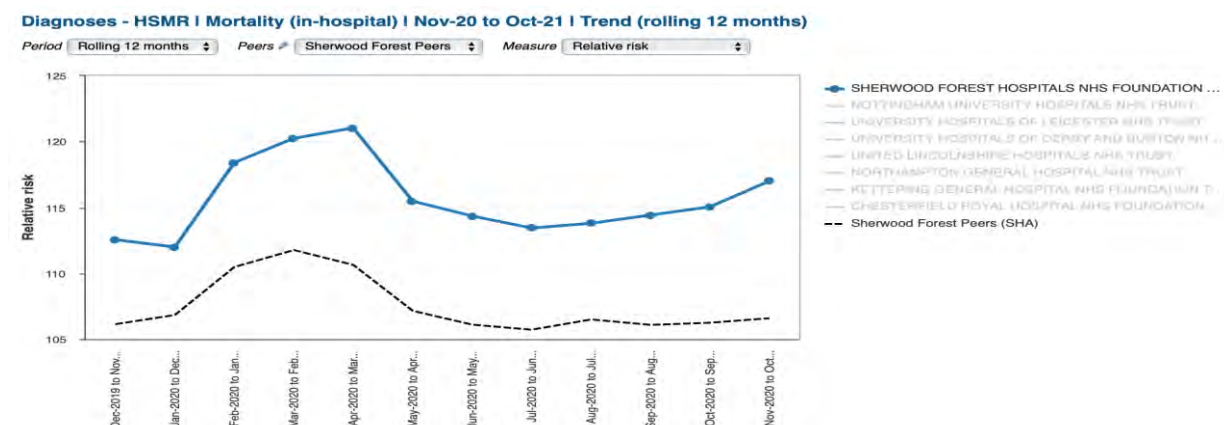
## 1. Dr Foster Mortality Data

**Figure 1.1 – HSMR Trend (rolling 12 months)**



The HSMR for the 12 months to October 2021 is at **117.9** and statistically 'above expected'. This would be **108.8** if Covid were removed. Covid appears to have a greater impact on HSMR in Trusts where they have seen a "3rd spike". SFHT has seen rates of 2.1% v 1.6% nationally- this will have impact on overall HSMR and our performance when compared against peers. As seen in the upturn in Figure 1.2

**Figure 1.2 HSMR 12 month peer trend comparison**



Reporting (February 2022) highlights 7 alerting diagnosis groups, including:

- Inflammation of the eye,
- Coagulation / Haemorrhagic disorders,
- Viral infections,
- Epilepsy,
- Respiratory failure,
- Deficiency and anaemia,
- COPD (see below)

Some of these numbers are small and with removal of Covid-19 activity epilepsy and viral infections no longer produce alerts.

A detailed report covering the details of the ongoing work with clinical teams in current and

historical outlier groups is included as an addendum to this report Dr Nigel Marshall (appendix 1). This was presented to Quality Committee in March.

The SHMI for the 12 months to July 21 is **97.45** (as expected)

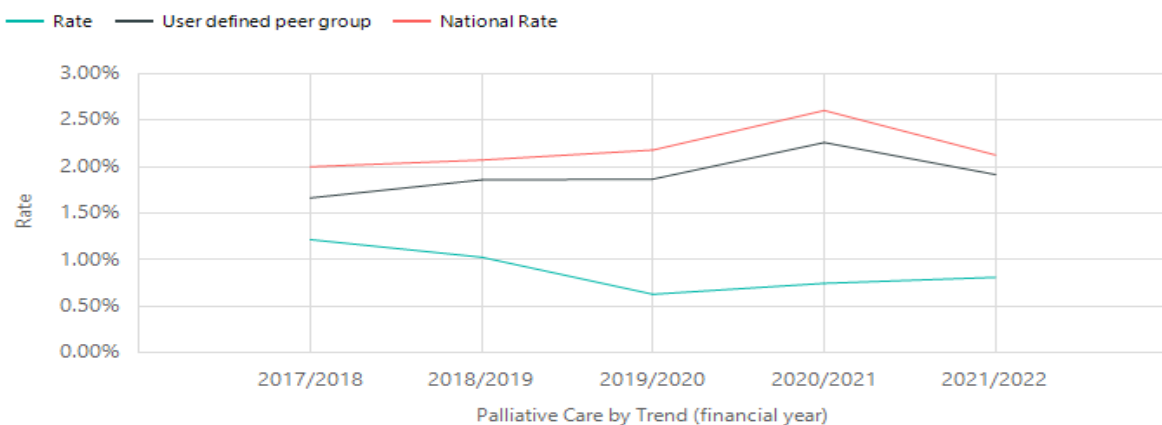
### Trends in coding

**Palliative Care:** The Trust continues to see a low rate with both the HSMR and across all activity. This will continue to impact on the Dr Foster model (HSMR) but will not impact the SHMI.

**Signs & Symptoms:** The Trust now has a comparable rate of signs & symptoms with peers both regionally and nationally

**Comorbidity rates (Non-elective HSMR):** As can be seen within Figure 1.3 the Trust has a lower proportion of activity a 0 Charlson score and higher proportion with a score of above 20.

**Figure 1.3 – Coding Rate Vs National**



| Coding / Casemix   | Trust | Peer  | National |
|--|-------|-------|----------|
| % Non-elective deaths with palliative care (HSMR)                  | 12.3% | 31.0% | 38.4%    |
| % Non-elective spells with palliative care (HSMR)                  | 1.7%  | 4.0%  | 4.9%     |
| % Spells in Symptoms & Signs chapter                               | 7.4%  | 7.6%  | 7.8%     |
| % Non-elective spells with Charlson comorbidity score = 0 (HSMR)   | 37.4% | 40.1% | 41.1%    |
| % Non-elective spells with Charlson comorbidity score = 20+ (HSMR) | 18.1% | 17.0% | 15.6%    |
| % Non-elective spells in Risk Band (0-10%) (HSMR)                  | 83.6% | 85.0% | 84.3%    |

A deep dive into a series of COPD deaths appears to have identified a step-change in coding behaviour in 2020. This appears to be associated with a change in the admission documentation at round the same time. This is possibly an example of how a change to an artefact (document) can have an unintended impact on behaviours (record keeping and subsequent coding) resulting in a gap between work as done and work as disclosed ( see [The Varieties of Human Work – Humanistic Systems](#)) and we believe is worth further investigation. This documentation is currently being reviewed and we have recommended that colleagues from clinical coding are added to the stakeholder group which is being consulted on these changes.

The Trust has experienced some issues with high residual codes in the data provided by NHSD to Dr Foster. This is caused when incomplete data is received by NHSD from the Trust. This results in unreliable results in our comparative mortality measures and have made it necessary to “lag” our data by one month to allow more complete data (this practice is not unprecedented in other Trusts). Following discussion with our local data analysts we believe this to be as a result of lack of clarity around the deadline for data submission and anticipate that a revised internal reporting schedule will rectify this. These data issues have interrupted the usual reporting by Dr Foster but we have used the contracted analyst time to work on understanding our project areas.

As part of these discussions and also due to the requirement to submit separate data to Dr Foster to allow re-identification of individual patients as a result of their methodology changes we have looked at our data flows within the Trust. We are conscious that Dr Foster data typically runs 4 to 5 months in arrears (more so if we maintain the “lag”) but our own coded data is more up-to-date and could provide more immediate signals of changes within the Trust. We have begun initial discussions with our internal data analysts exploring what might be possible. We hope to update in our next report.

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

**Figure 2.1 Mortality Review Tool at Q2 2021/22**

| <b>Inpatient &amp; Emergency Department Deaths</b> | <b>Total</b> | <b>On MRT</b> | <b>% Reviewed</b> |
|--|--------------|---------------|-------------------|
| Oct-21   | 155          | 121           | 78.1              |
| Nov-21   | 147          | 82            | 55.8              |
| Dec-21   | 167          | 80            | 47.9              |
| <b>Qtr 1</b>                                       | <b>321</b>   | <b>255</b>    | <b>79.4</b>       |
| <b>Qtr 2</b>                                       | <b>412</b>   | <b>320</b>    | <b>77.7</b>       |
| Qtr 3  | <b>469</b>   | <b>283</b>    | <b>60.3</b>       |
| Qtr 4  |              |               |                   |
| <b>Year 21/22</b>                                  | <b>1202</b>  | <b>858</b>    | <b>71.2</b>       |
| Year 20/21   | 1772         | 1535          | 86.6              |
| Year 19/20   | 1514         | 1366          | 90.2              |
| Year 18/19   | 1446         | 1267          | 87.62             |
| Year 17/18   | 1550         | 1300          | 83.9%             |

Figure 2.1 shows the number of deaths entered onto the mortality review tool. The Trust Target for this is 90% which we struggle to achieve. There is also a delay of several months in carrying out these reviews. We anticipate that introduction of our new Mortality Review Tool on the DCIQ platform which is planned for August 2022 (see below) will significantly improve this in both Quantitative and Qualitative terms as it streamlines the process and also will more clearly identify roles and responsibilities, together with appropriate job planning to achieve this important activity.

### Q3 Data from ME Office – Acute Adult Deaths

Oct 21 - 154  
Nov 21 - 147  
Dec 21 - 167      Total = 468 Adult

**100%** of all deaths were scrutinised & within the following timeframes –

Day of death or 1<sup>st</sup> Day after death - 298  
2<sup>nd</sup> Day after death - 75  
3<sup>rd</sup> Day after death - 55  
4<sup>th</sup> Day after death - 23 – Xmas & New Year Bank holidays reflect this figure  
5<sup>th</sup> Day after death - 16 - Xmas & New Year Bank holidays reflect this figure  
Over 5 days - 1 – This is the only breach in Q3 and relates to a death at Newark which they failed to notify us of.

### Q3 Data from ME Office – Acute Child Deaths

We had only one reportable in Q3 and this case was scrutinised on day of death.

### Q3 – Data from ME Office – Community Deaths.

40 x community deaths were scrutinised during Q3

**Figure 2.2 Structured Judgement review requests at Q3 2021/22**

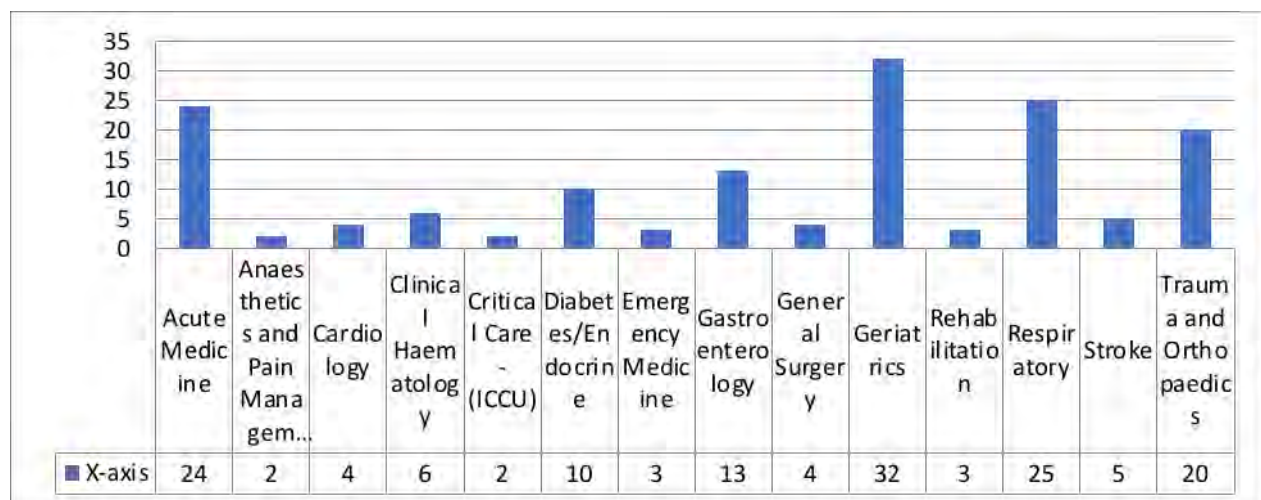
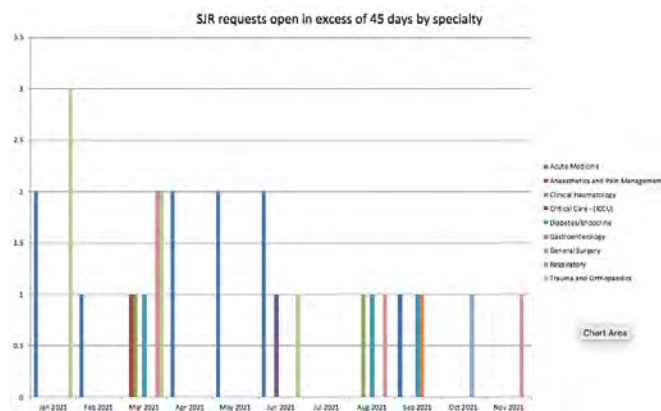


Figure 2.2 shows the number of SJRs requested on Datix following Medical Examiner review for the Year Jan 2021-22. Higher request numbers might be expected in Acute Medicine, Geriatrics and Respiratory (especially given Covid). Higher requests in gastroenterology possibly reflect our recognised challenges in Alcohol related liver disease. There are ongoing concerns being raised regarding multidisciplinary decision-making around fitness for surgery in T&O. Improved MDT working as described elsewhere in this report aims to address this.

Now that these requests are made through Datix we are able to monitor their progress. Figure 2.3 below is an example showing how many SJRs remain open after 45 days (the same standard as

other Datix events)

**Figure 2.3 Structured Judgement review requests at open in excess of 45 days at Q3 2021/22**



A Mortality review/ SJR stakeholder event to agree the governance and IT infrastructure (on the DCIQ platform) took place on 27/1/22 facilitated on-line by Service Improvement Colleague. Medical representation was disappointing despite agreement to release colleagues as there were extraordinary clinical pressures in January.

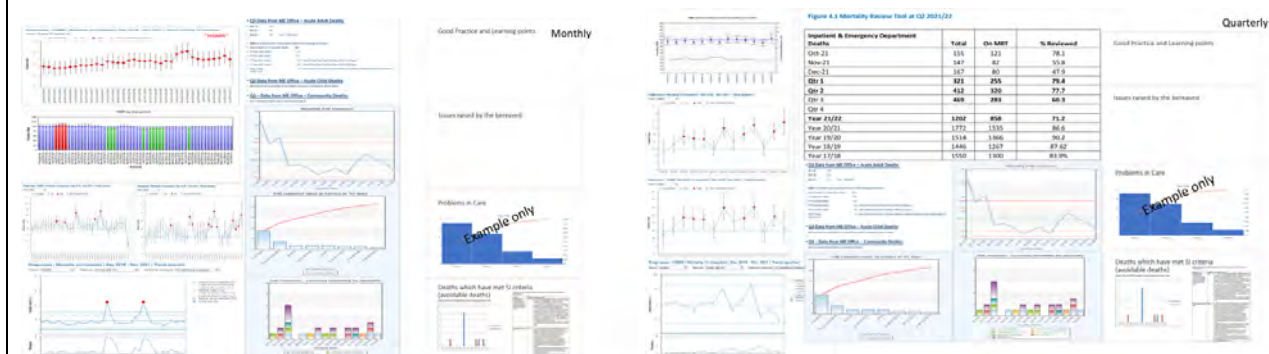
Outputs were

- Detailed process map and proposed timeline for introduction of the new process
- Requirement for Individual Specialties/ Divisions to review outputs and provide SOP for mortality review to achieve stage 1 and 2 reviews which must include
  - Estimate of PAs required (specialty breakdown for year 21-22 included in Appendix 1 of LFD report to guide this)
  - Identification of those individuals who will carry out SJRs to be trained/ refreshed in SJR methodology)
  - Confirmation that this is being considered in Team and individual job planning

A roll-out date of August 2022 to coincide with the changeover of Doctors in training is proposed.

The Medical Director has agreed that a further discussion around job planning will take place in the Clinical Chairs' forum. It will be difficult to realise improvements in quality of our mortality reviews without appropriate allocation of human resource to training and the review process. This is an ongoing challenge in the face of mounting clinical pressures.

The Mortality Management Policy has been further updated and approved by the Group to reflect key performance indicators requested by external auditors 360Assurance. The new platform will allow us to monitor these KPIs and assist in performance managing these processes. Draft monthly and quarterly dashboards have been proposed to reflect mortality intelligence at Mega/Macro (National/ Trust), Meso (ME scrutiny and specialty) and Micro (individual feedback and learning) levels



Interactive versions can be found in Appendix 2

**Plans for Q4 & 2022/23**

The Learning from Deaths Group will

- Continue to work with Dr Foster and internal analysts to ensure flow of robust and timely data
- Complete build of mortality review tool build on DCIQ. Including monitoring of timescales of reviews.
- Redevelop Mortality dashboard to align with improved mortality review infrastructure
- Recruit specialty/ divisional mortality reviewers through job planning process and deliver training.
- Continue work of SJCR Faculty to ensure consistency of quality mortality review processes and support learning from deaths.
- Continue clinical project work in those areas which have been identified as mortality outliers

**LeDer update** – please find see Appendix 3 for report.

## Audit & Assurance Committee – Cover Sheet

|  |   |   |  |                                |
|--|---|---|--|--------------------------------|
| <b>Subject:</b>  | Audit and Assurance Highlight Report  |   | <b>Date:</b> 7 <sup>th</sup> April 2022  |                                |
| <b>Prepared By:</b>  | Graham Ward, Audit Chair and Non-Executive Director   |   |  |                                |
| <b>Approved By:</b>  |   |   |  |                                |
| <b>Presented By:</b>   | Graham Ward, Audit Chair and Non-Executive Director   |   |  |                                |
| <b>Purpose</b>   |   |   |  |                                |
| The Audit and Assurance Committee met on 15 <sup>th</sup> March 2022. This paper informs members of the significant matters agreed by the Committee for reporting to the Board of Directors: |   |   | <b>Approval</b>                          |                                |
|  |   |   | <b>Assurance</b>                         | <b>X</b>                       |
|  |   |   | <b>Update</b>                            |                                |
|  |   |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>  |   |   |  |                                |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b>  | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| <b>X</b>   | <b>X</b>  | <b>X</b>  | <b>X</b>                                 | <b>X</b>                       |
| <b>Overall Level of Assurance</b>  |   |   |  |                                |
|  | <b>Significant</b>  | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|  |   |   | <b>X</b>                                 |                                |
| <b>Risks/Issues</b>  |   |   |  |                                |
| <b>Financial</b>   | The Audit and Assurance Committee is responsible for ensuring the system of internal control is robust and effective in order to provide high quality, value for money services to patients and provide a safe environment for staff. Safeguarding the reputation of the Trust. |   |  |                                |
| <b>Patient Impact</b>  |   |   |  |                                |
| <b>Staff Impact</b>  |   |   |  |                                |
| <b>Services</b>  |   |   |  |                                |
| <b>Reputational</b>  |   |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>   |   |   |  |                                |
| N/A  |   |   |  |                                |
| <b>Executive Summary</b>   |   |   |  |                                |

The Board of Directors is asked to accept the content to the report and note the items highlighted below:

- Annual Counter Fraud Plan and Progress Report
- Internal Audit – annual plan and progress report
- Limited assurance internal audit report
- Outstanding Audit Recommendations
- External Audit progress report
- Risk Committee report
- Going concern assessment
- Draft Annual Report and Quality Report preparation
- Declarations of interest
- Standing Financial Instructions and Scheme of Delegation
- Annual Report to Board of Directors

The Audit and Assurance Committee met on Tuesday 15<sup>th</sup> March 2022. The meeting was quorate, the minutes approved, and all outstanding actions are progressing, were covered on the agenda, or agreed as closed. There were no declarations of interest pertaining to any items on the agenda.

The following items were presented and discussed:

#### Counter Fraud

360 Assurance tabled the Annual Counter Fraud Plan which was approved and updated the Committee on the progress against the 2021/22 Plan. This included confirmation that all 12 components of the Functional Standards were now rated Green. The Committee thanked everyone involved for delivering this result.

#### Internal Audit

360 Assurance tabled the Annual Internal Audit Plan which was approved and updated on the progress against the 2021/22 Internal Audit plan. The Committee again focused their discussion on improving the current 50% implementation rate for follow ups to gain assurance that all was being done to improve this rate for the year end and into 2022/23.

#### Internal Audit reports – limited assurance

The Committee received a limited assurance report in respect of Anticoagulation Incidents. The report was presented by the senior action owner who provided the Committee with assurance on what the audit had concluded and how the three medium and one low risk recommendations would be addressed and implemented within the dedicated timescales.

#### External Audit Plan

KPMG presented the External Audit Progress Report, noting that under the Value for Money Risk Assessment there was one Amber Risk related to financial sustainability.

#### Declarations of interest

The Committee received and noted the report, noting the number of non-compliant band 7+ at the time of reporting was down to 39 (there were 88 reported as non-compliant in March 2021) which was commended. The Committee agreed to continue to oversee and scrutinise the level of non-compliance.

#### Standing Financial Instructions and Scheme of Delegation

Subject to an amendment to the Scheme of Delegation to clarify Corporate discretionary spend authorisers alongside DGMs the Standing Financial Instructions and Scheme of Delegation were approved.

## Board of Directors Meeting in Public - Cover Sheet

### All reports **MUST** have a cover sheet

|  |  |   |  |                                |
|--|--|---|--|--------------------------------|
| <b>Subject:</b>  | Report of the Finance Committee                    | <b>Date:</b> 7 <sup>th</sup> April 2022           |  |                                |
| <b>Prepared By:</b>  | Richard Mills, Chief Financial Officer             |   |  |                                |
| <b>Approved By:</b>  | Richard Mills, Chief Financial Officer             |   |  |                                |
| <b>Presented By:</b>   | Neal Gossage, NED                                  |   |  |                                |
| <b>Purpose</b>   |  |   |  |                                |
| This paper summarises the assurance provided by the Finance Committee around financial management in the Trust and records matters the Committee considers need to be brought to the attention of the Board of Directors   |  |   | <b>Approval</b>                          |                                |
|  |  |   | <b>Assurance</b>                         | X                              |
|  |  |   | <b>Update</b>                            | X                              |
|  |  |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>  |  |   |  |                                |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b> | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
|  |  |   |  | X                              |
| <b>Overall Level of Assurance</b>  |  |   |  |                                |
|  | <b>Significant</b>                                 | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|  |  | X   |  |                                |
| <b>Risks/Issues</b>  |  |   |  |                                |
| <b>Financial</b>   | <b>Performance and financial forecasts</b>         |   |  |                                |
| <b>Patient Impact</b>  |  |   |  |                                |
| <b>Staff Impact</b>  |  |   |  |                                |
| <b>Services</b>  |  |   |  |                                |
| <b>Reputational</b>  |  |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>   |  |   |  |                                |
| N/A  |  |   |  |                                |
| <b>Executive Summary</b>   |  |   |  |                                |
| <p>A virtual meeting of the Finance Committee was held on 29 March 2022 due to the Covid-19 restrictions.</p> <p><u>Matters to be brought to the attention of the board:</u></p> <p>1.1 M11 Performance and Forecast</p> <p>The committee noted that the Trust reported a deficit of £8.2m for the year to date to the end of February 2022 – £8.1m worse than plan.</p> <p>The forecast for the full year remains a deficit of £13.3m on an ICS basis. This forecast reflects the heightened operational pressures experienced since the onset of the Omicron variance, and the subsequent impact on ERF income and operating expenditure. No further ERF is expected to be achieved by the system for the remainder of the financial year. In addition, Covid costs to cover increased staffing unavailability and additional surge capacity have been higher than planned. The adjusted forecast has been regularly discussed and confirmed with NHSE/I.</p> <p>1.2 2022/23 Planning</p> <p>An update was provided on the 2022/23 plan, which was submitted in draft form on 17 March in line with the national planning timetable.</p> |  |   |  |                                |

The draft financial plan for SFH shows a deterioration compared to the 2021/22 forecast. There are three key factors in the deterioration:

- Loss of non-recurrent funding received in 2021/22
- Inflationary pressures in excess of the planning assumption
- Growth costs, including the full-year effect of 2021/22 cost pressures, which exceed the indicative share

The Nottinghamshire ICS draft plan includes a large deficit, predominantly with the two acute providers. The drivers of this are similar to those described for SFH. Due to the scale of the deficit, the ICS was one of 15 systems invited to a national escalation meeting. Following this meeting, the ICS will be looking at opportunities to reduce the financial planning gap.

### 1.3 Transformation & Efficiency Programme (2022-25)

The committee received and discussed a final draft of the Trust's Transformation and Efficiency Programme 2022-2025.

The Programme will provide the Trust with a long-term aspirational transformative Programme of work, and will be based on four key component elements:

- a. Evidence and Comparative Data (aimed at eradicating 'unwarranted variation')
- b. The Trusts Strategic Objectives and Priorities (including key identified risks)
- c. Local and regional priorities, as identified with partner organisations (through the Mid Nottinghamshire Place Based Partnership and Nottinghamshire Integrated Care System)
- d. National priorities as identified in planning guidance and other associated documentation.

Aspirational financial figures have been included against schemes and are underpinned by a variety of potential projects, including over 30 benchmarking opportunities and more than 70 additional schemes in the pipeline. The PMO group has developed a specialty level comparison tool, linked to finance and costing information, which is being used to identify opportunities to explore.

The outline presentation of a three-year programme was welcomed, recognising that the focus would need to be on the first year. The committee discussed engagement in relation the Transformation & Efficiency Programme, noting that divisional and clinical engagement is key to delivery. Workshops and discussions with relevant stakeholders, including clinical chairs, underpins the programme. Communication was also discussed and it was agreed that positives in terms of productivity should be celebrated.

It was noted that system-wide financial opportunities have not yet been included in the Programme, despite the potential for these to contribute substantially. It was agreed that proactive engagement in these programmes of work would be important for the Trust in accelerating opportunities.

The committee agreed that the delivery of financial savings would be an area of increased scrutiny over the coming year, and that the target demonstrates a challenging position. It will be important that we hit the ground running and the committee will receive monthly updates on delivery against the Transformation & Efficiency Programme.

#### 1.4 BAF

The committee reviewed the risk rating of Principal Risk 4 and, noting the deficit included in the draft financial plan for 2022/23, recommended that the 'likelihood' score remains at 'high', maintaining the overall score of 16 in relation to Principal Risk 4.

#### Approvals

In accordance with the Scheme of Delegation the committee reviewed and approved a business case to spend funding held within NHIS budgets on behalf of the CCG for the provision of Record Digitisation Services for NHS Nottingham & Nottinghamshire CCG. Approval of this case is within the delegated limits of the committee.

In addition, the committee noted that virtual approval had been granted for three cases since the previous meeting, all in accordance with the scheme of delegation.

#### Other matters discussed by the Committee

##### 2.1 EPR Business Case

The committee reviewed the draft Electronic Patient Record (EPR) business case. It was noted that the case would be updated following discussion at the Executive Team meeting, with a final version expected at the April Finance Committee.

Committee members were keen to ensure that the proposed solution fits in with the ICS aspirations for digitisation, and further consideration of this will be included in the final case. Discussions with NHSE/I on the regulatory approval process and timescales are ongoing.

##### 2.2 ICS/ICP update

The committee received an update on the performance of the system at Month 10 and noted that a deficit of £14.7m was reported for the year to date, while the forecast outturn for 2021/22 remained at a deficit of £23.2m.

##### 2.3 Strategic Objective 5

Committee members were updated on the delivery of the Trust's strategic objectives for Quarter 3.

##### 2.4 Procurement Forward View

The committee received the forward view and noted the significant procurement projects in the pipeline for the next twelve to eighteen months.

##### 2.5 PFI Governance

A report was received and discussed in relation to the PFI contract governance and Contract Performance Management function undertaken the Trust's Estates & Facilities team.

##### 2.6 360 Assurance Reports

Internal audit reports produced by 360 Assurance were shared on the Financial Reporting Arrangements and Key Financial Systems (Asset Register). Both reports provided significant assurance. 360 Assurance proposed one medium-risk and five low-risk actions in relation to these two audits and the committee were assured by the management response that these actions would be completed in line with agreed timescales.

## 2.7 Finance Committee Governance

Committee members discussed and approved the Committee Workplan for 2022, the Committee Terms of Reference and the Committee Effectiveness Review for 2021/22.

## 2.8 Finance Committee Annual Report

The annual report for the calendar year 2021 was reviewed and discussed. This provides a description of activities and assurance that the committee has carried out its obligations in accordance with the terms of reference and the annual work programme. The committee approved the report.

## 2.9 360 Assurance Report

360 Assurance have produced a report on the integrity of the general ledger and financial reporting. The report provided significant assurance. One low risk action was agreed and is expected to be completed by 31 January 2021.

## Board of Directors Meeting in Public - Cover Sheet

|  |  |   |  |                                |
|--|--|---|--|--------------------------------|
| <b>Subject:</b>  | Quality Committee  |   | <b>Date:</b> 14/03/2022                  |                                |
| <b>Prepared By:</b>  | Patrick McCormack – Head of Regulation and Deputy Head of Clinical Governance  |   |  |                                |
| <b>Approved By:</b>  | Barbara Brady, Non- Executive Director and Committee Chair   |   |  |                                |
| <b>Presented By:</b>   | Barbara Brady, Non- Executive Director and Committee Chair   |   |  |                                |
| <b>Purpose</b>   |  |   |  |                                |
| To provide a summary of the key discussion areas and decisions taken at the Quality Committee held on the 14 <sup>th</sup> March 2022.   |  |   | <b>Approval</b>                          |                                |
|  |  |   | <b>Assurance</b>                         | X                              |
|  |  |   | <b>Update</b>                            |                                |
|  |  |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>  |  |   |  |                                |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b>   | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| X  |  |   | X  |                                |
| <b>Overall Level of Assurance</b>  |  |   |  |                                |
|  | <b>Significant</b>   | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|  |  | X   |  |                                |
| <b>Risks/Issues</b>  |  |   |  |                                |
| <b>Financial</b>   |  |   |  |                                |
| <b>Patient Impact</b>  | High standards of care through keeping patients safe, positive patient experience and having a positive impact on HWB outcomes |   |  |                                |
| <b>Staff Impact</b>  |  |   |  |                                |
| <b>Services</b>  |  |   |  |                                |
| <b>Reputational</b>  | SFHT recommended as a great place to receive care  |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>   |  |   |  |                                |
| None   |  |   |  |                                |
| <b>Executive Summary</b>   |  |   |  |                                |
| <p>The most recent Quality Committee was held virtually on the 14<sup>th</sup> March 2022. The meeting was quorate there were no declarations of interest made and was chaired by Barbara Brady, Non-Executive Director. At the start of the meeting the previous minutes were agreed as accurate. Actions were closed based on the upcoming agenda items and updates were received on those actions which are on-going.</p> <p>There were 24 items on the agenda for assurance and discussion. The report provides a summary of the items discussed but the Committee would like the Board to note the following key items.</p> <ul style="list-style-type: none"> <li>• Approval of the Mental Health Strategy</li> <li>• Deep dive into Cardiac Arrest Rates</li> <li>• HSMR Update</li> <li>• Ockenden and Morecombe Bay compliance update through Maternity Assurance Committee</li> <li>• BAF Update</li> <li>• Approval of CQC 'Should Do' recommendation.</li> </ul> |  |   |  |                                |

The Committee received the trust **Mental Health Strategy** for approval. The strategy was outlined by the presenting team and wider discussion and the integration of the strategy with the wider integrated care system was discussed. Discussion was also held around the positive impact of this strategy for both the trust's patients and staff and was welcomed by the members and attendees of the group. Overall, the strategy was supported by the Committee and they were assured by the work being undertaken.

The annual **Cancer Services Report** was presented to the committee for assurance. The report outlined the key successes of the cancer services in 2021 along with the funding and service developments for the 2022/23 period. There was discussion around MDT meetings including clinical attendance at these and access to digital images. The presenter of the report was asked about their key challenges for the next 12 months and the restoration to pre COVID-19 levels was discussed as their biggest challenge. The report and subsequent discussion provided assurance to the committee.

The committee received an update around the **Hospital Standardised Mortality Ratio (HSMR)** for assurance. The committee received both a report and a presentation from a Dr Foster representative. The information was around the data collection and how Dr Foster use this along with information around some factors which effect the HSMR. The report outlined the work which is underway looking at some of the alert groups from previous HSMR reports. The committee welcomed the presentation and the clarity of the information along with the assurance provided by the ongoing work.

The committee were asked to consider the deep dive report into **Cardiac Arrest Rates** which had been submitted. The information contained in the report showed the data trend of approximately 10 years, and the decreasing number of cardiac arrests within the Trust. It was noted that due to relatively small numbers the rates were subject to relatively high levels of variability but is not cause for concern. The discussion and the information in the report provided assurance to the Committee and the acknowledgement to the author on the information and clarity it contained.

The group received an update on the progress of the **Yorkshire Audit Tool**. The group heard the progress since the commissioning of the audit in May 2021. The tool has completed a review of the 57 key lines of enquiry and the reporting assurance process associated for each. The discussion outlined that not all can be within the Quality Committee oversight and do report to other committees. Action was taken for executive review of the tool and the subsequent update to be provided later. Assurance was however taken by the committee on the progress made so far.

The group were provided an assurance paper around the **Patient Safety Committee (PSC)**. It was discussed that the January PSC was stood down due to the clinical pressures present in the trust at the time. The group were highlighted to the ongoing work around fractured neck of femur and to expect updates provided in the future via the committee along with the root cause analysis outputs of the 12-hour breaches in ED. Discussion was had around the COVID-19 harm report and the classification of the direct and indirect harms. There was also discussion around the wrong blood in tubes (WBIT) and the how the number has dropped and clarification of how these can occur and are managed through the incident management process. Output of discussion and report, the committee were assured.

An **Advancing Quality Programme Report** was presented for assurance alongside evidence of a should do action for approval of closure. The group had not met in February due to not being quorate. However, the report to QC provided the latest CQC enquiries summary. It should be noted that the report was submitted prior to a well led report where feedback around the quality strategy was provided. Therefore to enable the Quality Strategy to be revised in line with recommendations the intention is for this to be circulated in April for approval. The group reviewed the evidence for the Should Do from the 2020 CQC report based around reviewing antimicrobial prescribing in 72 hours. The group approved the closure of this action and were assured by the report and

submitted.

**Nursing, Midwifery and AHP Committee** update was submitted for assurance. The update outlined that 15 steps will be restarting from March 2022 and updates provided via this route moving forward. The report and subsequent discussion outlined the safe staffing and plans in place for recruitment. The group were also informed around complaints process developments and how the Heads of Nursing were helping to shape that. Overall assurance was provided to the committee by the report.

Assurance report was submitted from the **Maternity Assurance Committee** and the **Maternity Incidents Report**. Of note to the group was the compliance around the Morecombe Bay recommendations. The group heard that a gap analysis tool has been developed and on review by the Trust there is compliance with these findings. An update was provided around trust compliance with the Ockenden review and that regionally it was agreed that if a trust have plans to meet the requirements they can be considered as 'green'. The Incidents Report presented demonstrated a stable position for December and January with all incidents being classed as low or no harm within none classed as moderate or above harm. The committee was assured by both reports and it will be reported onto Trust Board.

The **Annual Quality Committee** report was submitted to the group for approval. This has been previously circulated, and feedback incorporated into the report. The main note was around the objectives outlined within the report where these have been taken from the work around Yorkshire audit tool. The committee approved the report based on the agreement of some minor changes.

The **Board Assurance Framework** was discussed and included reference to the Principal Risk 1 (PR1) Significant Deterioration in standards of safety and care and Principal Risk 2 (PR2) Demand that overwhelms capacity. PR1 was discussed in the group and discussion was held around potential changes to likelihood scoring. Changes to the BAF have been made and all agreed to the additions and changes, it was also agreed that the scoring at this time does not require changing.

**Board of Directors Meeting in Public**

|  |  |                              |   |  |
|--|--|------------------------------|---|--|
| <b>Subject:</b>  | People, Culture, and Improvement Committee Report of the Committee |                              | <b>Date: 7 April 2022</b>                 |  |
| <b>Prepared By:</b>  | Deborah Kearsley, Associate Director of People (Operations)        |                              |   |  |
| <b>Approved By:</b>  | Manjeet Gill: Non-Executive Director and Committee Chair           |                              |   |  |
| <b>Presented By:</b>   | Manjeet Gill: Non-Executive Director and Committee Chair           |                              |   |  |
| <b>Purpose</b>   |  |                              |   |  |
| To provide a summary of the key discussion areas and decisions taken at the People, Culture and Improvement Committee held on 4th April 2022   |  |                              | <b>Decision</b>                           |  |
|  |  |                              | <b>Approval</b>                           |  |
|  |  |                              | <b>Assurance</b>                          | <b>X</b>   |
|  |  |                              | <b>Consider</b>                           |  |
| <b>Strategic Objectives</b>  |  |                              |   |  |
| <b>To provide outstanding care to our patients</b>   | <b>To support each other to do a great job</b>                     | <b>To inspire excellence</b> | <b>To get the most from our resources</b> | <b>To play a leading role in transforming health and care services</b> |
| <b>x</b>   | <b>x</b>   | <b>x</b>                     | <b>x</b>                                  | <b>x</b>   |
| <b>Overall Level of Assurance</b>  |  |                              |   |  |
|  | <b>Significant</b>   | <b>Sufficient</b>            | <b>Limited</b>                            | <b>None</b>  |
|  |  | <b>x</b>                     |   |  |
| <b>Risks/Issues</b>  |  |                              |   |  |
| <b>Financial</b>   | Improving productivity and workforce utilisation and impact        |                              |   |  |
| <b>Patient Impact</b>  | Maintain safe staffing levels and a good patient experience        |                              |   |  |
| <b>Staff Impact</b>  | Improve working lives  |                              |   |  |
| <b>Services</b>  | Staffing levels impact service and bed availability                |                              |   |  |
| <b>Reputational</b>  | SFH recommended as a great place to work                           |                              |   |  |
| <b>Committees/groups where this item has been presented before</b>   |  |                              |   |  |
| None   |  |                              |   |  |
| <b>Executive Summary</b>   |  |                              |   |  |
| <p>The most recent People, Culture and Improvement Committee took place on 4 April 2022. The Committee was chaired by Manjeet Gill, Non-Executive Director.</p> <p>The Committee was presented with the <b>People, Culture, and Improvement strategic priorities for financial years 2022-2025</b>. This has been co-created in collaboration with leads from the People, Culture, and Improvement Directorates. The delivery pillars tie into the People Plan headers which have been translated into key headers in the People, Culture, and Improvement vision, hence the strategy has been developed to align to SFH and national priorities. Key success measures have been identified so that progress can be monitored, and clear governance mechanisms have been identified via the existing governance structures. There was a discussion regarding how this strategy aligns to the ICS workforce strategy, and assurance was provided that the strategy has been developed in collaboration with system partners and aligns to the wider ICS workforce strategy. There was a discussion regarding the key priorities of the strategy, and it was recognised the capacity and capability of the workforce is a key priority over the next 3 years and system working is vital to achieving the Trust's workforce priorities. The Committee took <b>assurance</b> from the document and progress made in developing strategic priorities for 2022-2025 and work has commenced on the key 2022-2023 action plans.</p> |  |                              |   |  |

An assurance paper was presented to the Committee providing a detailed overview of the key actions of achievement and key delivery items in relation to the 2021-2022 approach to the People, Culture, and Improvement Strategy for Q4. It was acknowledged over the past 12 months, despite the pressures of responding to a global pandemic, the Committee have received **significant assurance** regarding the work to achieve the 2021-2022 People, Culture, and Improvement Strategy.

A paper was presented regarding Culture Insight. The Culture Insight is an interactive and supportive process that aims to highlight culture themes within the organisation and divisions and help leadership and professional teams to collectively identify areas and cultural elements that may benefit from targeted support. This is intended to enable a collaborative approach to actions and initiatives; provide a means to measure their effectivity; and become a focus point for ongoing discussions, collaborations, and engagement. It was outlined the NHSEI Culture and Leadership Programme will be used as a framework to help identify themes and intelligence avenues. The **Committee endorsed the Culture Insight approach** and supported the next steps in relation to develop the Culture Insight further and link it to the outcome of the National Staff Survey.

A **Workforce Planning** update was provided to the Committee via an assurance paper. It was outlined that as part of the **2022 – 2023** planning rounds the Trust is required to submit a workforce WTE as part of a wider ICS submission. To support the delivery of this the Trust has developed in partnership with finance, the expected WTE by staff group, bank, and agency. The figures are based on the agreed Phase 1 business cases and other schemes such as growth of International Nurses and establishment reviews. These have been agreed via Executive Reviews and governance is provided via the Trust Planning Group. Overall, on 2022-2023 the Trust anticipate a growth of substantive staff of 132.5 WTEs, this is across Nursing (+72.4WTEs) and Administrative and Clerical (+32.5 WTEs). It was acknowledged it is important to monitor the plan and hence actual position against the plan will form part of the Workforce Matrix report and this will be broken down into staff group. In addition to the 2022-2023 workforce plan, a **3–5-year strategic workforce plan** is currently being developed and its aim is to align all workforce related themes. This work includes reviewing demographic information, capability, and capacity elements of the workforce. This will feed into service developments, recruitment and retention plans and the on-going piece of work will support the development of a 3–5-year workforce planning cycle. This will be finalised and presented to the People, Culture, and Improvement Committee in June 2022. The Committee gained **assurance** regarding the work being taken forward regarding the workforce plan.

A paper was presented to summarise the 2021-2022 flu campaign and to identify areas for consideration in 2022-2023. The 2021-2022 flu campaign experienced some challenges, firstly, changes to Infection Prevention and Control Guidance prevented some of the usual campaign methods such as vaccination stands set up in high traffic areas and considerations around the number and suitability of 'roaming' clinics. Secondly, the Flu vaccination campaign for 2021-22 fell at the same time as COVID vaccine boosters which may have led to staff prioritising COVID vaccination over flu vaccination. Despite the challenges the Trust achieved a 76% uptake of the flu vaccine for front line workers, which compares favourably with other Trusts in the Midlands region. In terms of the 2022-2023 flu campaign, it has been confirmed there is a CQUIN attached to the uptake of the vaccine for front line workers, and this has been established at 90%. Work has

commenced in relation to the planning for the 2022-2023 campaign with the aim of achieving the CQUIN. The Committee received **assurance** in relation to the 2021-2022 flu campaign and the planning which has commenced for 2022-2023.

An assurance paper was presented regarding the key workforce matrix around our people including some wider workforce matrix and ambitions towards a culture of continuous improvement. It was presented that February 2022 has been a challenging month in relation to high levels of staff absence, however absence has decreased when compared to January 2022. It also was highlighted that the Trust has achieved the NHSEI HCA recruitment target and International nurse recruitment target, which was acknowledged as a positive achievement. The committee welcomed the report and acknowledged it gave an overview of the key workforce matrix. The committee received **assurance** regarding the data presented.

A further assurance paper was presented to the committee regarding the **gender pay gap** data and report. The report highlighted that percentage variance overall for the average hourly rate of pay is 34.2%, an increase of 3.7% from 2020; it should be noted that the Gender Pay Gap report data was taken as of 31st March 2021, but from 31st March 2019 to 31st March 2022, our workforce increased by 34.6% is predominately in lower-to-lower middle quartile roles in response to the Covid-19 pandemic. The average hourly rate of pay excluding medics reduces to 4.9% evidencing the gap between our male and female consultants. The bonus pay gap for Consultants however has reduced by 2.7% compared to 2020. The main priorities areas for 2022-2023 are to identify and address the gap in the female workforce, address gender pay gaps in Divisions where they are evident, the introduction of a women's network and identify an Executive Lead for gender equality. The Committee **noted** the content of the report and the priorities for 2022-2023.

The **Board Assurance Framework (BAF)** was discussed. The narrative for PR3 has been updated to reflect the completed 2021-2022 strategy actions and to incorporate the newly developed **2022 – 2025 People, Culture, and Improvement Strategy**. In addition, the narrative for PR5 has been an update regarding the establishment of the innovation hub. The committee reviewed the risk scores for PR3 and PR5, and confirmed no changes are recommended.

The People Culture and Improvement Committee had a workshop to discuss the results of the **National Staff Survey**. The response rate for the Trust was 66.1%, which was significantly above the national average response rate for comparable organisations. To summarise the Trust are,

- 1<sup>st</sup> for the response rate of all Acute Trusts in the Midlands.
- 1<sup>st</sup> for recommending the Trust as a place to work across the Midlands.
- 1<sup>st</sup> for staff being happy with the standard of care provided in the Midlands region.

When compared with outcomes from the 2020 National Staff Survey, 42 areas have deteriorated (where comparable), and this is mirrored nationally therefore recognising the NHS has experienced some of the most difficult times it has ever experienced. Some of the key areas which have been identified as requiring focused work include,

- Colleagues experiencing physical and emotional burnout.
- Quality of appraisals.
- Time pressures.
- Relationships at work.

Work is currently taking place to engage with Divisions to empower and support them to identify priority areas, hence supporting the Divisions with the development of meaningful action plans. The committee recognised results of the National Staff Survey are positive while also provide an opportunity for improvement and continuous improvement. The committee received **assurance** from the information presented in the workshop and gained **confidence** in relation to the on-going work within the Trust and system to understand the data and work on themes for improvements.

A report was shared with the Committee to provide assurance relating to the Nursing Staff including the nursing and midwifery workforce plan. The report highlighted the acuity of patients remains high with significant demand on patient flow and capacity, with patients requiring enhanced observations remaining a key theme. The report evidenced that staffing resource is being significantly flexed across all services to meet patient demand and provided assurance that minimum staffing numbers have been maintained across all ward areas. Therefore, it was acknowledged that despite the fragility nationally and locally the care hours per patient day is stable and there are robust recruitment plans in place to mitigate risks and reduce the vacancy rate further. The Committee received **assurance** from the report in relation to there being good **oversight of the service, risk and actions are in place to mitigate risks**.

### **Recommendation**

The Trust Board are **recommended to take assurance** regarding the activities and discussions points covered at the April 2022 People, Culture, and Improvement Committee, **linked with aspects of People, Culture and Improvement**.