Sherwood Forest Hospitals
NHS Foundation Trust

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 1st September 2022
Time: 09:00 – 12:30
Venue: Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	**Welcome**		
2.		**Declarations of Interest** To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest **:-** https://www.sfh-tr.nhs.uk/about-us/register-of-interests/ *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.*	Declaration	Verbal
3.		**Apologies for Absence** 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	**Minutes of the meeting held on 4th August 2022** To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	**Matters Arising/Action Log**	Update	Enclosure 5
6.	09:10	**Chair's Report** • **Council of Governors highlight report** Report of the Chair	Assurance Assurance	Enclosure 6 Enclosure 6.1
7.	09:15	**Chief Executive's Report** • **Integrated Care System Update** Report of the Chief Executive	Assurance Assurance	Enclosure 7 Verbal
	Strategy			
8.	09:30	**Strategic Objective 1 – To provide outstanding care** • **Maternity Update** Report of the Director of Midwifery o **Safety Champions update** o **Maternity Perinatal Quality Surveillance Model**	Assurance	Enclosure 8.1
9.	09:45	**Strategic Objective 2 - To promote and support health and wellbeing** • **Guardian of Safe Working** Report of the Guardian of Safe Working	Assurance	Enclosure 9.1

	Time	Item	Status	Paper
10.	10:05	**Strategic Objective 3 – To maximise the potential of our workforce** • **Workforce Race Equality Standard Report (WRES)** Report of the Director of People • **Workforce Disability Equality Standard Report (WDES)** Report of the Director of People	Assurance Assurance	Enclosure 10.1 Enclosure 10.2
11.	10:25	**Patient Story – A Precious Gift – An Organ Donor's Story** Lisa Milligan, Consultant in Anaesthetics & Intensive Care Medicine and Laura Collington, ICU Organ Donation Link Nurse	Assurance	Presentation
	BREAK (10 mins)			
	Operational			
12.	10:55	**Single Oversight Framework Performance – Monthly Report** Report of the Executive	Consider	Enclosure 12
	Governance			
13.	11:40	**Revised Constitution** Report of the Director of Corporate Affairs	Approval	Enclosure 13
14.	11:50	**Emergency Preparedness, Resilience and Response (EPRR) Policy** Report of the Chief Operating Officer	Approval	Enclosure 14
15.	12:00	**Assurance from Sub Committees** • Charitable Funds Committee Report of the Committee Chair (last meeting) o Charitable Funds Committee Annual Report	Assurance	Enclosure 15.1
16.	12:05	**Outstanding Service – Speech and Language Therapy Pilot**	Assurance	Presentation
17.	12:15	**Communications to wider organisation** (Agree Board decisions requiring communication to Trust)	Agree	Verbal
18.	12:20	**Any Other Business**		
19.		**Date of next meeting** The next scheduled meeting of the Board of Directors to be held in public will be **6th October 2022, Boardroom, King's Mill Hospital**		
20.		**Chair Declares the Meeting Closed**		
21.		**Questions from members of the public present** (Pertaining to items specific to the agenda)		
		Resolution to move to the closed session of the meeting In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: *"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."*		

Board of Directors Information Library Documents

The following information items are included in the Reading Room and should have been read by Members of the meeting.

Enc 13 **Enc 15.1**	• **Draft Constitution (with track changes)** • **Charitable Funds Committee – previous minutes**

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on Thursday 4th August 2022 via video conference

Present:	Claire Ward	Chair	CW
	Manjeet Gill	Non-Executive Director	MG
	Graham Ward	Non-Executive Director	GW
	Steve Banks	Non-Executive Director	SB
	Aly Rashid	Non-Executive Director	AR
	Andrew Rose-Britton	Non-Executive Director	ARB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Phil Bolton	Chief Nurse	PB
	Emma Challans-Rasool	Director of Culture and Improvement	ECR
	Rachel Eddie	Chief Operating Officer	RE
	Rob Simcox	Director of People	RS
	David Selwyn	Medical Director	DS
	David Ainsworth	Director of Strategy and Partnerships	DA
In Attendance:	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	
	Jennifer Leah	Deputy Chief Financial Officer	JL
	Paula Shore	Director of Midwifery	PS
	Kerry Bosworth	Freedom to Speak Up (FTSU) Guardian	KB
	Rebeca Freeman	Head of Medical Workforce	RF
	Deborah Hall	Day Nursery Manager	DH
Observers:	Karyn Rawnsley	Medical Workforce Officer	
	Claire Page	360 Assurance	
	8 members of the public		
Apologies:	Barbara Brady	Non-Executive Director	BB
	Richard Mills	Chief Financial Officer	RM

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
18/505	**WELCOME**		
1 min	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. 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&A function. All participants confirmed they were able to hear each other.		
18/506	**DECLARATIONS OF INTEREST**		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/507	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from Barbara Brady, Non-Executive Director, and Richard Mills, Chief Financial Officer. It was noted Jennifer Leah, Deputy Chief Financial Officer, was attending the meeting in place of Richard Mills.		
18/508	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors in Public held on 7th July 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/509	**MATTERS ARISING/ACTION LOG**		
1 min	The Board of Directors AGREED that action 18/481 was complete and could be removed from the action tracker.		
18/510	**CHAIR'S REPORT**		
2 min	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. CW acknowledged it has been a difficult few weeks for staff due to the rising rates of Covid infections across the community and among staff and patients. In light of this, the Trust took the decision to hold meetings via video conference, rather than face-to-face. This is being kept under review. It was noted Covid infection rates are starting to fall. However, pressure remains across the Trust. CW advised the Trust's Annual General Meeting and Annual Members Meeting will take place on 29th September 2022. The Board of Directors were ASSURED by the report		

18/511	**CHIEF EXECUTIVE'S REPORT**		
5 mins	PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting operational pressures, Ofsted re-inspection of Little Millers Nursery and events to welcome rotational doctors to the Trust. PR welcomed Rachel Eddie, Chief Operating Officer, to her first meeting of the Board of Directors and expressed thanks to Maggie McManus, Deputy Chief Operating Officer, for her work in covering the Chief Operating Officer role for the past 2 months. PR advised David Selwyn, Medical Director, has formally taken on the role of Deputy Chief Executive The Board of Directors were ASSURED by the report		
3 mins	**Integrated Care System (ICS) Update** DA advised the Integrated Care Board (ICB) formed in July 2022. The four strategic aims for the ICB have been set and these are, Improving outcomes in population health, Tackling inequalities in outcomes, Enhancing value for money and Helping the NHS support broader social and economic development. At a local level, the Trust has been focussing attention on the three local district councils of Mansfield, Ashfield and Newark and Sherwood. The Trust has a seat at each of their Place Board meetings. The Board of Directors ACKNOWLEDGED the update		
18/512	**2022/2023 STRATEGIC PRIORITIES QUARTER 1 UPDATE**		
16 mins	ECR presented the report, highlighting the Quarter 1 position, reflecting the alignment of the strategic priorities to the Board of Directors subcommittees and noting there is a lead executive for each strategic priority. SB queried if the actions being taken in relation to "working with all partners to reduce the number of patients who are delayed moving to their onward destination outside of SFHFT" will improve the position or if different actions need to be taken. DS advised the formation of the ICB provides an opportunity to make progress. There is a recognition improvement is required and a desire to make improvements. There are actions and processes which can take place. The ICB is considering the best way to improve the provision of care across all partners and there are a number of business cases which are being discussed. There is a need to make progress to ensure patients remain safe within the Trust going into Winter.		

	RE advised there is good work ongoing across the system to address this issue, for example, the Discharge to Assess business case is making progress and there is some good work with Nottinghamshire Healthcare in relation to the recruitment of healthcare workers to support the deficit in social care, but through health. There is a need to engage in system work as that is the longer term solution. However, in parallel to this, work needs to be done within the Trust to mitigate some of the risk if the system actions do not deliver the required impact. This will form part of the Winter planning. PR advised the recent system critical incident has focussed minds and safely discharging patients is the number one issue for the system to tackle in terms of delivering operational plans for 2022/2023. GW suggested looking into the use of the voluntary sector to support the discharge process. DA advised use of the voluntary sector is worthy of exploration. There are good relationships with the voluntary sector in mid-Nottinghamshire. **Action** • **Consider use of the voluntary sector to support discharges**	**DA**	**01/09/22**
	ARB requested the inclusion of the tracking of trend analysis and movement on overall RAG ratings for future reports. ECR confirmed this could be added. **Action** • **Tracking of trend analysis and movement on overall RAG ratings to be included in future Strategic Priorities update reports** MG sought clarification regarding the benefits of the workforce plan for the organisation. RS advised it provides a framework and a plan to help identify where there are challenges for the Trust and where there are opportunities to embed pieces of work. It is possible to track against the framework to identify opportunities for improvement and demonstrate impact. The Board of Directors were ASSURED by the report	**ECR**	**03/11/22**
18/513	**STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE**		
15 mins	**Maternity Update** PS joined the meeting ***Safety Champions update*** PB presented the report, highlighting the Maternity Voices showcase event, maternity safety champions walkarounds and a review of maternity training. It was noted the Ockenden gap analysis will be presented to the Board of Directors in September 2022.		

	PS highlighted the support provided to Nottingham University Hospital (NUH) and advised the Maternity Voices event was a positive event. The Board of Directors were ASSURED by the report ***Maternity Perinatal Quality Surveillance*** PB presented the report, highlighting third and fourth degree tears and still births. PS provided further details of one case which was reported as moderate and has been taken through the Trust Scoping Process. AH queried if the Trust's still births rate is in line with the national picture. PS advised the national still births rate has increased this year, noting the national ambition to halve the still birth rate by 2025. The Trust is aligned to and working with the national teams. The reason for the rate increasing is not clear as the outcome of national investigations is awaited. It was noted small numbers can make a significant change to the rate. The Board of Directors were ASSURED by the report ***Home Births Update*** PB presented the report, advising the Home Births Service will be re-instated from September 2022, providing staffing levels outlined in the report remain stable. This is in line with NUH who are also proposing to recommence their service in September 2022. PS advised some home births are still facilitated, but the out of hours service has been suspended. AR noted there are only six home deliveries per month, which does not provide much experience for staff in what can be an unpredictable event. AR queried how the Trust can assure the public the service is safe. Given there are only six home births per month, AR queried if the service is cost effective. PS advised there are many elements in midwifery which are not as common as others, but the Trust has supportive measures in place. The midwives working in the community also spend time in the hospital acute setting, so they have the required intrapartum skills. While currently the number of home births is low, offering 24/7 cover will increase the number of women joining the service, which will increase cost effectiveness. The Trust does not currently provide a choice of birth and women are clear this is difficult. PB advised offering home births is the ICS strategic direction. The Board of Directors were ASSURED by the report PS left the meeting		

18/514	**STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING**		
26 mins	**Freedom to Speak Up (FTSU)** KB joined the meeting KB presented the report, highlighting an increase in the number of concerns raised, Equality, Diversity and Inclusion (EDI) data, themes in concerns raised, growth in the number of FTSU Champions, collaboration with the Wellbeing Team, feedback from staff who use FTSU and national updates. MG queried how KB, as FTSU Guardian, works with the EDI networks and the Leadership Development Team. KB advised she has regular meetings with the EDI lead to share information and work on issues relating specifically to behaviours. KB advised she has good links with the staff networks. In terms of the Leadership Development Programme, KB advised she works closely with the leadership team to ensure FTSU has a space on the programme. In addition, KB has been involved with some of the nursing associate programmes. Ways of engaging with existing leaders in relation to Speak Up, Listen Up, Follow Up are being explored to ensure they have an awareness of the FTSU agenda. SB noted the Speak Up, Listen Up, Follow Up training is nationally mandated and queried if it is mandatory training for the Trust. SB sought KB's insight into how it feels to be a manager on the receiving end of Speaking Up. KB advised the Speak Up training has been available within the Trust for approximately 12 months as an e-learning package. It is not currently mandatory and there has been a low uptake. KB advised how managers receive concerns is a critical step in the process, acknowledging it is difficult when someone speaks up against you and managers have a tendency to become defensive. There is a need to ensure people on the receiving end have support, as well as the people raising the concern. AH queried what the next steps are for FTSU, what support is required from the Board of Directors and if any external support is sought in terms of lessons learned, etc. KB advised FTSU within the Trust is in a good position. KB advised she feels she has the support of the Board of Directors in her role as FTSU Guardian. The themes of concerns raised are consistent. There is some further development required in terms of leadership to enable leaders to be the best they can be. Existing leadership teams particularly require support in how to handle concerns. KB advised she networks with organisations who have been praised and awarded in relation to FTSU, for example, Chesterfield Royal Hospital. PR sought assurance there is a mature attitude and adoption of the issues raised. KB advised some of the themes are 'big' themes which are not necessarily solved with one response. However, she felt assured she has received support and engagement. There is a maturity in where concerns are triangulated and positive actions have been taken as a result. KB advised she will return to cases in 6 months to check if resolution has happened and relationships have improved, etc.		

	The Board of Directors were ASSURED by the report KB left the meeting		
18/515	**STAFF STORY – THE STORY OF LITTLE MILLERS**		
23 mins	RF and DH joined the meeting RF and DH presented the Staff Story, which highlighted the work of the Little Millers Day Nursery. CW thanked RF and DH for a great story and acknowledged it has been a difficult time for staff at the nursery following the Ofsted inspection in March 2022. However, the team took time to reflect and improve their learning to do the best they could in the recent follow up inspection. PR advised he was proud of the way the team responded to what was a disappointing inspection in March 2022. PR acknowledged capital would be required in order to improve the outdoor space at the nursery. DA advised he visited the nursery on 3rd August 2022, advising he felt a relaxed atmosphere with the children clearly engaged. The oversight group which has been established adds strength to the future of Little Millers. RF and DH left the meeting		
18/516	**SINGLE OVERSIGHT FRAMEWORK (SOF) QUARTERLY PERFORMANCE REPORT**		
48 mins	**QUALITY CARE** PB highlighted patient safety incidents, clostridium difficile (C.diff) and MRSA bacteraemia. DS highlighted Hospital Standardised Mortality Ratio (HSMR) AH advised he was aware of a new framework, Patient Safety Incident Response Framework (PSIRF) which is due to be introduced. AH queried what effect this will have on the target for patient safety incidents and if the target will be adjusted. DS advised the details of the PSIRF is awaited. PB advised University Hospitals of Derby and Burton NHS Foundation Trust were an early adopter of PSIRF and PB was involved in this in his previous role. The focus is on thematic review and learning. PB advised PSIRF had its challenges and he did not always feel assured PSIRF provided the same level of detail as the current serious incident process. There are some good elements to PSIRF, but there is still a lot of work to do and this was included in the feedback from the pilot. If PSIRF is adopted, the Trust will not be reporting incidents in the same manner in terms of numbers and thresholds.		

	AH noted the cross infection in terms of C.diff, the number of MRSA cases and a 'flag' in relation to sepsis and sought clarification if the basic audits are in place. PB advised audits have continued and have been strengthened during Covid, for example, commode audits, hand hygiene audits and environmental audits. There is good compliance. However, there have been examples of commode audits being below the desired standard, noting this is not necessarily in areas where there have been cases of C.diff. There is a fundamentals focus on Infection, Prevention and Control (IPC), with the team taking a targeted approach, working alongside staff for refresher training and observing them in practice. DS advised there is a need to undertake prospective audits to identify any 'hotspots'. **PEOPLE AND CULTURE** CW left the meeting. GW assumed the chair. ECR highlighted wellbeing conversations, mandatory and statutory training, appraisals and the Trust's vision for continuous improvement. ARB queried if there was a timescale for statutory training compliance to return to 90%. ECR advised new workbooks and approach for mandatory and statutory training will be introduced in September 2022. It is anticipated the impact of this will be evident in 2-3 months' time. The new approach will give staff time back to care, whilst ensuring they are compliant professionally with regards safety and training. A trajectory has not been set, but it is hoped the rate will be near 90% by December 2022, noting this will be reliant on demand for the Trust's services. RS highlighted sickness absence, advising this has increased over the quarter, cost of living challenges and a slight increase in the vacancy rate. **TIMELY CARE** RE advised the emergency pathway remains under sustained pressure, with a high level of attendances and the number of medically safe for discharge patients consistently increasing. However, same day emergency care turnaround is good at 40-50%. In terms of the elective pathway, the Trust is performing well, with no 104 week waits and the 78 week waits is on track. However, elective activity is off track against plan. The Trust is performing well on diagnostic activity levels. In terms of cancer, the Trust is above target for the faster diagnosis standard. However, the 62 day backlog remains a concern and is currently above trajectory and off track. AR felt it would be useful to break down the increase in activity at the 'front door' into majors and minors, with a further breakdown of minors into what proportion of those cases could have been dealt with by primary care. There is a need for a system wide approach and a discussion with local primary care providers to establish actions they can take to support the Trust.		

	DS advised the Trust has a good triage process in place and will stream people to PC24 as appropriate. This issue is discussed across the system and the Trust has good engagement with Primary Care Network (PCN) partners. This is not a new issue, but it is worsening as people find it increasingly difficult to access GP services. However, GPs report offering more appointments. It should also be noted there is an increase in activity in both minors and majors. PB advised the Trust is able to stream patients to the right place. There has been an increase in majors, as well as minors, and an increase in acuity. DA advised the Trust has exit routes from the 'front door', for example, high intensity service user focus, Streethealth and a Topaz centre for people who present having been sexually assaulted. While reducing demand is important, having ways of dealing with demand is equally important. AR noted the Trust has more 'exit routes' and queried if the situation is actually worse. DS advised there has been an increase in activity and a change in activity. AR felt there needs to be a system response to the acuity of patients. DS advised the system has started to develop a greater clarity and granularity of the available data. PR acknowledged the need for a system wide approach, a better understanding of the data and the need to identify more actions from the data as a system. The circumstances which led to the recent system incident and the Trust incident at Easter, are not only attributable to acuity and the volume of patients presenting to ED, but the inability to discharge patients is worsening. A whole system approach is required in relation to presentations and getting patients in the right place and dealt with appropriately, but also at the end of the flow through the hospital in terms of discharging patients in a timely manner. **BEST VALUE CARE** JL outlined the Trust's financial position at the end of Month 3. The Board of Directors CONSIDERED the report		
18/517	**BOARD ASSURANCE FRAMEWORK (BAF)**		
1 min	PR presented the report advising all the principal risks (PR) have been discussed by the relevant sub committees. In addition, the BAF in its entirety is subject to quarterly review by the Risk Committee. The changes, and amendments which have been made, are highlighted in the report. There are three risks rated as significant, namely PR1, Significant deterioration in standards of safety and care, PR2, Demand that overwhelms capacity and PR4, Failure to achieve the Trust's financial strategy. PR1 and PR4 are currently above the tolerable risk rating.		

	The Board of Directors REVIEWED and APPROVED the Board Assurance Framework		
18/518	**USE OF THE TRUST SEAL**		
1 min	SH advised the Trust Seal has not been used in the last quarter. The Board of Directors ACKNOWLEDGED the update		
18/519	**EXTERNAL WELL-LED RECOMMENDATIONS, PROGRESS REPORT**		
1 min	SH presented the report, advising there were 15 recommendations from the Well-led review undertaken in March 2022. Eight of which are complete, with the remaining seven not yet due. The progress made is detailed in the report. The Board of Directors were ASSURED by the report		
18/520	**COVID 19 INQUIRY PROCESS**		
3 mins	SH presented the report, advising the terms of refence for the national inquiry have been agreed and the inquiry has been launched. SH outlined the actions taken by the Trust to date. The inquiry is broken down into modules, with the third module focussing on healthcare systems. Timings for this module are not yet known, but it is expected this will be late 2023. The inquiry is unlikely to involve the Trust until the third module. The working group will continue to meet as necessary and updates will be provided to the Board of Directors as necessary. The Board of Directors were ASSURED by the report		
18/521	**ASSURANCE FROM SUB COMMITTEES**		
10 mins	**Audit and Assurance Committee** GW presented the report, highlighting implementation of internal audit recommendations, internal audit limited assurance report in relation to contract management, fragile corporate services, non-clinical and clinical policies, counter fraud and development of a Divisional Governance Toolkit by 360 Assurance. **Finance Committee** ARB presented the report, highlighting the Committee's discussion in relation to PR4, Failure to achieve the Trust's financial strategy, and progress made in relation to the Trust's self-assessment against the Healthcare Financial Management Association (HFMA) Financial Sustainability report.		

	Quality Committee AR presented the report, highlighting poor attendance at key clinical forums, impact on patient care of relocation of services due to Covid related operational pressures, Sentinel stroke national audit results, review of how SFHT Quality Committee relates to the ICS quality forum, PFI quality dashboard, progress on medicines optimisation and clinical audit programme. **People, Culture and Improvement Committee** MG presented the report, highlighting the People, Culture and Improvement Strategy and long term strategic planning approach. The Board of Directors were ASSURED by the reports		
18/522	**OUTSTANDING SERVICE – WORLD BREAST FEEDING WEEK**		
5 mins	A short video was played highlighting the work of the Trust to support World Breast Feeding Week.		
18/523	**COMMUNICATIONS TO WIDER ORGANISATION**		
2 mins	The Board of Directors AGREED the following items would be distributed to the wider organisation: • Recognition of work in response to the recent heatwave and system critical incident • Need to find system wide solutions to managing demand • Learning from incidents • Maternity update • FTSU • Staff story		
18/524	**ANY OTHER BUSINESS**		
	No other business was raised.		
18/525	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 1st September 2022 in the Boardroom, King's Mill Hospital. There being no further business the Chair declared the meeting closed at 12:05		

18/526	**CHAIR DECLARED THE MEETING CLOSED**		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Claire Ward **Chair** **Date**		

18/527	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
	No questions were raised		
18/528	**BOARD OF DIRECTOR'S RESOLUTION**		
1 min	**EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting** In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: "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." Directors AGREED the Board of Director's Resolution.		

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

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
18/361	07/04/2022	Covid vaccination reports to show uptake of the flu vaccination when the flu vaccination campaign starts for 2022/2023	Public Board of Directors	None	06/10/2022	R Simcox			Grey
18/435	09/06/2022	Future Equality and Diversity Annual Reports to capture the impact of activity and provide further information on the data in terms of actions to be taken	Public Board of Directors	None	01/06/2023	R Simcox			Grey
18/438.3	09/06/2022	Update on system waiting list performance to be provided to the Board of Directors	Public Board of Directors	None	01/09/2022	R Eddie		**Complete**	Green
18/477	07/07/2022	Information re: people who are unvaccinated to be included in future Covid vaccination reports	Public Board of Directors	None	06/10/2022	R Simcox			Grey
18/512.1	04/08/2022	Consider use of the voluntary sector to support discharges	Public Board of Directors	None	01/09/2022	D Ainsworth		**Update 16th August 2022** Discussion with Mansfield CVS, the coordinating lead for the three CVS in Mid Notts. They are already tied in to discharge support through their work with district councils. No further action is recommended at this stage **Complete**	Green
18/512.2	04/08/2022	Tracking of trend analysis and movement on overall RAG ratings to be included in future Strategic Priorities update reports	Public Board of Directors	None	03/11/2022	E Challans-Rasool			Grey

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report	**Date**: 1st September 2022	
Prepared By:	Rich Brown, Head of Communications		
Approved By:	Claire Ward, Chair		
Presented By:	Claire Ward, Chair		
Purpose			
To update on key events and information from the last month.		**Approval**	
		Assurance	**X**
		Update	**X**
		Consider	

Strategic Objectives				
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**
X	**X**	**X**	**X**	**X**

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before
Not applicable

Executive Summary
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.

Engaging with the patients and public we serve

Now that the prevalence of COVID in our hospitals and local community has plateaued again, we have been delighted to resume our 'Meet your Governor' events at our King's Mill and Newark Hospitals during August.

These events are an important part of our work to engage with the patients and public we represent to learn more about their experiences – and explore how we can further improve services across our hospitals. We will work through the feedback received at those sessions to consider how best to act upon the feedback they have generously shared.

Our running of those sessions complement a number of other planned appearances from our governors at public events during the summer holidays where, as well as enabling us to engage with existing members of the Trust, the sessions are a great opportunity to sign-up new members to keep them engaged in our work in future.

Our public membership total currently stands at 14,127.

Annual General Meeting preparations

Another key part of our work to engage members of the Trust comes in the hosting of our Annual General Meeting of the Trust and our Annual Members Meeting, which is due to be held on Thursday 29 September 2022.

The meeting is open to all members of the public and is an opportunity for the Trust to reflect upon its activities, challenges and achievements over the past financial year – another year in which we have so much to be proud of.

The meeting will also give members of the Trust and members of the wider public an opportunity to pose their questions to our Board of Directors about any aspects of our work.

I look forward to being able to share more information about that meeting – along with details on how to get involved – in September.

Successful recruitment of new doctors in training

Last month, I was honoured to have helped to welcome our latest intake of doctors in training into the Trust – including at a specially-arranged welcome event to welcome our latest additions to #TeamSFH.

From the nationally allocated intake of new doctors, we are pleased to welcome each year, Sherwood Forest Hospitals has been able to fill an amazing 94.3% (216) of the Trust's 230 available posts for doctors in training, which is a fantastic achievement.

I know the amount of hard work it takes from colleagues across the Trust to onboard, welcome, induct and arrange payment for this group of doctors each year, so I'd also like to place on record my thanks to everyone from across the Trust who has helped to make this year's changeover happen. I hope our new colleagues find their time with us a rewarding one.

Andrew Rose-Britton completing 750km walk for Trust charity

In noting our apologies from one of our Non-Executive Directors, Andrew Rose-Britton, for this month's Board meeting, I would like to thank Andrew for the reason behind his absence – as he is walking the Camino Via Podiensis in France to help raise money for staff and patients on Ward 14 at King's Mill Hospital.

Andrew's fundraising effort will see him walk 750km from Le Puy to Saint Jean Pied de Port, starting on 26 August and finishing on 1 October 2022. The money will be donated to the Trust's charity, which he has asked to be donated to Ward 14 which supports women both physically and mentally in the early stages of pregnancy.

Andrew has setup a 'Just Giving' page to help his fundraising efforts, which he is welcoming donations to online here: https://www.justgiving.com/fundraising/andrew-rose-britton

Celebrating the achievements of #TeamSFH at our annual *Excellence Awards*

Nominations for this year's Trust *Excellence Awards* have now closed.

This year's awards have seen hundreds of nominations flood in from our colleagues, partners, patients and members of the wider public who have come forward in numbers to nominate members of #TeamSFH for special recognition where they feel they have gone above-and-beyond the call of duty over the past year.

A total of 19 awards will be handed-out at this year's annual celebration, which is due to be held virtually on Friday 7 October. I look forward to being able to join those celebrations and share those outstanding achievements from across the Trust.

Cost of Living impact on our staff and community

In August, I supported an open letter by the NHS Confederation on behalf of all Trusts raising concern about the impact of the rise in energy prices and the cost of living upon public health and urging the government to take urgent action to address these issues.

We remain concerned that the cost of energy will lead some people to be unable to heat their homes or eat well and that this in turn will lead to ill health, significant poverty and increased deaths. We are concerned that a deterioration in health will also severely impact upon our Emergency Departments and ambulance services.

We know that many of our staff are also facing challenges due to the rise in costs.

We continue to review what we can do to help and Board members continue to look at additional ways to offer support to our staff.

Sherwood Forest Hospitals
NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report	**Date**: 1st September 2022	
Prepared By:	Rich Brown, Head of Communications		
Approved By:	Paul Robinson, Chief Executive		
Presented By:	Paul Robinson, Chief Executive		
Purpose			
To update on key events and information from the last month.		**Approval**	
		Assurance	**X**
		Update	**X**
		Consider	

Strategic Objectives				
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**
X	**X**	**X**	**X**	**X**

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Not applicable

Executive Summary

An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.

Preparing for winter

Despite the recent warm weather, our focus is now turning to finalising our plans for winter to ensure that we are properly supporting our colleagues as winter approaches to ensure they and our services can continue to be there for patients over the winter months.

Winter is always a busy period for the NHS and this is the first winter where we are likely to see combined pressures from COVID and flu at a time when, in truth, the pressures of last winter never went away. In fact, on an average day in July this year, the Emergency Department at King's Mill Hospital saw 14% more patients come through its doors than on an average day between October and February last winter.

This month, we are also preparing to deliver COVID and flu vaccines to our Trust colleagues and other eligible patient cohorts, as we look forward to again being part of Nottingham and Nottinghamshire's continued vaccinations campaign.

We recognise the impact that these ongoing pressures have on our colleagues working across #TeamSFH and I will close this section of my update by placing on-record my commitment to ensuring that we put in place a plan which has a whole Trust response, including ensuring our staff are properly supported throughout winter and beyond.

I thank them all for their continued commitment, despite the exceptional pressures they are facing.

Adult speech and language therapists pilot in King's Mill's Emergency Department

We have been running a pilot in our Emergency Department at King's Mill Hospital throughout August to support the early discharge and recovery of patients, by enabling patients to eat and drink sooner. The four-week trial saw us provide a dedicated Speech and Language Therapist (SLT) within our busy Emergency Department, Same Day Emergency Care (SDEC) and Emergency Assessment Units (EAU) at the hospital.

Therapists work with a range of other healthcare professionals and patients' families to provide treatment, support and care for those who have difficulties with communication or eating, drinking and swallowing. They assist with the assessment, diagnosis and treatment of swallowing and communication problems and are instrumental in helping to reduce life-threatening swallowing problems in the early days after a stroke.

Before the trial began, an urgent referral to the Speech and Language service could take up to 24 hours and a routine referral could take 48 hours. As the service only ordinarily runs on weekdays, this means that a patient previously referred to the service on a Thursday who is otherwise medically fit for discharge would have had stay in hospital until Monday.

We have received positive anecdotal feedback about the trial already and, now it has concluded, we will analyse the results and consider whether to offer the services within the department on a more permanent basis.

I look forward to us being able to share more information about the trial and how it is helping our patients in the 'outstanding service' video at this month's Public Board meeting.

Little Millers Day Nursery rated 'Good' following latest Ofsted inspection

Last week, we were delighted to finally be able to share the news that our Little Millers Day Nursery has been rated 'Good' following its latest visit from Ofsted inspectors on Wednesday 13 July.

The report highlighted a number of areas that the Little Millers team can be especially proud of, including noting that parents were positive about the care their children receive, feel their children are developing their communication skills, making good progress and are ready for school.

The improved rating represents a quick turnaround for the nursery after a previous report rated the nursery as 'inadequate'. The latest report confirmed that arrangements for safeguarding are effective and that staff have a robust understanding of the possible signs that may indicate a child is at risk of harm.

Ofsted also specifically praised the positive approach the Little Millers team has taken to the last inspection in the report, after a robust action plan was drawn-up between the Trust and nursery staff to address the points raised ahead of July's reinspection.

Work has now begun within the nursery to help restore the nursery's previous 'outstanding' status in-time for its next planned reinspection over the next six years, in-line with Ofsted reinspection schedules.

Thank you to everyone within the Little Millers team who has helped make this turnaround possible. I thank them all for their commitment to helping the facility to return to a rating that we feel more fairly reflects the quality of care we know they provide families there.

Regional thanks for Trust's support for local stroke services

Despite managing exceptional pressures within our own hospitals, the NHS – and our Trust, in particular – continues to see a wealth of examples where hard-working staff continue to work selflessly across geographic boundaries to ensure patients can continue to access the treatment they need.

One such example comes from our stroke services. I would like to pass on my thanks to two of our colleagues, Emma Gillies and Martin Cooper, after they received regional recognition for the work their teams have been doing to provide mutual aid to stroke services at a neighbouring trust over the summer.

Even as times have been exceptionally busy in our own hospitals, their teams going 'the extra mile' really embodies the CARE values we are so proud of and demonstrates the lengths we all go to in putting our patients first. NHS England's Medical Director for the Midlands, Dr Nigel Sturrock, noted their work as a 'credit to our organisation and its culture' and I could not agree more.

Freedom to Speak Up initiative receives national HSJ Awards nomination

In August, we were proud to share the news that our 'Growing Our Freedom to Speak Up Culture at #TeamSFH' project has been shortlisted for a prestigious Health Service Journal (HSJ) award for encouraging staff to speak-up to improve services for patients.

The submission centres around the Trust's successful project to rejuvenate, further embed and grow its Freedom to Speak Up (FTSU) network, which has helped colleagues to understand that speaking up is an important part of improvement, learning, providing outstanding care, and creating a good working environment.

The Trust has a full-time FTSU Guardian, Kerry Bosworth, and 20 trained champions across the organisation, including a medical champion for the first time.

The national winners will be announced during the awards ceremony in November. Well done to all those involved in making this important work happen.

Risk ratings reviewed

The Board Assurance Framework (BAF) risks have been scrutinised by the Trust's Risk Committee. The Committee has confirmed that there are no changes to the risk score affecting the following areas:

- Principal Risk 6: Working more closely with local health and care partners does not fully deliver the required benefits
- Principal Risk 7: A major disruptive incident
- Principal Risk 8: Failure to deliver sustainable reductions in the Trust's impact on climate change.

Mid-Nottinghamshire Integrated Care Partnership

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Single Oversight Framework

Reporting Period: Month 4

2022/23

Inspected and rated
Good
CareQuality Commission

Single Oversight Framework – Month 4 Overview (1)

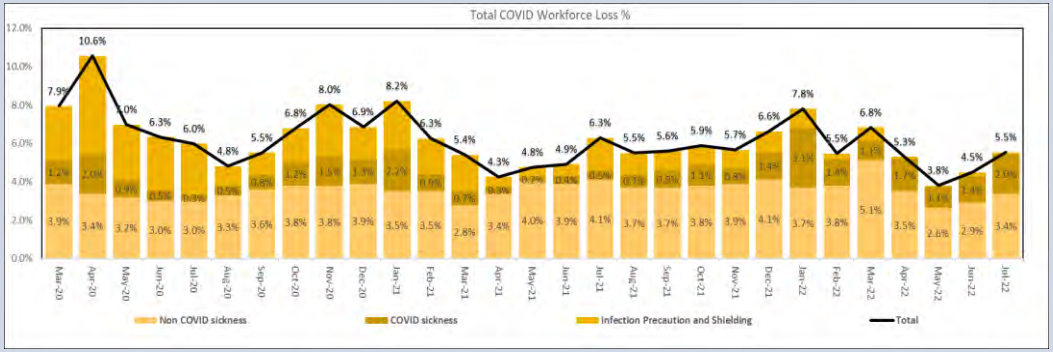
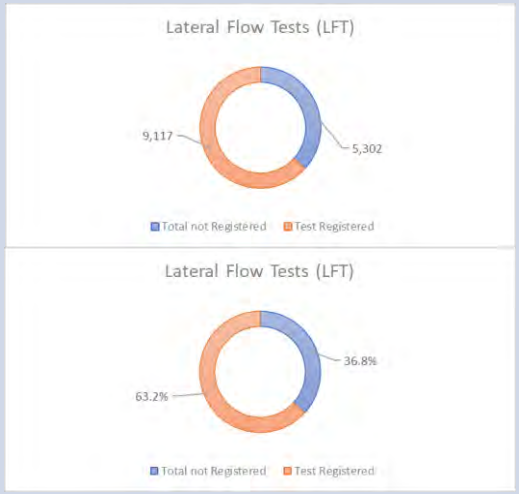
Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care	During July we continued to experience exceptional 'summer' pressure across all our services and pathways. All additional bed capacity including that over and above our initial 'winter' plan has remained open into July, with the requirement for super-surging on 2 further occasions. This activity was replicated across our acute provider partners and a Nottinghamshire system wide critical incident was declared during this period. Whilst the impact of this activity is felt across our organisation, usually this is most tangible in our Emergency Department with occasions of overcrowding impacting on our ability to provided safe, consistent and quality care and patient experience, in the manner that we would wish for. There is also a collateral staff experience effect of this, which is deeply felt by our colleagues and results in a tangible impact. Despite these difficulties and challenges, our teams continue to focus on delivering as good quality care as possible in as safe a way as possible. Hospital acquired pressure ulcer rates remain consistently low despite the described challenges. There is a specific focus on non COVID and wider IPC practices. During July there are 5 exception reports: • **Falls per 1000 OBD:** 8.17 (YTD 7.63) against a standard of 6.63. Increase of patients in delay within acute ward bed base and an increase noted in patients experiencing repeat falls. There continues to be a focus on promoting mobilisation. Deep dive review under way for presentation to Sept Quality Committee. • **CDIFF:** 27.03 (YTD 20.27) against a standard of 20.6. A reduction in the number of hospital associated cases of Cdiff when compared with the same time last year, although this has been raised for July for the second consecutive month with 5 cases noted. NHSE peer review planned • **Rolling 12 month MRSA bacteraemia:** performance 5.41 (TYD 4.05) against a standard of 0**.** A further case has been identified in July**.** Benchmarking against peer organisations undertaken. • **COVID 19 Hospital Onset** 15 (YTD 52) against a standard of less then 37. Correlated with a further wave and increased rates of COVID with a significant number of outbreaks noted within the trust during this period. • **Cardiac Arrest rate per 1000 admissions** 1.28 (YTD 0.8) against a standard of less then 1.0	MD, CN

Single Oversight Framework – Month 4 Overview (2)

Domain	Overview & risks	Lead
People & Culture	**People** In July 2022 (M4) our sickness absence levels and overall workforce loss has increased. The current sickness level is reported as 5.4% which is an increase when compared to 4.3% in June 2022 This sits above the revised Trust target 4.0%. The main reasons for sickness are reported as Stress and Anxiety and Chest and Respiratory problems. We are still seeing a high proportion of absences relating to stress and anxiety but our soft intelligence informs us this related to personal stressors outside of the workplace rather than work related reasons. As part of the Trusts HWB approach we are developing approaches to raise awareness of the impact of menopause on colleagues and taking positive action to change perceptions. A working group has been developed and we are currently focusing on planning a menopause conference in October 2022 to align with World Menopause Day. Total workforce loss (Inc. sickness, maternity and infection precaution) sits at 7.6%, this sits above the target 6.5%. These increases are a direct consequence of the COVID surge, we are anticipating a reduction in these level over the next few months. Overall resourcing indicators for M4 are positive, our overall vacancy's has marginally increased and is under target and turnover sits under the trust target. On 19 July 2022 the government announced the pay award for NHS in England. The announced identified a minimum uplift of £1,400 backed to 1 April 2022 for staff employed on Agenda for Change Terms and Conditions and 4.5% will receive 4.5% (not including those already covered by a multi-year pay deal). The details of the pay award are being worked through with appropriate plans put in place to meet national requirements. **Improvement** Update regarding the 'SFH QI Maturity Matrix' shared with PCI Committee in Jul-22 following independent analysis by EMAHSN and Year 2 actions due to be presented in Aug-22. Our aim is to increase visibility and understanding of our Improvement offer at SFH through a simplified message – action plan currently being developed as a team. Following feedback to SLT a Board development session on Improvement is planned for Aug-22. Comms launch plan developed in Jul-22 for the Optimising the Patient Journey Programme of Improvement; initial focus on pillar lead recruitment and collation of stories from colleagues/patients. **Culture and Engagement** Engagement and actions of 2021 National Staff Survey results continues – results were analysed with 3 theme commitments identified focussed on **'Valuing You'** '**Caring about You'** and **'Developing You'**. Progress at a Trust level against these themes is underway with updates reported through existing governance frameworks and Trust communications channels. Divisional and team actions continue to be supported at a local level with progress discussed as part of the DPR process quarterly. Preparation is under way for the National Staff Survey 2022 with a multi-professional task and finish group in place to drive engagement. The Q2 2022 quarterly pulse survey ran across July with a 23.7% response rate which is the highest response rate to date. A review of results is in train to then be shared internally with key leadership teams and leads. Regular visits to our sites throughout July were undertaken to engage with colleagues regarding the **People, Culture and Improvement Strategy for 2022-2025** whilst also taking the opportunity to check-in and support colleague wellbeing during the heatwave. **Reward and Recognition** has been a key focus for the team and Trust with regards 'getting the foundations right'. A review and approach was approved at TMT and ET. Feedback has also been sought from Divisions to ensure the approach is in touch with colleagues needs currently. Aim to introduce from September 22.	DOP, DCI

Single Oversight Framework – Month 4 Overview (2)

Domain	Overview & risks	Lead
People & Culture	**Learning and Development** Our **Mandatory Training and Development** compliance currently sits at 86%. This is below the Trust target (90%). This is marginally below the Trust target (90%). Training has now resumed as normal and our Task & Finish Group who have been working to improve compliance was closed in July-22. We are developing plans to support increasing capacity due to relaxing of IPC regulations and implementation plans for the new MAST and induction programmes. Roll out of the revised workbook offer and implementation of Learning Governance Groups (to manage the process ongoing) are due to be in place by Sept-22. We hope to see an upturn in compliance over the months that follow. **Appraisals** levels sit at 85% for July, this is below the Trust target but favourable in comparison to National/local levels. This is a reflection of workforce loss during July due to COVID absences, along with Annual Leave impact. A working group is in place to improve compliance and experience, the outcome of the Jul-22 meeting was the production of an options appraisal proposal (digital vs paper-based approach) **COVID Absence –** 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 July 2022 was 5.5%, (June 2022 4.5%). This is expressed in figure 1. **Lateral Flow Tests** – Overall there were 14,419 test distributed, with 9,117 test registered (63.2%). Of the completed tests there has been 3,438 positive test (1.1% positive results). This is expressed in figure 2.  Figure 1 – Total COVID Workforce Loss  Figure 2 – Lateral Flow Tests	DOP, DCI

Single Oversight Framework – Month 4 Overview (3)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Timely care	July continued to be challenging across the emergency pathway with average daily attendances of over 500. 6 days of the month saw attendances over 550. Performance against the 4 hour standard improved slightly in July from 77.6% to 78.4%. There was a national deterioration in performance with trusts achieving between 47% and 89.5%, over half below 70%. The trust ranked 8th in the country and 2nd regionally. In response to the increasing attendance pressures and increased numbers of MSFT in our beds, the trust had to take extraordinary actions opening a further 27 beds on top of the winter and escalation beds already open, to decongest a significantly overcrowded ED. Due to the hard work and continued dedication of colleagues throughout the trust, the beds were closed again 48 hours later. The system was also under pressure and a systemwide critical incident was declared 27th July and stood down 1 August. MSFT patient numbers continued to increase over the month to a mean average of 105. The trust continued to declare OPEL level 4 throughout the majority of the month, with patients experiencing long delays in ED. Bed occupancy remains higher than the national target (92%) at 94.9% resulting in long waits for patients and over crowding in ED. Elective inpatient procedures continued to be adversely affected over the month of July. In the main this was due to reduced activity as a result of leave, reduced anaesthetic cover and clinical cancellations, which included patients unfit for surgery, followed by non clinical cancellations due to theatre capacity and staffing availability. The trust submitted a non compliant plan against the follow up reduction target of 25% in the 2022/23 planning round. To date the reduction made has been small but is improving (6.8%) and due to the size of the overdue review list it is unlikely that this will improve significantly. Good progress has been made against the 5% Patient Initiated Follow Up target with performance exceeding the target at 6.1%. The number of patients waiting more than 62 days on a suspected cancer pathway in July was 126 which is over trajectory. 62 day performance for June was 45.1% against the national average of 59.8% and the ICS average of 47.9%. The average wait for first definitive treatment in June was 70 days (55 in June 2019). The Faster Diagnosis Standard (FDS) performance was 76.7% against the 75% standard with SFHT ranked 34th out of 125 trusts.	COO

Single Oversight Framework – M2 Overview

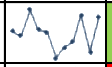
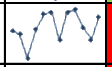
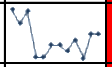
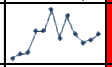
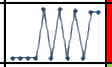
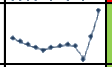
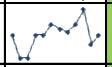
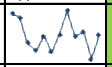
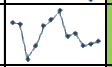
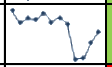
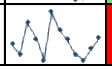
Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead

Best Value care	**Income & Expenditure:**
	• The Trust has reported a break-even position for Month 4 (July 2022). This includes an estimated benefit on ERF, which offsets an overspend elsewhere. The ERF benefit follows national guidance; however a risk remains due to ambiguity in the application of this.
	• Year-to-Date performance for the period to Month 4 is a deficit of £5.2m, which is £1.3m adverse to plan. This is mainly due to the continued need for additional bed capacity above the budgeted bed baseline. The reported position includes year-to-date expenditure of £3.3m for COVID-19 and Covid-19 Vaccination Programme costs of £3.2m.
	• The forecast outturn at Month 4 shows delivery of the planned £4.7m deficit for the financial year. The key risks to delivery remain:
	  • Elective Recovery Funding
	  • Transformation & Efficiency Plan
	  • Covid Expenditure
	  • Operational Pressure and Additional Capacity
	Financial Improvement Programme (FIP):
	• The Financial Improvement Programme (FIP) delivered savings of £0.1m in July 2022, compared to a plan of £ 1.4m. The expected full-year savings for 2022/23 total £13.9m, including the expected benefit of Elective Recovery Funding (ERF).
	Capital Expenditure & Cash:
	• Capital expenditure of £0.8m has been reported for Month 4, against a plan of £1.8m. The year-to-date capital expenditure is £1.8m, which is £3.4m lower than planned. The phasing of the plan contributes to this. The Trust's Capital Oversight Group continues to monitor progress and will carry out a detailed review of the capital expenditure forecast, including potential mitigations, in September 2022.
	• Closing cash for the period was £3.8m, which is £1.4m better than plan. The forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required; however this does rely on the delivery of cash releasing efficiency savings.
		CFO

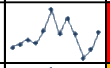
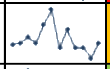
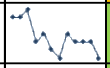
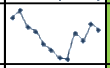
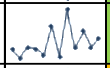
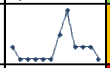
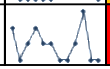
Single Oversight Framework – Month 4 Overview (1)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Quality Care	Safe	Patient safety incidents per rolling 12 month 1000 OBDs	>44	Jul-22	46.72	50.22		G	MD/CN	M
		All Falls per 1000 OBDs	6.63	Jul-22	7.63	8.17		R	CN	M
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	Jul-22	20.27	27.03		R	CN	M
		Covid-19 Hospital onset	<37	Jul-22	52	15		R	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Jul-22	4.05	5.41		R	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jun-22	94.3%	98.5%		G	CN	M
		Safe staffing care hours per patient day (CHPPD)	>8	Jul-22	9.0	8.9		G	CN	M
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Jul-22	1.27	1.41		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	<90%	Jul-22	90.1%	90.1%		G	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	<96%	Jul-22	95.5%	96.8%		G	MD/CN	M
	Effective	Cardiac arrest rate per 1000 admissions	<1.0	Jul-22	0.80	1.28		R	MD	M

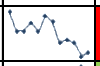
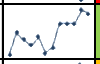
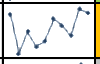
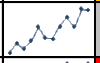
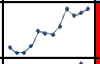
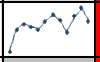
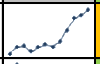
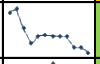
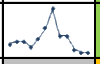
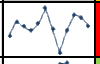
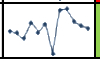
Single Oversight Framework – Month 4 Overview (2)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
People and Culture	Staff health & well being	Sickness Absence	<4.0%	Jul-22	4.7%	5.4%		R	DoP	M
		Total Workforce Loss (inc Sickness, Maternity, Infection Precaution)	<6.5%	Jul-22	7.2%	7.6%		A	DoP	M
		Employee Relations Management	<10-12	Jul-22	26	5		G	DoP	M
	Resourcing	Vacancy rate	≤6.0%	Jul-22	4.6%	4.7%		G	DoP	M
		Turnover in month (excluding rotational Drs.)	<0.9%	Jul-22	0.7%	0.7%		G	DoP	M
		Mandatory & Statutory Training	>90%	Jul-22	87.0%	86.0%		A	DoCI	M
		Appraisals	≥95%	Jul-22	86.0%	85.0%		R	DoCI	M

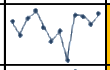
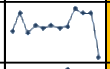
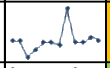
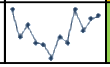
Single Oversight Framework – Month 4 Overview (3)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Timely Care	Emergency Care	Number of patients waiting >4 hours for admission or discharge from ED	90.0%	Jul-22	79.3%	78.4%		R	COO	M
		Mean waiting time in ED (in minutes)	220	Jul-22	204	207		G	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	Jul-22	5.1%	5.7%		A	COO	M
		Number of patients who have spent 12 hours or more in ED from arrival to departure as a % of all ED Attendances	shadow monitoring	Jul-22	2.3%	2.6%			COO	M
		Mean number of patients who are medically safe for transfer	<22	Jul-22	99	105		R	COO	M
		Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Jul-22	95.1%	94.9%		R	COO	M
	Elective Care	Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Jul-22	17.1%	16.3%		R	COO	M
		Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway	on trajectory	Jul-22	-	6.1%		G	COO	M
		Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	Jul-22	-6.8%	-15.4%		A	COO	M
		Elective Day Case activity against Plan	on trajectory	Jul-22	94.4%	91.8%		A	COO	M
		Elective Inpatient activity against Plan	on trajectory	Jul-22	88.4%	83.9%		R	COO	M
		Elective Outpatient activity against Plan	on trajectory	Jul-22	99.2%	91.0%		A	COO	M
	Diagnostics	Diagnostics activity against Plan	on trajectory	Jul-22	110.7%	109.6%		G	COO	M
	RTT	Number of patients on the incomplete RTT waiting list	on trajectory	Jul-22	-	43733		A	COO	M
		Number of patients waiting 78+ weeks for treatment	on trajectory	Jul-22	-	59		G	COO	M
		Number of patients waiting 104+ weeks for treatment	on trajectory	Jul-22	-	0		G	COO	M
		Number of completed RTT Pathways against Yr2019/20	on trajectory	Jul-22	95.6%	95.0%		A	COO	M
	Cancer Care	Number of patients waiting over 62 days for Cancer treatment	93	Jul-22	-	126		R	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Jun-22	77.4%	76.7%		G	COO	M

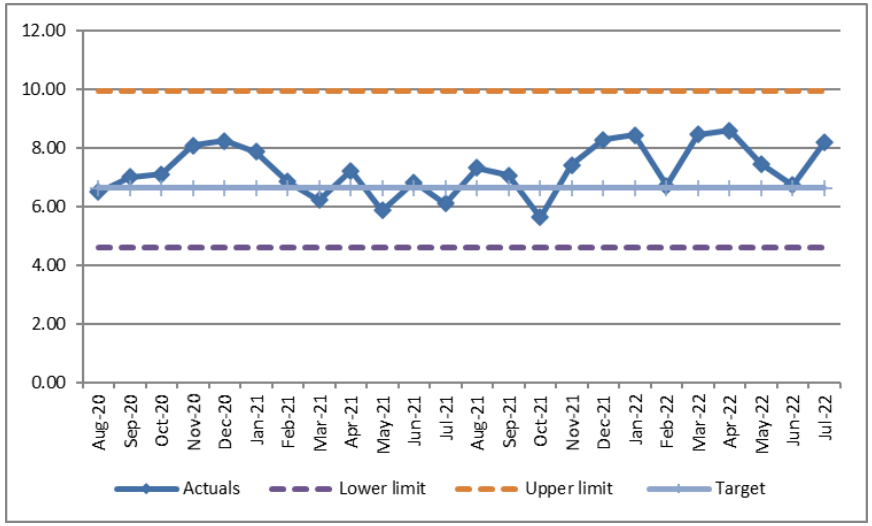
Single Oversight Framework – Month 4 Overview (4)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Best Value Care	Finance	Income & Expenditure - Trust level performance against Plan	£0.00m	Jul-22	-£1.33m	-£0.01m		A	CFO	M
		Financial Improvement Programme - Trust level performance against Plan	£0.00m	Jul-22	-£1.24m	-£1.14m		A	CFO	M
		Capital expenditure against Plan	£0.00m	Jul-22	£3.43m	£0.98m		A	CFO	M
		Cash balance against Plan	£0.00m	Jul-22	£1.43m	£0.83m		G	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
All Falls per 1000 OBDs	6.63	Jul-22	7.63	8.17		R	CN	M

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- The falls rate for July is 7.73 above the national average of 6.63 per thousand bed day
- Harms in month for mod/severe are at zero
- Nationally deconditioning of population and opportunity to recondition/maintain condition is a huge challenge.
- High numbers of medically safe patients remain in acute beds due to reduced capacity for community care and ability to discharge, reduces inpatient bed availability.
- High volume of people consistently accessing urgent care.
- In patient length of stay remains increased.
- High level of admissions through ED.

Root causes

- 30 repeat fallers in month over 50% of which are attributable to 2 patients.
- High numbers of unwitnessed falls in month
- High numbers of falls in cubicles in month
- High volume of patients outlied in month due to extreme systems pressures and residing in beds often outside of their speciality.
- High volume of patients medically fit for discharge awaiting POC's with 21 days and above LOS. Clear evidence states increased LOS leads to increased inpatient falls in patients that are medically fit for discharge.
- Additional bed capacity opened in month/ Newark site.
- w/c 11th July and w/c 18th July highest numbers of falls seen in month, triangulates against hospital pressures.

Actions

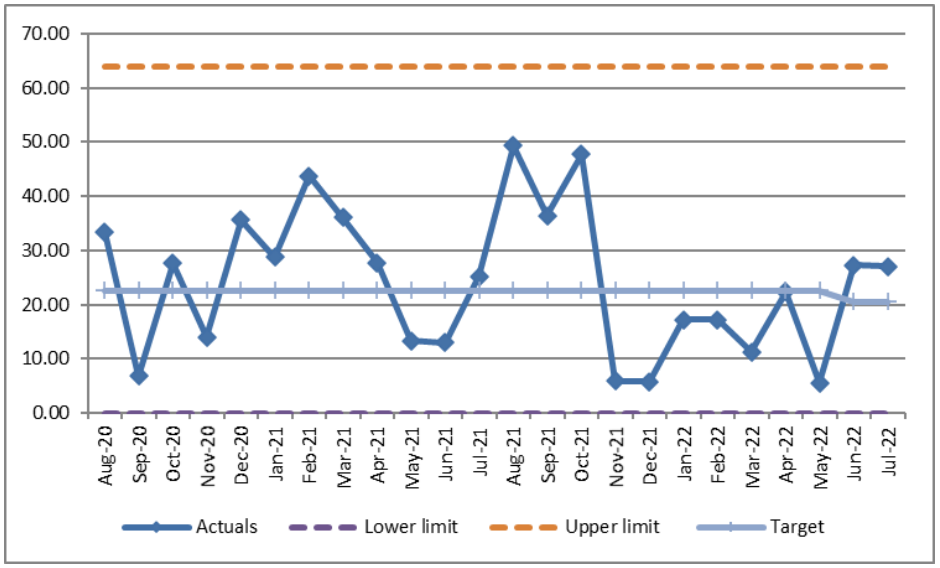
- Liaising with EPO Matron re EPO falls related incidents cited on Datix and discussed at Falls scoping meetings. Connected Care.
- Joint assurance meeting for no harms/low harms with tissue viability/ IPC/ falls – generic SOP for RCAs going forward. Ward based learning.
- PJP audit being reviewed, to feedback to matrons and ward leaders.
- Bed rail assessment now electronic on nerve centre.
- Falls awareness week planning for September with Midlands Falls Network. Also in-house activity promotion/prevention of deconditioning seminar planned for November 18th.
- Falls and Physical Activity community of practice grows, further event 23/09/2022 and an online space being compiled to connect members across the ICS between events. (NHS future Platforms)
- FPP's working alongside ward areas with high number of falls in month, great actions and plans in place.
- Engaging with NUH & Notts HC to plan 'Winter deconditioning games'
- Ensure increased rounding/care and comfort for MFFD patients.
- Scope possibility of additional activity coordinators.
- Cubicle consideration and additional steps if patient at risk of falls.
- MFFRA completion by other professionals consideration

Impact/Timescale

- Ongoing
- October 22
- September 22
- Complete
- Ongoing planning
- Long Term High impact
- On going/continual
- Winter 2022/2023
- OngoingHigh impact
- TBC
- Ongoing High impact
- October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	Jul-22	20.27	27.03		R	CN	M

Sherwood Forest Hospitals
NHS Foundation Trust



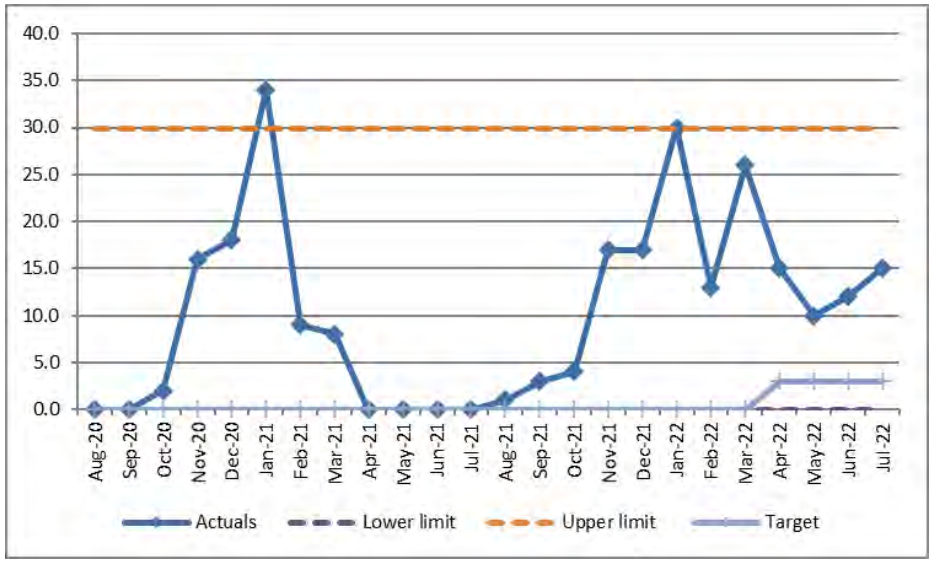
National position & overview

- This year the organisation has been given a trajectory for Cdiff of 92 cases, however this is higher than usual and is currently under review therefore we are continuing to work to our previous trajectory of 57.
- The Trust have seen a reduction in the number of hospital associated cases of Cdiff when compared with the same time last year, although there has been a slight increase during June and July.
- Total Trust Attributed Cdiff cases to date for this year is 27, compared to 29 in 2021 /22
- There is an increase in Cdiff cases nationally and Cdiff Collaboration meetings have been established by NHSE/I
- Following benchmarking against our peer Trusts we are sitting in the middle of the group with our number.

Root causes	Actions	Impact/Timescale
• There have been 5 cases of hospital acquired Cdiff in July. • 2 patients have died and Cdiff is on their death certificate as cause of death • 1 outbreak involving 2 patients from 1 ward, both samples have identical ribotype and MLVA type, therefore strongly indicating cross infection.	• Fundamentals of IPC training is being carried out by the IPC team on all wards and departments • Full end to end investigation into both the patient deaths is underway, this is including a review of what interaction the patients had with any healthcare prior to admission with support from the community IPC team. • Deep clean of the outbreak ward has taken place • Second Peer Review by NHSE/I is being arranged, awaiting dates from Kirsty Morgan.	• October 2022 • 15/09/2022 • Complete • October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Covid-19 Hospital onset	<37	Jul-22	52	15		R	CN	M

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- National guidance changed in June to reduce mask wearing in healthcare establishments. As a Trust we complied with this guidance
- New cases identified 8 days post admission are deem probable hospital acquired and new cases identified 15 days or more after admission are definite hospital acquired cases.
- During July the Trust identified 22 cases of probable or definite hospital acquired cases.
- Nationally there has been an increase and further wave of Covid-19

Root causes

- From the 23rd June we declared 32 Outbreaks and Clusters of Covid-19 across the organisation and the majority of the probable or definite cases were involved with these outbreaks or were contacts of community positives.
- We also had some positive visitors identified

Actions

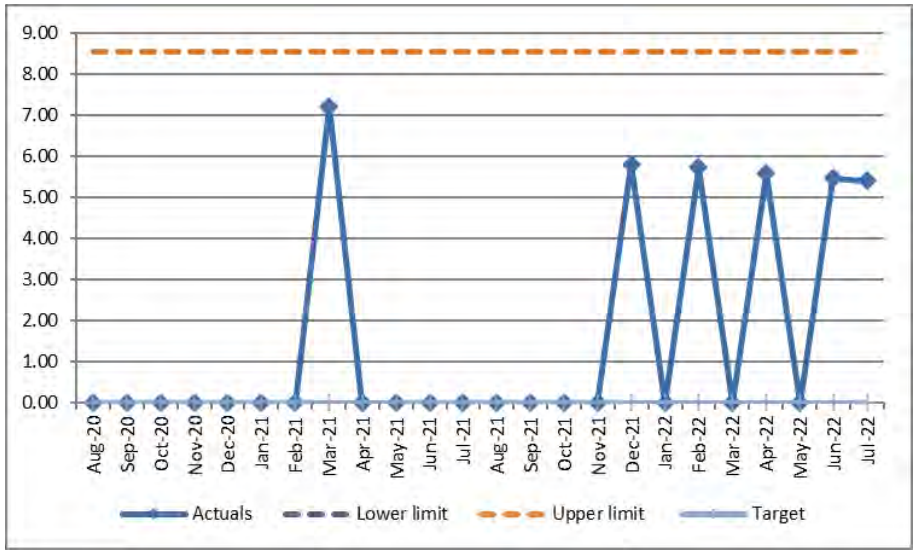
- Universal mask wearing was reintroduced in the Trust
- Enhanced cleaning was implemented in all outbreak/cluster areas
- Regular outbreak meetings with NHSE/I and PHE to monitor progress of the outbreaks

Impact/Timescale

- To reduce the impact of asymptomatic carriage of covid, e.g. visitors who tested positive shortly after visiting
- To further reduce environmental contamination
- To monitor cases and capture learning early

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Jul-22	4.05	5.41		R	CN	M

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

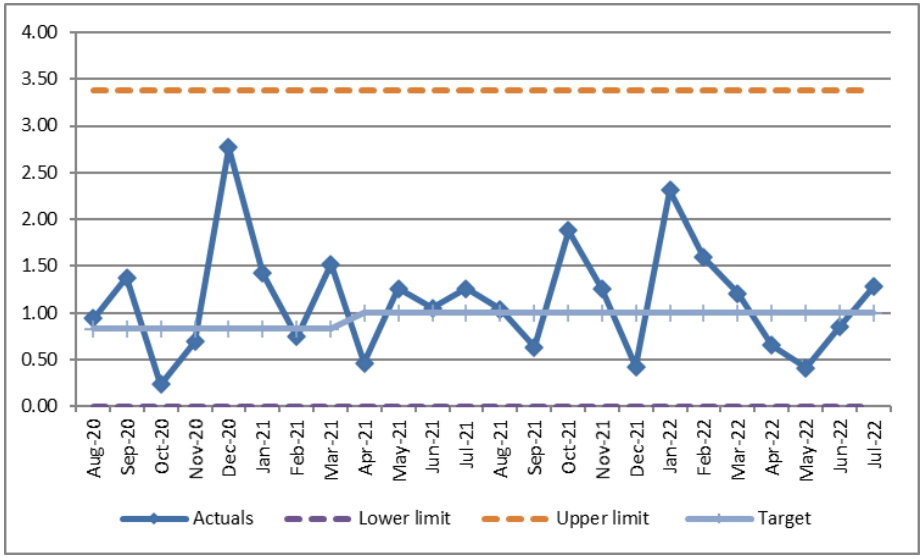
- The Trusts national trajectory for MRSA bacteraemia is zero for 2022-23.
- All organisations nationally now have a zero target for MRSA.
- The Trust have now had 3 MRSA Bacteraemia this year

- Other organisations in the region are also seeing an increase in MRSA blood stream infections.
- 5 out of 11 peer Trusts have also had 1 or more MRSA bacteraemia to date this year

Root causes	Actions	Impact/Timescale
• The cause of this bacteraemia is osteomyelitis. This patient has a history of MRSA and has been recently treated for an infection. • Decolonisation treatment was not commenced on admission for the patient in spite of them being high risk.	• Fundamentals of IPC training is being carried out by the IPC team on all wards and departments • Working with Claire Maddon and the Nervecentre team to add the MRSA decolonisation treatment to this now we are using EPMA, as it used to be pre printed on the drug chart.	• October 2022 • October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Cardiac arrest rate per 1000 admissions	<1.0	Jul-22	0.80	1.28		R	MD	M

Sherwood Forest Hospitals
NHS Foundation Trust



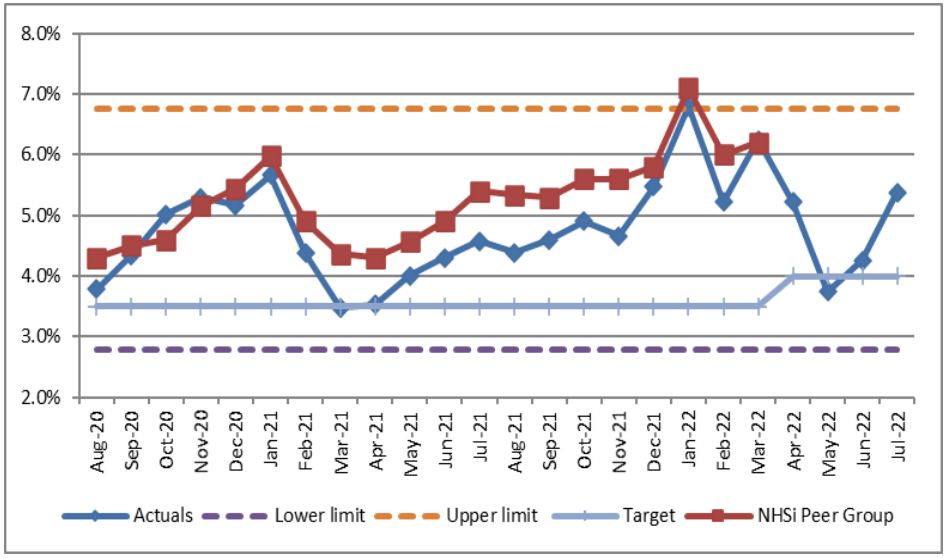
National position & overview

- Q4 2021-22 NCAA report – 67 reported events.
- Rate of cardiac arrests per 1000 admissions at 1.18 is above national average but below what NCAA classifies as 'similar' (no definition is offered by them as to how this classification is reached) hospitals.
- Risk adjusted outcomes for cardiac arrest survival are all within 95% predicted range and RAG rated as green.

Root causes	Actions	Impact/Timescale
• 6 cardiac arrest events in July 2022. - 1x call was 2222 team response to PC24 – GI bleed patient who collapsed and received CPR. - 1x call was a patient who briefly received chest compression when found collapsed but rapidly regained pulse and was thought to have had a stroke (once chest compressions are administered this becomes a reportable cardiac arrest). - 1x call was a patient who had DNACPR decision made but communication breakdown at ward level led to CPR being commenced. This is being scoped and investigated at divisional level.	• 2222 team support to remain in place for PC24 for these types of events to provide support. • There is no means to mitigate these events, staff acted in the interests of patient safety with the information available to them at the time.	• Immediate and ongoing. • N/A.
• Inclusion of these calls to National Cardiac Arrest Audit has pushed July over target threshold but this is a single data point so can be considered normal cause variation and is well within upper control limit.	• Division to scope event and identify contributing factors. Ongoing work at local, ICS and national level to make ReSPECT forms electronic and allow them to work across different systems to improve visibility and communication flow. Work monitored by ReSPECT development group.	• Ongoing, not possible to predict.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Sickness Absence	<4.0%	Jul-22	5.1%	5.4%		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 sits below the NHSi peer group.

Root causes

Sickness absence levels has shown an increase since from last month (4.3%) and has shown an increase over the last few months. This sits above the Trust Target (4.0%). The sickness absence levels is above the sickness absence level in July 2021 (4.6%)

COVID related absence make up 2.0% of the sickness absence level and has shown an increase from last month.

Non COVID related absence has seen an increase from 2.9% to 3.4% in July 2022.

Actions

The increase in absence levels coincidences with the increase nationally with the COVID surge and pressure noted across the Hospital, however there is an increase in staff reporting anxiety & stress sickness reasons. We continue to review this and support staff where necessary

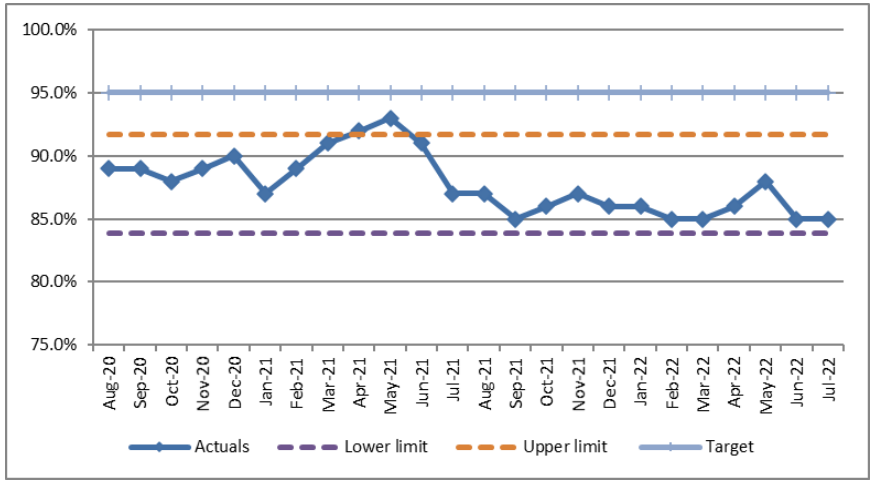
We have forecasted an decrease in sickness absence level over the next few months, to support our workforce during this period we have well being programmes and interventions, however we will ensure these are effective and support our workforce.

Impact/Timescale

The sickness levels are recorded above the Trust target (4.0%)

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	≥95%	Jul-22	85.9%	85.0%		R	DoCI	M

Sherwood Forest Hospitals
NHS Foundation Trust



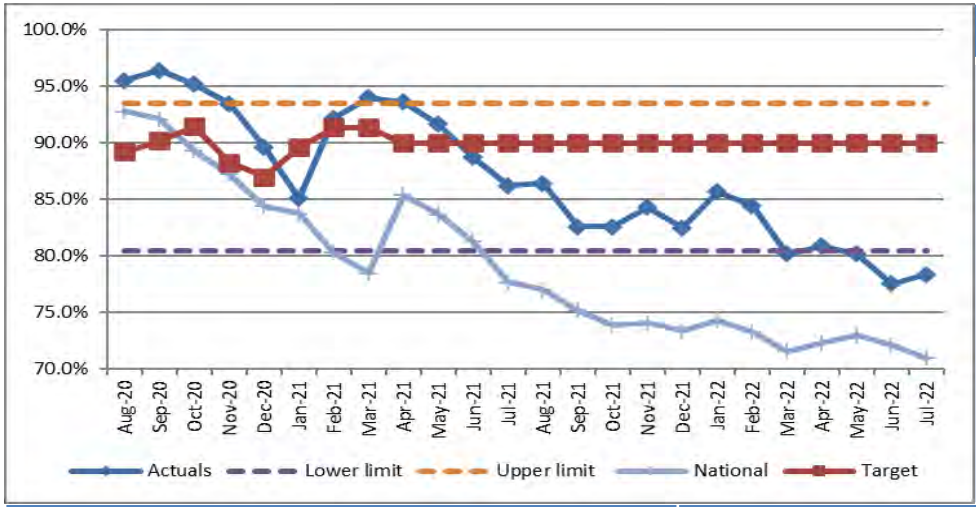
National position & overview

The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers in Nottinghamshire SFH sits above the ICS average (81.0%)

Root causes	Actions	Impact/Timescale
The Appraisal position is reported at 85.0%, and is at the same level as last month. The key cause of below trajectory performance on the appraisal compliance is related to workforce loss during July due to COVID absences, along with Annual Leave impact.	Our People Partners will continue to support discussions with Line Managers at confirm and challenge sessions seeking assurance and offering guidance. **Ongoing actions:** Consider including appraisals within Protected Learning Time Policy (PLT) to ensure appraisals are prioritised. Consider removing Talent Management from appraisals and dedicate separate time to this to avoid consumption of conversations. Appraisals working group meeting went ahead in July, producing an options appraisal as regards the digital vs paper-based approach. Options Appraisal due to go out to group for consideration	We will continue to strive for improvements in compliance between now and September, but recognise there will be a higher level of annual leave , so will continue to monitor By end 22/23 Options Appraisal feedback to be reviewed to identify next steps by end of Q2.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	Jul-22	79.3%	78.4%		R	COO	M

NHS
Sherwood Forest Hospitals
NHS Foundation Trust



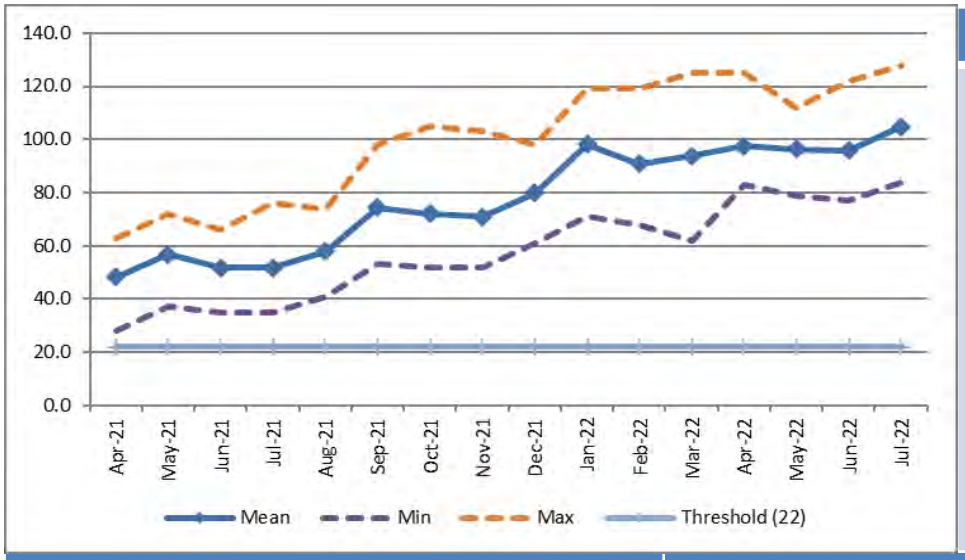
National position & overview

- SFH performance was 78.4% for July 2022 (71% nationally) and continues to be driven mainly by exit block and high numbers of MSFT, although attendances continue to be significantly higher than plan and 2021/22.
- National rank 8th out of all comparison Trusts
- Regional rank 2nd out of all comparison Trusts
- July average attendances were above 500, with 6 days of the month exceeding 550
- 12 hr DTA , 125, rank 50th out of 106 comparison trusts
- Newark UTC averaged at 98.6% of patients seen and treated under 4 hrs.
- Bed pressure was a key driver of performance
- MSFT is driving a total of 4 wards worth of demand against a threshold of one. This is shown in a further slide later in the SOF
- System wide critical incident declared 27th July and stood down 1st August

Root causes	Actions	Impact/Timescale
Bed capacity pressure • The Trust continues to experience delays in the discharge of patients who require social care support following discharge. **Extraordinary Demand** • Attendances in July were 15,559 (average of 501 per day) which continues to increase and be significantly more than planned capacity.	• Extended the use of Sherwood Care Home and increased the number of beds at Newark Hospital on Castle Ward - These beds did not mitigate the MSFT risk fully.	• Implemented
	• Capacity and Demand exercise complete across ED Nursing and Medical staffing – business case in development and to be presented in August 2022.	• Development
	• Extraordinary actions were taken in the last week of the month that saw the trust open a further 27 beds on top of the winter beds that have not closed. These beds were in cath lab, EAU and SSU. All extraordinary capacity was closed 48hrs after opening. The system subsequently declared a critical incident on 27th	• Implemented
	• An internal improvement programme has been launched to optimise the patient journey. This work also feeds into the nation 100 day discharge challenge	• Development

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Mean number of patients who are medically safe for transfer	<22	Jul-22	99	105		R	COO	M

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- The local position continues to remain significantly above the agreed threshold of 22 patients in the acute trust, in delay.
- The position is a direct link to capacity issues within adult social care and care agencies
- Additional winter and surge capacity remains open, additional capacity was opened 25th July to cope with extraordinary demand
- System Virtual Ward Business Case has been signed off
- System D2A business case has been signed off.
- Provider collaborative to pull forward ideas from health providers as winter mitigation
- System 'what good looks like' session to take place end of July to identify a system approach to MSFT
- 100 day discharge challenge task and finish group in place
- Discharge is one of the pillars of the internal Optimising Patient Journey (OPJ) improvement programme, pillar lead required

Root causes	Actions	Impact/Timescale
• Lack of staff within care agencies to support P1 discharges. • School holidays • Care homes closing due to covid affecting P2 and P3.	• Working with ASC and CCG to significantly improve the interim bed offer process.	• Developing
• Ongoing delays to the pathway for patients requiring a DST, significant delays due to lack of clarity around funding arrangements	• Escalated DST delays to ICB	• Escalated
• Some delays in ward process, elongating discharge delays	• Working with IDAT and therapy to ensure D2A information is right first time, reducing delays in rereferral.	• Developing
• Deteriorating relationships between health and social care	• Continue to implement the D2A hubs which will enable partner organisations to physically be in the same room together, which will significantly improve decision making and communication.	• Developing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Jul-22	95.1%	94.9%		R	COO	M

Sherwood Forest Hospitals
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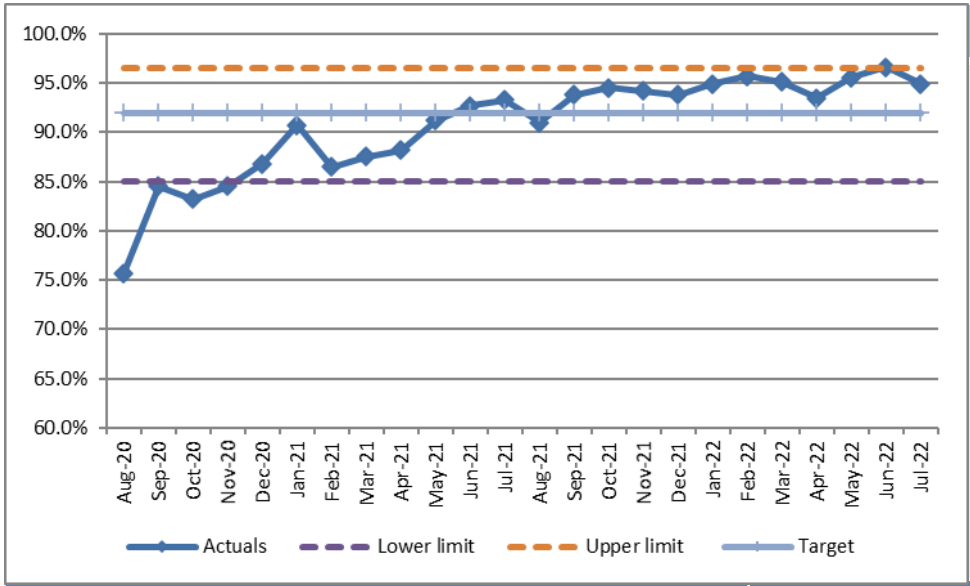

National position & overview

- The trust continues to operate at occupancy levels significantly higher than the planned 92%
- Delays to the onward care of MSFT patients continue to have a detrimental effect on capacity and flow
- Occupancy reduction will form part of the Optimising Patient Journey programme launched in July 2022 by the COO and MD, through focussed discharge projects
- Throughout July the trust operated above 92% occupancy on 22 days out of 31 days, of those, 8 were over 95%

Root causes

- The Trust continues to experience delays in the discharge of patients who are MSFT
- There are 4 wards of patients who are medically fit for transfer but have no onward destination.
- Bed modelling shows that the occupancy of the trust is almost entirely driven by increasing MSFT numbers and increasing length of stay

Actions

- Occupancy reduction will form part of the Optimising Patient Journey programme launched in July 2022 by the COO and MD
- Daily MSFT calls with system to place patients. Escalation to daily system call.
- System calls attended by DCOO to ensure appropriate challenge to partners
- Continue to utilise SDEC and Streaming pathways to turn patients around at the front door and avoid admission
- Progressing alternative discharge pathways with system colleagues through the Provider Collaborative

Impact/Timescale

- Developing
- Implemented
- Implemented
- Implemented
- Developing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of patients waiting over 62 days for Cancer treatment	93	Jul-22	-	126		R	COO	M

NHS
Sherwood Forest Hospitals
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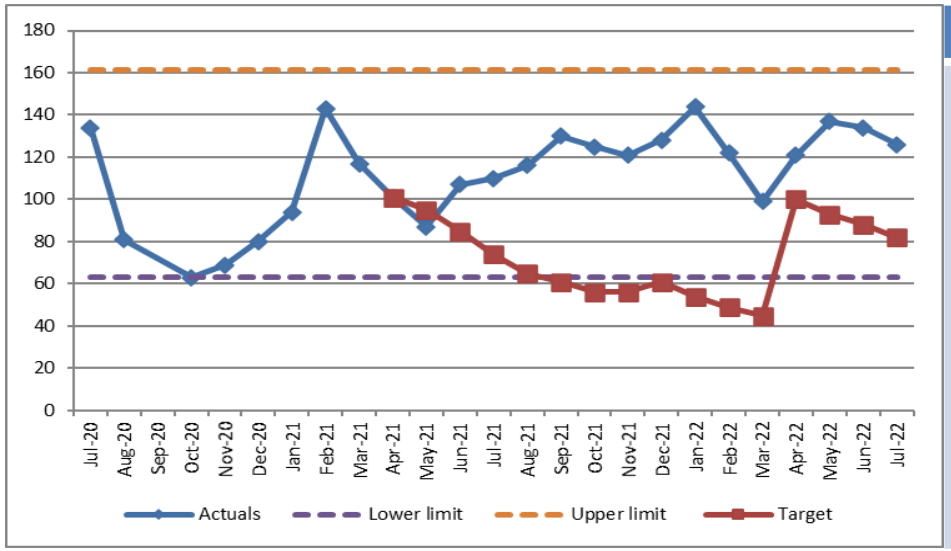

National position & overview

- SFH were ranked 34h out of 125 providers for Faster Diagnosis Standard achieving 76.7% against the 75% standard
- SFH were ranked 112th out of 125 providers for 62 day performance
- SFH 62 day waiting time was 45.1% for June, against the national 59.8% and ICS 47.9%
- The average wait for definitive treatment in June was 70 days (55 in June 2019)
- A trajectory was developed in March 22 with 5 key risks to delivery highlighted: demand, diagnostic capacity, lower GI, dependency on the tertiary provider and the residual impact of covid.
- The 62 day backlog trajectory for June was 126 for all patients which was above trajectory of 93.
- The local backlog for June was 101 against the local trajectory of 75 (excludes patients transferred to the tertiary centre).

Root causes	Actions	Impact/Timescale
• Delays to STT in Gynae due to Hysteroscopy capacity	• Gynae – Expand see and treat capacity, streamline straight to test (STT) Additional lists provided throughout July has made a significant improvement to waits 90% seen within 14 days in the last week.	• Implemented
• Delays to first seen in Skin due to clinic capacity	• Skin – Additional clinic capacity being put in place for August and returned to original clinic space. Locum support being put in place in August	• Implemented
• Head and Neck clinic waits both locally and at the tertiary centre have increased due to consultant leave.	• Head and neck working with NUH colleagues to understand gap and address clinic capacity.	• Developing
• Urology clinic capacity has been a challenge due to consultant leave. This has been further impacted by bereavement leave in the team.	• Urology team are working to ensure waits for clinic are mitigated.	• Developing
• Lower GI impacted by consultant leave and STT CNS vacancy.	• Lower GI to add additional clinics and theatres where possible. Division currently in discussion to out locum support in place.	• Developing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Jul-22	17.1%	16.3%		R	COO	M

Sherwood Forest Hospitals
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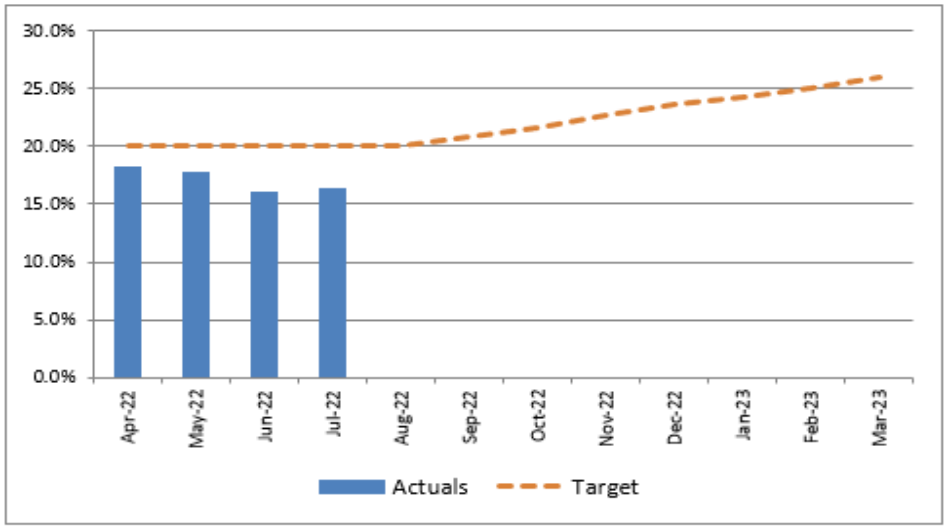


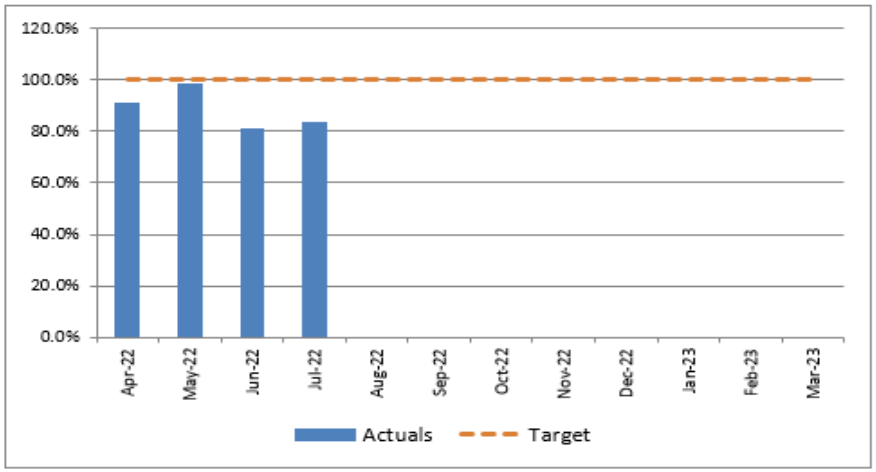
National position & overview

- National Planning 2022/23 target to reduce follow up appointments by 25% of 2019/20 actuals. SFH submitted a plan declaring that would not be compliant with the target in 2022/23 due to the size of the current overdue review backlog and activity plan aim to achieve 110% of 2019/20 activity. The target will still be monitored and reported against at a trust level
- Specialities are being individually reviewed to understand why there has been deterioration against previous performance and to learn best practice from those specialities where it is working well
- Most acute trusts in the midlands declaring a non compliant position
- Alternatives to Follow Up are being progressed through Patient Initiated Follow Up (PIFU). Current year to date position against plan is 6.1%
- Currently delivering 16% of outpatient consultations virtually against the national target of 25%

Root causes	Actions	Impact/Timescale
• Clinical appetite to progress 'virtual' agenda, preference to see patients face to face	• A virtual core project team has been set up by the transformation team to lead on improving the virtual position against the national target	• Implemented
• There are a number of barriers including: equipment, signal issues, support for staff and patients to conduct 'virtual' sessions, fixed clinic sessions for video consultation.	• A questionnaire for clinical teams has been developed to better understand their views of the challenges and opportunities for virtual appointments	• Implemented
• Review of existing telephone and email advice lines not currently recorded or reported.	• A report summarising the finding is due in September/October to compliment the already completed patient experience analysis	• Developing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Elective Inpatient activity against Plan	on trajectory	Jul-22	88.4%	83.9%		R	COO	M

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- July 2022 activity volume is 83.9% against the 2022/23 plan and 69.8% against 2019/20 activity.
- When comparing the July 2022 projection to June 2019, activity for both years:
- Elective inpatient –333 v 477 (–144)
- Elective IP activity throughout July continues to be adversely affected due to increased emergency pathway pressures and capacity.
- Throughout July there were 8 elective inpatient cancellations for non clinical reasons and a further 17 cancellations due to patient and clinical cancellations.

Root causes	Actions	Impact/Timescale
• Sustained urgent and emergency care pathway pressures	• Additional lists to make up the lost capacity	• Implemented
• Anaesthetic capacity	• Plans to increase the number of lists available	• Implemented
	• Plans to use external agency to 'insource' anaesthetists	• Implemented
	• Successful recruitment of anaesthetists in June, the benefit of which may not be seen until July/August	• Implemented
	• Flexibly using available lists across all specialties and trauma to ensure that patients are seen in a timely way	• Implemented

Best Value Care

Sherwood Forest Hospitals
NHS Foundation Trust

Income & Expenditure *Trust Level Performance against Plan*	In-Month	**(£0.01m)**	The Trust has reported a surplus of £0.05m for Month 4 (July 2022), on an ICS Achievement basis. This is a £0.01m adverse variance to the planned deficit.
	Year-to-Date	**(£1.33m)**	The Trust has reported a deficit of £5.19m for the Year-to-Date, on an ICS Achievement basis. This is a £1.33m adverse variance to the planned deficit.
	Forecast Outturn	**£0.00m**	The forecast outturn reported at Month 3 is aligned to the 2022/23 financial plan, as a deficit of £4.65m.
Financial Improvement Programme *Trust Level Performance against Plan*	In-Month	**(£1.32m)**	The Trust has reported FIP savings of £0.06m for Month 4 (July 2022), which is £1.14m lower than planned (includes notional Elective Recovery Fund (ERF) of £0.0m).
	Year-to-Date	**(£1.97m)**	The Trust has reported FIP savings of £0.07m for the Year-to-Date, which is £1.24m lower than planned (includes notional Elective Recovery Fund (ERF) of £0.00m).
	Forecast Outturn	**£0.00m**	The Trust has forecast FIP savings of £13.94m for the Financial Year 2022/23, which is aligned to the plan (includes notional Elective Recovery Fund (ERF) of £2.21m).
Capital Expenditure Programme *Trust Level Performance against Plan*	In-Month	**£0.98m**	Capital expenditure in Month 4 (July 2022) totalled £0.75m, which is £0.98m less than planned.
	Year-to-Date	**£3.43m**	Capital expenditure totals £1.09m for the Year-to-Date, which is £2.45m less than planned.
	Forecast Outturn	**£0.00m**	The Trust has forecast capital expenditure totalling £19.46m for the Financial Year 2022/23, which is aligned to the plan.
Cash Balance *Trust Level Performance against Plan*	In-Month	**£0.83m**	The Trust's cash balance increased by £0.92m in Month 4 (July 2022), which is a favourable variance of £0.83m compared to the plan.
	Year-to-Date	**£1.43m**	The Trust reported a closing cash balance of £3.81m as of 31st July 2022, which is £1.43m higher than planned.
	Forecast Outturn	**£0.00m**	The Trust has forecast a year end cash balance of £1.45m for the Financial Year 2022/23, which is aligned to the plan.

Best Value Care

Sherwood Forest Hospitals
NHS Foundation Trust

M4 Summary

- The Trust has reported a year to date deficit of £5.19m for the period up to the end of July 2022 on an ICS Achievement basis. This is an adverse variance of £1.33m to the planned deficit of £3.86m.
- The forecast outturn reported at Month 4 is a £4.65m deficit in line with the 2022/23 financial plan (on an ICS achievement basis).
- Capital expenditure for month 4 (July 2022) was £0.75m. This was £0.98m lower than plan primarily relating to MRI where funding has yet to be formally approved.
- Closing cash on the 31st July was £3.81m, which is £1.43m higher than planned. The cashflow forecast continues to demonstrate sufficient cash to comply with the minimum cash balances required. However there are some timing issues on receipts and payments which will need to be closely monitored and managed.

	July In-Month			Year to Date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	38.14	39.33	1.19	150.55	151.43	0.88	450.10	445.91	(4.19)
Expenditure	(38.09)	(39.28)	(1.19)	(154.45)	(156.57)	(2.12)	(454.85)	(450.58)	4.27
Surplus/(Deficit) - ICS Achievement Basis	**0.07**	**0.05**	**(0.01)**	**(3.86)**	**(5.19)**	**(1.33)**	**(4.65)**	**(4.65)**	**(0.00)**
Capex (including donated)	(1.73)	(0.75)	0.98	(5.27)	(1.84)	3.43	(19.46)	(19.46)	0.00
Closing Cash	0.09	0.92	0.83	2.38	3.81	1.43	1.45	1.45	-

FY23 Target		FY23 Forecast		FY23 Variance		M4 Target		M4 Actual		M4 Variance		YTD Target		YTD Actual		YTD Variance	
FIP £11.73m	ERF £2.21m	FIP £11.73m	ERF £2.21m	FIP £0.00m	ERF £0.00m	FIP £1.20m	ERF £0.18m	FIP £0.06m	ERF £0.00m	FIP (£1.14m)	ERF (£0.18m)	FIP £1.30m	ERF £0.74m	FIP £0.07m	ERF £0.00m	FIP (£1.24m)	ERF (£0.74m)
£13.94m		£13.94m		£0.00m		£1.38m		£0.06m		(£1.32m)		£2.04m		£0.07m		(£1.97m)	

Overall Status	
A	Amber rated due to YTD shortfall to plan and potential impact on full year forecast.

Section 2 - Financial Improvement Plan Actual Delivery (Month 4)

Year To Date Delivery

a. In-month delivery is behind plan. **We have delivered £66k against a plan of £1,301k**.
b. There are currently 10 schemes in delivery, an increase of 8 from last month which include pacing consumables, discretionary spend and various pathology repatriation of tests.
c. Procurement savings were phased to start delivering from April. There is however currently only one scheme in delivery (started in July) for pacing consumables. It is anticipated more consumables schemes will be included from month 5.
d. The Medical and Nursing, Midwifery & AHP Transformation programmes were planned to start delivering in July. Although significant progress is being made on several projects within these programmes, none have been fully implemented and the savings logic is still being validated. Concerns have been raised for projects such as 'Reduction of Bank Rates' where costs were previously aligned to the 'Covid' budget and may now be classed as Cost Avoidance.
e. The savings planned for Ophthalmology Transformation were due to start in July. Delivery for this programme is anticipated to catch-up
f. The savings planned for Diagnostics Transformation were due to start in July. Delay to the appointment of the Diagnostics Improvement Programme Manager has had an impact on delivery. Interviews were held on the 8th August for this post.
g. Pathology savings planned for July will now start in August, though more opportunities need to be found.
h. Other Corporate Services projects have been delayed, such as a decision to delay the re-introduction of parking charges for staff and awaiting for the outcomes of the National Consultation on uniforms. Further work is required to identify other opportunities to replace projects such electric car charging points which at this stage has been deemed unfeasible.

Programme	Overall Trust Target v Delivery (£000)			FIP Delivery – Year to Date (Month 4) (£000)																
				Corporate Services			Diagnostics & Outpatients			Medicine			Surgery, Anaesthetics & Critical Care			Urgent and Emergency Care			Women's & Children's		
	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG
Medical Transformation	£329	£0		£0	£0		£10	£0		£150	£0		£81	£0		£62	£0		£26	£0	
Nursing Midwifery and AHP Transformation	£223	£0		£0	£0		£8	£0		£95	£0		£44	£0		£40	£0		£35	£0	
Ophthalmology Transformation	£6	£0		£0	£0		£0	£0		£0	£0		£6	£0		£0	£0		£0	£0	
Outpatients Innovation	£7	£11		£7	£11		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Pathology Transformation	£4	£0		£0	£0		£4	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Procurement	£133	£15		£30	£0		£7	£0		£50	£15		£33	£0		£7	£0		£7	£0	
Estates & Facilities	£0	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Other Corporate Services	£151	£0		£151	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Diagnostics Transformation	£22	£0		£0	£0		£22	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Divisional Schemes	£426	£40		£98	£0		£68	£0		£102	£0		£86	£40		£38	£0		£34	£0	
Total	**£1,301**	**£66**		**£286**	**£11**		**£120**	**£0**		**£397**	**£15**		**£250**	**£40**		**£146**	**£0**		**£103**	**£0**	

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	SOF – Integrated Performance Report – Month 4 2022/2023	**Date**: 1st September 2022	
Prepared By:	Shirley A Higginbotham – Director of Corporate Affairs		
Approved By:	Executive Team		
Presented By:	Paul Robinson - CEO		
Purpose			
To provide assurance to the Board regarding the Performance of the Trust as measured in the SOF Integrated Performance Report		**Approval**	
		Assurance	x
		Update	
		Consider	

Strategic Objectives				
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**
x	x	x	x	x

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	x
PR2	Demand that overwhelms capacity	x
PR3	Critical shortage of workforce capacity and capability	x
PR4	Failure to achieve the Trust's financial strategy	x
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Executive Team 24th August 2022

Executive Summary

The SOF – Integrated Performance report provides the Board with assurance regarding the performance of the Trust in respect of the standards identified on the dashboard.

This report is for the July 2022/23 – Month 4 ,

There are 41 indicators on the monthly dashboard covering four sections. All standards are RAG rated and the threshold for each standard is noted on the dashboard. An SPC chart which identifies trends is provided for each standard and forms part of the dashboard report.

The table below shows the number of standards in each section the current RAG rating of those standards

Section	Number of standards	Red	Amber	Green	No rating
Quality Care	11	5	0	6	0
People and Culture	7	2	2	3	0
Timely Care	19	6	6	6	1
Best Value Care	4	0	3	1	0

The table below details the number of standards in each section where the RAG rating has changed in the month.

Section	Red to Amber	Amber to Green	Green to Amber	Amber to Red	Green to Red
Quality Care	2	2			1
People and Culture				1	
Timely Care	1		1		
Best Value Care			1		

A report is produced for each individual standard rated as red; this includes:

The performance against the standard, both monthly and year to date, the trend graph, the Executive owner, a comparison against the national position, the root causes, with actions to address, the expected outcome and timeline for completion.

For Month 4 2022/23 there are 12 Standards rated as Red:

Quality Care

All Falls per 1,000 OBDs - This standard was Amber at the end of Q1, performance has deteriorated, and the standard is now rated as red, which means falls per 1,000 OBD's exceeded the >7.63 threshold. The large numbers of medically fit patients in delay and those requiring ongoing mobilisation and inpatient therapy has been a factor. Many patients are presenting in a deconditioned state prior admission.

Rolling 12-month Clostridium Difficile infection rate per 100,000 OBD's – July was the second consecutive month with increased rates with 5 cases. Deep clean programme reinstated in outbreak areas. Peer review arranged with NHSE

Covid-19 Hospital onset – Performance against this standard has deteriorated since Q1, this is due to a further increase in COVID rates translating into a significant number of outbreaks within the trust in both clinical and non-clinical areas

Rolling 12-month MRSA bacteraemia infection rate per 100,000 OBD's – There was one case in month taking the total to 3. Decolonisation treatment of the patients was not commenced and may have contributed to the outcome

Cardiac arrest rate per 1,000 admissions – Performance against this standard has worsened to 1.28 exceeding the >1.10 threshold for a red RAG rating compared to Amber at month 3. 6 Cariad arrests reported in month on investigation 2 were non cardiac arrest.

People and Culture

Sickness Absence – The sickness absence rate at the end of M3 was 4.3%, this has increased to 5.4% in month 4, exceeding the threshold for a rating of red of >5.0%. The increase in absence levels coincidences with the increase nationally with the COVID surge and pressure noted across the Hospital, there are noted high levels in staff reporting anxiety & stress sickness and chest & respiratory reasons.

Appraisals – Performance against this standard has remained at the same level to M3 and is recorded at 85% in month 4. The key cause of below trajectory performance on the appraisal compliance is related to workforce loss during July due to COVID absences, along with Annual Leave impact.

Timely Care

Number of patients waiting >4 hours for admission or discharge from ED – Performance against this standard improved to 78.4% in July. The significant pressures throughout Q1 continued in July resulting in the trust taking extraordinary actions and opening a further 27 additional beds. A system wide critical incident was declared in July due to increased emergency pathway demand and exit block, however, the pressure at SFH was de-escalated quickly due to the exceptional actions taken.

Mean number of patients who are medically safe for transfer – There has been an increase in the number of medically safe patients for transfer from 96 at the end of Q1 to 105 at the end of Month 4.

Adult G & A Bed Occupancy (8.00am position as per U & EC Sitrep) – Occupancy has fallen in the month from 96.6% at the end of Q1 to 94.9% at the end of Month 4. Whilst this is an improvement on the previous month and against Q1, occupancy remains higher than the 92% target.

Remote Attendances as a percentage of Total Outpatient Attendances: Although the rating remains red, performance against this standard has increased slightly in month to 16.3%. There is a focussed specialty specific programme of work being undertaken to improve the overall position. Patient Initiated Follow Up continues to improve, with the trust exceeding the 5% target at 6.1%.

Elective Inpatient Activity against Plan: Performance against this standard remains at red for month 4. Capacity constraints continue to affect IP activity with emergency pressures and anaesthetic cover remaining the most significant factors.

Number of patients waiting over 62 days for Cancer treatment: The number of patients waiting in excess of 62 for Cancer treatment has fallen in the month from 134 to 126, this exceeds the trajectory for July of 93. Therefore, performance remains rated as red.

CONSTITUTION

OF

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

(A Public Benefit Corporation)

Approved from February 2007

Further revised version August 2022

Draft amended constitution - version control

Version 1 - Shirley Higginbotham 26 Jul 2022

Version 2 - Browne Jacobson 5 Aug 2022

Contents

Annex 1: Public Constituencies

Annex 2: Staff Constituencies

Annex 3: Model Election Rules

Annex 4: Board of Directors Standing Orders

Annex 5: Council of Governors Standing Orders

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST (A PUBLIC BENEFIT CORPORATION)

CONSTITUTION

This Constitution represents the constitution of Sherwood Forest Hospitals NHS Foundation Trust as adopted in accordance with the 2006 Act (as defined below) as amended by the 2012 Act (as defined below). This Constitution sets out the powers and functions of the Trust. In exercising its powers and carrying out its functions the Trust shall aim to provide the best possible patient care, based on evidence and in a culture that encourages continuous improvement

Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this Constitution shall bear the same meaning as in the 2006 Act as amended by the 2012 Act.

References in this Constitution to legislation include all amendments, replacements, or re-enactments made, and include all subordinate legislation made thereunder.

Headings are for ease of reference only and are not to affect interpretation. All annexes referred to in this Constitution form part of it.

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

References to paragraphs are to paragraphs in this Constitution save that where there is a reference to a paragraph in an annex to this Constitution it shall be a reference to a paragraph in that annex unless the contrary is expressly stated, or the context otherwise so requires.

1 Definitions

In this Constitution:

2006 Act - means the National Health Service Act 2006.

2012 Act - means the Health and Social Care Act 2012.

2022 Act – means the Health and Care Act 2022.

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

Annual Accounts - means those accounts prepared by the Trust (through the Accounting Officer) pursuant to paragraph 25 of Schedule 7 to the 2006 Act.

Annual Members' Meeting – means the annual meeting of the Members as provided for in paragraph 6.8.

Annual Report – means the annual report of the Trust prepared by the Trust as referred to at paragraph 15.1.

Appointed Governor - means a PBP Governor, a Local Authority Governor, a Volunteer Governor or an Other Partnership Governor.

Audit Committee - means the committee of the Board of Directors as established pursuant to paragraph 8.4.

Auditor - means the auditor of the Trust appointed by the Council of Governors pursuant to paragraph 7.15.2.1.

Board of Directors - means the board of directors of the Trust as constituted in accordance with this Constitution;

PBP – means Mid Nottinghamshire Place Based Partnership

PBP Governor – means the Appointed Governor appointed by the PBP pursuant to paragraph 7.5.1.

Code of Conduct for Directors – means the Trust's code of conduct for Directors (as amended from time to time).

Code of Conduct for Governors - means the Trust's code of conduct for Governors (as amended from time to time).

CoG's Nominations Committee – means the committee appointed by the Council of Governors pursuant to paragraph 8.5.1.3.

Council of Governors - means the council of governors of the Trust as constituted in accordance with this Constitution.

Chair - means the Chair of the Trust appointed in accordance with paragraph 7.15.2.1.

Chief Executive - means the Chief Executive of the Trust appointed in accordance with paragraph 8.5.2.

Constituency – means either a Public Constituency or the Staff Constituency and "Constituencies" shall be construed accordingly.

Constitution - means this Constitution together with its annexes.

Designated Trust Sub-contractors – means Central Nottinghamshire Hospitals PLC (CNH) and such other sub-contractors of the Trust as may be designated as such from time to time by the Board of Directors.

Director - means an Executive or Non-Executive Director.

Elected Governor - means a Staff Governor or a Public Governor.

Engagement Policy – means the engagement policy in relation to the interaction of the Board of Directors and Council of Governors as published by the Council of Governors from time to time.

Executive Director - means an Executive Director of the Trust being the Chief Executive, Chief Finance Officer or such other Executive Director as is appointed under paragraph 8.5.

Chief Finance Officer - means the Chief Finance Officer of the Trust appointed in accordance with paragraph 8.5.

Financial Year - each successive period of twelve months beginning with 1st April in any year.

Governor - means a member of the Council of Governors

Health Overview and Scrutiny Committee - means a local authority overview and scrutiny committee established pursuant to Section 21 of the Local Government Act 2000.

Health Service Body - shall have the meaning ascribed to it in section 65(1) of the 2006 Act.

Healthwatch – means a Healthwatch England committee as defined in section 181 of the Health and Social Care Act 2012 or a Local Healthwatch organisation as defined in section 222 of the Local Government and Public Involvement in Health Act 2007.

Hospital means: King's Mill Hospital; Newark Hospital; Mansfield Community Hospital and all associated hospitals, establishments and facilities at which the Trust provides and/or manages the provision of goods and/or services, including accommodation and "Hospitals" shall be construed accordingly.

Lead Governor - means the Governor appointed by the Council of Governors as the Trust's lead governor pursuant to paragraph.

Local Authority – means any of: Ashfield District Council; Mansfield District Council; Newark & Sherwood District Council; and Nottinghamshire County Council and "Local Authorities" shall be construed accordingly.

Local Authority Governor - means the Appointed Governor appointed pursuant to paragraph 7.7 by a Local Authority.

Member - means a member of the Trust and the term "Membership" shall be construed accordingly.

Model Election Rules – means the Model Election Rules as published from time to time by NHS Providers.

NHSE – means NHS England which was originally established as the NHS Commissioning Board under section 1H of the NHSA and renamed NHS England under section 1 of the 2022 Act.

Nolan Principles - means the seven principles of conduct of holders of public office enunciated by the Nolan Committee in its Report on Standards in Public Office.

Non-Executive Director – means the Chair or such other Non-Executive Director of the Trust appointed in accordance with paragraph 8.5.

Other Partnership Governor - means the Appointed Governor appointed by an Other Partnership Organisation pursuant to paragraph 7.8.

Other Partnership Organisation – means West Nottinghamshire College.

Policies – means the Trust's published policies on freedom to speak up, confidentiality, equal opportunities and such other reasonable Trust policies as are notified to the Directors and Governors in writing from time to time.

Public Constituency - means one of the Public Constituencies as set out in Annex 1 and "Public Constituency" shall be construed accordingly.

Public Governor - means a member of the Council of Governors elected by the members of a Public Constituency.

Registered Dentist - means a registered dentist within the meaning of the Dentists Act 1984.

Registered Medical Practitioner - means a medical practitioner who is fully registered within the meaning of the Medical Act 1983 who holds a license to practice under that Act.

Registered Midwife – means a person who is registered to practice as a midwife by the Nursing and Midwifery Council.

Registered Nurse – means a person who is registered to practice as a nurse by the Nursing and Midwifery Council.

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

Sherwood Forest Volunteers - means the volunteers who are engaged by the Trust to provide voluntary services.

Staff Constituency - means the constituency of the Trust as referred to Annex 2.

Staff Governor - means a member of the Council of Governors elected by the members of the Staff Constituency.

Sub-contractor Personnel – means the employees of any of the Trust's Designated Sub-contractors who, in the course of their employment, exercise functions on behalf of the Trust.

Trust - means the Sherwood Forest Hospitals NHS Foundation Trust.

Trust Secretary - means the secretary of the Trust or any other person or body corporate appointed to perform the duties of the secretary of the Trust, including a joint, assistant or deputy secretary.

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

Volunteer Governor – means the Appointed Governor appointed by the Sherwood Forest Volunteers.

2 Name

2.1 The name of the foundation trust is "Sherwood Forest Hospitals NHS Foundation Trust".

3 Principal Purpose

3.1 The Trust's principal purpose is the provision of goods and services for the purposes of the health service in England.

3.2 The Trust does not fulfil its principal purpose unless, in each Financial Year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

4 Other Purposes

4.1 In addition to the Trust's principal purpose as set out in paragraph 3, the Trust may:

4.1.1 provide goods and services for any purposes related to:

4.1.1.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness; and

4.1.1.2 the promotion and protection of public health.

4.1.2 carry out research in connection with the provision of health care and make facilities and staff available for the purposes of education, training or research carried on by others; and

4.1.3 carry on activities other than those mentioned above for the purpose of making additional income available in order to better carry on the Trust's principal purpose.

5 Powers

5.1 The Trust has all the powers of an NHS foundation trust as set out in the 2006 Act.

5.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

5.3 Any of the powers of the Trust may be delegated to a committee of Directors or to an Executive Director in accordance with this Constitution and the Standing Orders of the Board of Directors.

6 Members and constituencies

6.1 Constituencies

6.1.1 The Trust shall have members each of whom shall be a member of one of the following constituencies:

6.1.1.1 a Public Constituency; and

6.1.1.2 the Staff Constituency.

6.2 Public Constituency

6.2.1 Subject to paragraph 6.5 an individual is eligible to become a member of a Public Constituency if they:

6.2.1.1 live in the area specified for that Public Constituency in the corresponding entry in column 2 of Annex 1.

6.2.1.2 are not a member of another Public Constituency .

6.2.1.3 are not eligible to become a member of the Staff Constituency; and

6.2.1.4 are at least 16 years old at the time of their application to be a Member.

6.2.2 Those individuals who are eligible to be members of a Public Constituency are referred to collectively as a "Public Constituency".

6.2.3 An eligible individual shall become a Member upon entry to the membership register pursuant to an application by them.

6.2.4 On receipt of an application for Membership and subject to being satisfied that the applicant is eligible the Trust Secretary shall cause the applicant's name to be entered in the Trust's register of Members.

6.2.5 The minimum number of Members of each Public Constituency is set out in column 3 of Annex 1.

6.3 Staff Constituency

6.3.1 Subject to paragraphs 6.3.2 and 6.5 individuals are eligible to become members of the Staff Constituency if they are at least 16 years old and they are employed by the Trust under a contract of employment (other than as a Non-Executive Director);

6.3.2 For the avoidance doubt members of the Staff Constituency cannot be members of a Public Constituency.

6.3.3 An individual is only eligible to become a member of the Staff Constituency under paragraph 6.3.1 above if they satisfy the minimum duration requirements set out in 3(3) of Schedule 7 to the 2006 Act, that is to say:

6.3.2.1 In the case of individuals qualifying under paragraph 6.3.1.1 above, they:

(a) are employed by the Trust under a contract of employment which has no fixed term.

(b) are employed by the Trust under a contract of employment which has fixed term of at least 12 months; or

(c) have been continuously employed by the Trust under a contract of employment for at least 12 months.

6.3.2.2

6.3.2.3 For the purposes of paragraphs 6.3.2.1 Chapter 1 of Part 14 of the Employment Rights Act 1996 shall apply for the purposes of determining whether the individual has been continuously employed by the Trust or has continually exercised functions on behalf of the Trust.

6.3.4 An individual who is:

6.3.3.1 eligible to become a member of the Staff Constituency who qualifies under paragraph 6.3.1.1 and

6.3.3.2 is invited by the Trust to become a member of the Staff Constituency

shall become a Member of the Trust as a member of the Staff Constituency without an application for Membership being made unless they inform the Trust they do not wish to become a Member.

6.3.5 On receipt of an application for Membership for those qualifying for membership of the Trust and subject to being satisfied that the applicant is eligible, the Trust Secretary shall cause the applicant's name to be entered in the Trust's register of Members.

6.3.6 Those individuals who are eligible for Membership by reason of the provisions set out in this paragraph 6.3 are referred to collectively as the "Staff Constituency".

6.3.7 The minimum number of Members for the Staff Constituency is set out in column 3 of Annex 2.

6.4 Not used

6.5 Disqualification for Membership

6.5.1 An individual may not be or continue as a Member of the Trust if, in respect of:

6.5.1.1 a Public Member they do not meet the relevant eligibility criteria under paragraph 6.2; or

6.5.1.2 a Staff Member they do not meet the relevant eligibility criteria under paragraph 6.3.

6.5.2 It is the responsibility of each Member to ensure their eligibility for membership. If the Trust is on notice that a Member may no longer be

eligible to be a Member, the Trust shall carry out such reasonable enquiries as it considers necessary to establish if this is the case and shall invite the Member concerned to comment on its findings (within 14 days), and following receipt of any comments or expiry of that 14 day period (whichever occurs first) the Trust Secretary shall decide whether such Member should be disqualified.

6.6 Termination of Membership

6.6.1 A Member shall cease to be a Member if they

6.6.1.1 resign by notice in writing to the Trust Secretary; or

6.6.1.2 cease to fulfil the eligibility requirements of paragraphs 6.2 or 6.3 and/or is disqualified under paragraph 6.5.

6.7 Voting at Governor Elections

6.7.1 A Member may not vote in an election for an Elected Governor unless within the specified time period they have made a declaration in the specified form setting out the particulars of their qualification to vote as a member of the Constituency (and where relevant the appropriate class within that Constituency) for which the election is being held. The specified time period and form of declaration are specified in the Model Election Rules.

6.7.2 It is an offence for any Member to knowingly or recklessly make such a declaration as is referred to at paragraph 6.7.1 which is false in a material particular.

6.7.3 An individual who is a member of another foundation trust as well as the Trust may vote in elections for this Trust provided, they are able to comply with the provisions of this paragraph 6.7 (Voting at Governor Elections).

6.8 Annual Members' Meeting

6.8.1 The Trust shall every year hold an Annual Members' Meeting which shall be open to members of the public.

6.8.2 The following documents shall be presented at the Annual Members' Meeting by at least one of the Directors:

6.8.2.1 the Annual Accounts.

6.8.2.2 any report of the Auditor on the Annual Accounts; and

6.8.2.3 the Annual Report.

6.8.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of being presented with the documents in sub-paragraph 6.8.2 with the Annual Members' Meeting.

6.8.4 In accordance with paragraph 20.3 where an amendment has been made to the Constitution in relation the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of

Governors has as a part of the Trust), Members shall be given an opportunity to vote at the Annual Members' Meeting on whether they approve the amendment which shall be presented to that meeting by at least one Governor.

6.8.5 Where an amendment has been presented to the Annual Member's Meeting in accordance with paragraph 6.8.4, and it is not approved by more than half of the Members voting such amendment shall cease to have effect and the Trust shall take such steps as are necessary as a result.

7 Council of Governors

7.1 Composition

7.1.1 The Trust shall have a Council of Governors which shall consist of Elected Governors and Appointed Governors (as set out in paragraph 7.1.2).

7.1.2 The composition of the Council of Governors shall be:

7.1.2.1 fourteen (14) Public Governors representing the Public Constituencies as set out in Annex 1;

7.1.2.2 Three (3) Staff Governors representing the Staff Constituency as set out in Annex 2;

7.1.2.3 one (1) PBP Governor;

7.1.2.4 one (1) Volunteer Governor.

7.1.2.5 four (4) Local Authority Governors; and

7.1.2.6 one (1) Other Partnership Governor.

7.1.3 The Council of Governors shall nominate a Governor to be the Trust's Lead Governor.

7.2 Governor Elections

7.2.1 Elected Governors shall be chosen by election by their Constituency or, where there are classes within a Constituency, by their class within that Constituency. The number of Governors to be elected by each Constituency or, where appropriate, by each class of each Constituency, is as set out in Annexes 1 and 2.

7.2.2 Elections for Elected Governors shall be conducted in accordance with the Model Election Rules First Past the Post system.

7.2.3 The Model Election Rules, including the specified forms of and periods for declarations to be made by candidates standing for office and Members as a condition of voting and the process if the election is uncontested, are set out in Annex 3.

7.2.4 A subsequent variation to the Model Election Rules to reflect a change by NHS Providers shall not constitute a variation of the terms of this Constitution for the purposes of paragraph 20.1.

7.2.5 The Model Election Rules provide for arrangements to be made to assist those persons requiring assistance to vote.

7.2.6 Members:

7.2.4.1 standing for; and/or

7.2.4.2 voting in.

Governor elections must comply with the terms of the Model Election Rules.

7.2.7 Where an election is contested, the election shall be by secret ballot.

7.3 Public Governors

7.3.1 Each Public Constituency shall elect the number of Governors set against it in column 4 of Annex 1.

7.3.2 Members of each Public Constituency may elect any of their number who is eligible to be a Public Governor.

7.3.3 An individual may not stand for election to the Council of Governors as a Public Governor unless:

7.3.3.1 within the period specified in paragraph 12 of the Model Election Rules (Annex 3), they have made a declaration in the form specified in that part of that annex of their qualification to vote as a Member of the Public Constituency Class for which the election is being held; and

7.3.3.2 they are not prevented from being a member of the Council of Governors by paragraph 7.12 (Suspension and disqualification).

7.3.4 It is an offence for any Member to knowingly or recklessly make such a declaration as is referred to in paragraph 7.3.3.1 which is false in a material particular.

7.4 Staff Governors

7.4.1 Members of the Staff Constituency may elect the number of Governors for that Staff Class as set out in Annex 2.

7.4.2 Members of the Staff Constituency may elect any individual who is eligible to be a Staff Governor in respect of the relevant Staff Constituency.

7.5 PBP Governors

7.5.1 The PBP may appoint 1 PBP Governor (such person must be eligible to be, and not disqualified from being, a Governor under this Constitution) pursuant to a process agreed between the PBP and the Trust.

7.6 Volunteer Governor

7.6.1 The Sherwood Forest Volunteers will appoint 1 Governor (such person must be eligible to be, and not disqualified from being, a Governor under this Constitution) pursuant to a process agreed between the Sherwood Forest Volunteers and the Trust.

7.7 Local Authority Governors

7.7.1 Each of the Local Authorities may appoint one Local Authority Governor (such person must be eligible to be, and not disqualified from being, a Governor under this Constitution) by notice in writing signed by:

7.7.1.1 the leader of the relevant council.

7.7.1.2 or a member of the relevant council's executive and delivered to the Trust Secretary.

7.8 Other Partnership Governors

7.8.1 The Other Partnership Organisation may appoint one Other Partnership Governor (such person being eligible to be, and not disqualified from being, a Governor under this Constitution) as set out. West Nottinghamshire College may appoint its Other Partnership Governor by notice in writing signed by the principal of West Nottinghamshire College and delivered to the Trust Secretary.

7.9 Transition arrangements

7.9.1 Where an Elected Governor ceases to be eligible to hold the office to which they were elected by virtue of paragraphs 6.2 or 6.3 that Elected Governor shall immediately notify the Trust Secretary of the circumstances giving rise to their ineligibility.

7.9.2 Where the Trust Secretary receives notice from an Elected Governor, pursuant to paragraph 7.8.1, that they believe they are no longer eligible to hold office (or the Trust Secretary otherwise becomes aware that the Elected Governor is no longer eligible to hold office) the Trust Secretary shall notify the Elected Governor that their position is suspended with immediate effect and shall ask the Governor if they:

7.9.2.1 wish to stand down as a Governor: and

7.9.3 Where the Elected Governor confirms in writing they:

7.9.3.1 will stand down as a Governor, such resignation shall take effect immediately.

7.10 Terms of Office

7.10.1 Elected Governors:

7.10.1.1 shall be elected for a period of 3 years.

7.10.1.2 are, subject to paragraphs 7.10.1.3 and 7.10.1.4 eligible for re-election at the end of the period referred to in paragraph 7.10.1.1.

7.10.1.3 may hold office for a maximum of 9 years but in exceptional circumstances (as determined by the Council of Governors) may serve longer than 9 years, but any extension beyond 9 years will be subject to annual re-election and, in any event, they shall not serve for a total term longer than 12 years.; and

7.10.2 Appointed Governors:

7.10.2.1 shall be appointed for a period of 3 years.

7.10.2.2 are, subject to paragraphs 7.10.2.3 and 7.10.2.4 eligible for reappointment at the end of the period referred to in paragraph 7.10.2.1.

7.10.2.3 may hold office for a maximum of 9 years but in exceptional circumstances (as determined by the Council of Governors) may serve longer than 9 years, but any extension beyond 9 years will be subject to annual re-appointment and, in any event, they shall not serve for a total term longer than 12 years; and

7.10.2.4 shall cease to hold office if their appointing organisation withdraws its appointment of them or in any other situation specified in this Constitution.

7.10.2.5 Governors must comply with the Trust's:

7.10.2.5.1 Constitution.

7.10.2.5.2 Standing Orders for the Council of Governors.

7.10.2.5.3 Code of Conduct for Governors; and

7.10.2.5.4 Policies.

7.11 Termination of Tenure

7.11.1 A Governor may resign from office at any time during the term of office by giving notice in writing to the Trust Secretary or the Chair.

7.11.2 A Governor's tenure:

7.11.2.1 shall be terminated immediately if a Governor fails to attend two consecutive meetings of the Council of Governors, unless a majority of the other Governors are satisfied that:

(a) the absence was due to a reasonable cause; and

(b) they will be able to start attending meetings of the Council of Governors again within such a period as they consider reasonable.

7.11.2.2 shall be terminated immediately if the Council of Governors decide (by a majority of the other Governors) that a Governor has:

(a) failed to comply with paragraph 7.12.3; (except where the Council of Governors decide that termination of tenure would not be appropriate in the circumstances);

(b) conducted themselves in an inappropriate manner which would adversely affect public confidence in the Trust or the Council of Governors; or

(c) conducted themselves in such a manner as is likely to bring the Trust into disrepute including, but without prejudice to the generality of the foregoing, a failure to declare a material or pecuniary interest which would or would be likely to result in a conflict of interest.

The Council of Governors may request that the CoG's Nominations Committee investigates any matter which would give rise to them exercising their powers in paragraph 7.11.2 and to receive the representations of the relevant Governor and any representative appointed by them for that purpose except to the extent that the Code of Conduct for Governors provides a procedure for the same in which case such procedure must be followed.

Any engagement of the CoG's Nominations Committee pursuant to paragraph 7.11.2 shall make such report and recommendations to the Council of Governors as it deems fit and shall, as far as practicable, submit any report and recommendations to the Council of Governors within 4 months of commencing their investigation.

7.12 Suspension and disqualification from office

7.12.1 Where a Staff Governor has been:

7.12.1.1 made the subject of a written warning or a period of suspension in excess of 28 days: or

7.12.1.2 absent from their post as an employee of the Trust for a continuous period of not less than four months and no reasonable cause (in the opinion of the Council of Governors acting by simple majority) has been given for absence.

their term of office as Governor may be suspended by the Council of Governors for such period of time as the Council of Governors deems fit and so as to enable, if necessary, an investigation to be carried

out to determine whether or not the tenure of that Staff Governor should then be terminated. The Staff Governor in question may submit reasons to the Council of Governors as to why they should still be eligible to continue as a Staff Governor and the Council of Governors shall decide whether to terminate the Governor's term of office and such determination of the Council of Governors shall be final.

7.12.2 An individual is immediately disqualified from becoming or continuing to hold office as a Governor if they:

7.12.2.1 have been adjudged bankrupt or their estate has been sequestrated and in either case he has not been discharged.

7.12.2.2 are a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);

7.12.2.3 have made a composition or arrangement with, or granted a trust deed for, their creditors and has not been discharged in respect of it;

7.12.2.4 have within the preceding five years been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them.

7.12.2.5 have within the preceding three years been dismissed (including, but not limited to, by reason of redundancy) by the Trust.

7.12.2.6 are under 16 years of age.

7.12.2.7 are an individual whose tenure of office as the Chair or as a member or director of a Health Service Body has been terminated on the grounds that their appointment is not in the interest of the health service, for non-attendance at meetings or for non-disclosure of a pecuniary interest;

7.12.2.8 are an Executive or Non-Executive Director, Governor, , Chair, Chief Executive Officer of another NHS foundation trust.

7.12.2.9 has had their name removed from any list prepared pursuant to paragraph 14 of the National Health Service (Performers List) Regulations 2013 or section 151 of the 2006 Act (or similar provision elsewhere) and has not subsequently had their name included in such a list.

7.12.2.10 are incapable by reason of mental disorder, illness or injury of managing and administering their property and affairs.

7.12.2.11 are registered as a sex offender pursuant to Part 1 of the Sex Offenders Act 1997.

7.12.2.12 has been identified and given notice in writing by the Chief Executive to the effect that they are a vexatious complainant in respect of the Trust;

7.12.2.13 is a member of Healthwatch; or

7.12.2.14 has contravened any other provision of this Constitution.

7.12.3 An individual is disqualified from becoming or continuing to hold office as a Public Governor if:

7.12.3.1 they cease to be a Member of a Public Constituency; or

7.12.3.2 they are eligible to be a Member of the Staff Constituency.

7.12.4 An individual is disqualified from becoming or continuing to hold office as a Staff Governor if:

7.12.4.1 they cease to be a Member of the Staff Constituency; or

7.12.4.2 they are employed by the Trust on a temporary contract which contract is or was identified on the face of it as a temporary contract.

7.12.5 An individual is disqualified from becoming or continuing to hold office as an Appointed Governor if the relevant appointing organisation withdraws its appointment of him.

7.12.6 If an Elected or Appointed Governor ceases to be eligible to hold such office because grounds for disqualification exist pursuant to paragraph 7.12 (other than under paragraph 7.12.1 and paragraph 7.11.2), they shall immediately notify the Trust Secretary in writing of the circumstances.

7.12.7 If the Trust is on notice that a Governor may no longer be eligible to be a Governor, the Trust shall carry out such reasonable enquiries as it considers necessary to establish if this is the case and shall invite the Governor concerned to comment on its findings (within 14 days) and following receipt of any comments or expiry of that 14 day period (whichever occurs first) the Council of Governors shall decide whether such Governor's term of office should be terminated.

7.13 Consequences of termination of tenure

7.13.1 Where a Governor:

7.13.1.1 has given notice of resignation in accordance with paragraph 7.11.1.

7.13.1.2 has had their term of office terminated pursuant to the terms of this Constitution in any manner whatsoever; or

7.13.1.3 is otherwise disqualified from holding office pursuant to the Constitution or the 2006 Act,

that Governor shall thereupon cease to be a Governor and their name shall be forthwith removed from the Register of Governors.

7.13.2 A Governor who resigns or whose tenure of office is terminated shall not be eligible to stand for re-election for a period of three years from the date of their resignation or termination of office.

7.14 Vacancies

7.14.1 Where a Governor's tenure of office ceases for one or more of the reasons set out in paragraph 7.11 or 7.12, in the case of:

7.14.1.1 Public Governors and Staff Governors, such vacancy shall, subject to provisions of paragraphs 7.14.2, be filled by elections held in accordance with the Model Election Rules set out in Annex 3: and

7.14.1.2 the PBP Governor, the Local Authority Governor, , the Partnership Governor and the Volunteer Governor shall be replaced in accordance with the processes set out in paragraphs 7.5 – 7.8.

7.14.2 Where a vacancy arises amongst the Elected Governors for any reason (including, for the avoidance of doubt, an increase in the number of Elected Governors effected by an amendment to the Constitution in accordance with paragraph 20.1 below) other than the expiry of the term of office, the Council of Governors shall decide either:

7.14.2.1 to call an election within three months to fill the vacancy, unless an election is due within nine months in which case the seat shall stand vacant until the following scheduled election.

7.14.2.2 to invite the next highest polling candidate in the relevant constituency at the most recent election who is willing to take office, to fill the vacancy, provided that the candidate achieved at least 5% of the vote in the last held election for the relevant constituency and, where appropriate, class (the "Reserved Governor"). If the vacancy is filled in this way, the Reserved Governor shall be eligible for re-election for a further two full three-year terms; or

7.14.2.3 to leave the seat vacant until the next scheduled elections are held.

except that if the aggregate number of Public Governors does not exceed half the total membership of the Council of Governors an election will be held in accordance with the Model Election Rules as soon as reasonably practicable.

7.15 Roles and Responsibilities of Governors

7.15.1 The general duties of the Council of Governors are:

7.15.1.1 to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors; and

7.15.1.2 to represent the interests of the Members of the Trust as a whole and the interests of the public.

The Trust must take steps to secure that its Governors are equipped with the skills and knowledge they require to carry out their role as a Governor.

7.15.2 The roles and responsibilities of the Governors (in addition to any roles and responsibilities set out elsewhere in this Constitution) are:

7.15.2.1 at a General Meeting:

(a) to appoint or remove the Chair and the other Non-Executive Directors as further set out in the Standing Orders for the Council of Governors. The removal of the Chair or a Non-Executive Director requires the approval of three-quarters of the members of the Council of Governors.

(b) to approve the appointment (by the Non-Executive Directors) of the Chief Executive as further set out in the Standing Orders for the Council of Governors.

(c) to decide the remuneration and allowances, and other terms and conditions of office of the Non-Executive Directors.

(d) to appoint or remove the Trust's Auditor; and

(e) to be presented with the Annual Accounts, any report of the Auditor on them and the Annual Report.

7.15.2.2 to give the views of the Council of Governors to the Board of Directors for the purposes of the preparation by the Board of Directors of the document containing the information to be given to the NHSE as to the Trust's forward planning in respect of each Financial Year.

7.15.2.3 to consider the Annual Accounts, any report of the Auditor on them and the Annual Report.

7.15.2.4 to respond as appropriate when consulted by the Directors in accordance with this Constitution; and

7.15.2.5 to represent the interests of Members and the Other Partnership Organisations in the governance of the Trust, regularly feeding back information about the Trust, its vision and its performance to the Constituency or Other Partnership Organisation they represent. and

7.15.2.6 to hold the Non-executives accountable for the monitoring of the activities of Executive Directors who have wider

roles across the local health system, to ensure focus on the strategic objectives of the Trust and alignment with the strategic objectives of the local health system.

7.16 Council of Governors - Further Provisions

7.16.1 Expenses

7.16.1.1 Governors are entitled to receive re-imbursement for travelling and other expenses incurred and evidenced by receipts in accordance with the Trust's expenses policy at such rates as the Trust decides from time to time.

7.16.1.2 The Trust shall publish the rates referred to in paragraph 7.16.1.1 in the Annual Report.

7.16.2 Remuneration

Governors are not entitled to receive remuneration for their role.

7.16.3 Meetings

Meetings of the Council of Governors shall be conducted in accordance with the provisions of the Standing Orders for the Council of Governors as set out in Annex 5.

Meetings of the Council of Governors shall be chaired by the Chair or in their absence the Vice Chair. If the Vice Chair is also unavailable the meeting shall be chaired by such person as is chosen in accordance with the Standing Orders for the Council of Governors.

The Council of Governors is to meet at least four times per year, including an annual meeting no later than 30 September in each year where the Council of Governors shall receive and consider the annual accounts, any report of the auditor on them and the annual report.

The Council of Governors may require one or more of the Directors to attend a meeting for the purposes of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Directors' performance). Unless otherwise agreed, at least five working days' notice of the meeting must be provided.

Meetings of the Council of Governors shall be open to members of the public, but members of the public may be excluded from a meeting for special reasons.

No defect in the election or appointment of a Governor nor any deficiency in the composition of the Council of Governors shall affect the validity of any act or decision of the Council of Governors.

7.16.4 Committees and Sub-Committees

The Council of Governors may appoint committees and sub-committees in accordance with the provisions of the Standing Orders for the Council of Governors.

The Council of Governors cannot delegate its powers to any committee or sub-committee.

7.16.5 Conflicts of Interests of Governors

If a Governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the Governor shall disclose that interest to the members of the Council of Governors as soon as they become aware of it.

The Standing Orders of the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed and Governors shall comply with the provisions of the Standing Orders for the Council of Governors.

7.16.6 Referral to the Panel

A Governor may refer a question as to whether the Trust has failed or is failing.

7.16.6.1 to act in accordance with the Constitution; or

7.16.6.2 to act in accordance with provision made by or under Chapter 5 of the 2006 Act.

to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

In this paragraph, the Panel means a panel of persons appointed by NHSE to which a Governor of the Trust may refer a question

7.16.7 Engagement Policy

The Governors and Directors shall observe the terms of the Engagement Policy in relation to their engagement with each other on matters concerning the Trust.

8 Board of Directors

8.1 The Trust shall have a Board of Directors which shall consist of Executive and Non-Executive Directors.

8.2 The Board of Directors shall comprise the following:

8.2.1 the Chair (a Non-Executive Director);

8.2.2 at least 5 other Non-Executive Directors;

8.2.3 the Chief Executive (an Executive Director);

8.2.4 the Chief Finance Officer (an Executive Director); and

8.2.5 at least 2 other Executive Directors but subject to the provisions of paragraph 8.4

8.3 One of the Executive Directors is to be:

8.3.1 a Registered Medical Practitioner or Registered Dentist; and

8.3.2 a Registered Nurse or Registered Midwife.

8.4 At all times the composition of the Board of Directors shall be such that the number of Voting Executive Directors is less than the number of Non-Executive Directors.

8.5 Appointment and removal of Non-Executive Directors and Executive Directors.

8.5.1 Appointment and removal of Non-Executive Directors.

8.5.1.1 The Council of Governors, at a general meeting of the Council of Governors, shall appoint and remove the Chair and other Non-Executive Directors;

8.5.1.2 The Council of Governors, at a general meeting of the Council of Governors shall appoint one of the Non-Executive Directors as Vice Chair;

8.5.1.3 The Council of Governors shall establish the CoG's Nominations Committee (comprising the Chair, four Public Governors, one Staff Governor and one Appointed Governor) to consider candidates for appointment as Non-Executive Directors against an agreed job specification.

8.5.1.4 The CoG's Nominations Committee shall shortlist from those candidates meeting the specified criteria, those candidates whom it wishes to interview and shall conduct interviews with the said candidates and thereafter make its recommendation to the Council of Governors as to who should be appointed as a Non-Executive Director.

8.5.1.5 The Council of Governors shall consider the recommendation of the CoG's Nominations Committee and make a decision as to the appointment of the Non-Executive Directors in general meeting.

8.5.1.6 An individual shall not be appointed as a Non-Executive Director unless they are a member of the Public Constituency.

8.5.1.7 The removal of a Non-Executive Director shall require the approval of three-quarters of the members of the Council of Governors.

8.5.2 Appointment and removal of Executive Directors

8.5.2.1 It is for the Chair and the other Non-Executive Directors to appoint (subject to the approval of the Council of Governors) or remove the Chief Executive.

8.5.2.2 It is for a committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors to appoint or remove the Executive Directors (other than the Chief Executive).

8.6 Terms of Office

8.6.1 Subject to paragraph 8.6.3, the Chair and the other Non-Executive Directors are to be appointed for a period of office in accordance with the terms and conditions of office (including as to remunerations and allowances, which shall be published in the Annual Report) decided by the Council of Governors in general meeting.

8.6.2 The Executive Directors shall hold offices for a period in accordance with the terms and conditions of office (including as to remunerations and allowances) decided by the relevant committee of Non-Executive Directors.

8.6.3 Non-Executive Directors:

8.6.3.1 shall be appointed for a period of up to 3 years;

8.6.3.2 are, subject to paragraphs 8.6.3.3 and 8.6.3.4 eligible for re-election at the end of the period referred to in paragraph 8.6.3.1.

8.6.3.3 shall not, except in exceptional circumstances, hold office for a period in excess of 6 years; and

8.6.3.4 where appointed for more than 6 years shall, at the discretion of the Council of Governors, be so appointed either on the basis of:

a) annual re-appointment; or

b) a competitive process up to a maximum 9 years.

8.6.4 The Directors shall comply with the Trust's:

8.6.4.1 Constitution.

8.6.4.2 Standing Orders for the Board of Directors;

8.6.4.3 Code of Conduct for Directors; and

8.6.4.4 Policies.

8.7 Disqualification

8.7.1 An individual may not become or continue as a Director of the Trust if:

8.7.1.1 they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged.

8.7.1.2 they are a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);

8.7.1.3 they have made a composition or arrangement with, or granted a trust deed for, their creditors and has not been discharged in respect of it.

8.7.1.4 they have within the preceding five years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them.

8.7.1.5 they are a person whose tenure of office as a Chair or as a member or director of a Health Service Body has been terminated on the grounds that their appointment is not in the interests of public service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest.

8.7.1.6 has had their name removed from any list prepared pursuant to paragraph 14 of the National Health Service (Performers List) Regulations 2013 or section 151 of the 2006 Act (or similar provision elsewhere) and has not subsequently had their name included in such a list.

8.7.1.7 they have within the preceding three years been dismissed, otherwise than by reason of redundancy or ill health, from any paid employment with a Health Service Body.

8.7.1.8 NHSE has exercised its powers under the 2006 Act to:

(a) remove that individual as a director of the Trust or any other NHS foundation trust within its jurisdiction.

(b) suspend them from office; or

(c) disqualify them from holding office as a director of the Trust or of any other NHS foundation trust

for a specified period.

8.7.1.9 they are incapable by reason of mental disorder, illness or injury of managing and administering their property and affairs.

8.7.1.10 they are registered as a sex offender pursuant to Part I of the Sex Offenders Act 1997.

8.7.1.11 they have been identified as a vexatious complainant in respect of the Trust and has been notified to that effect by notice in writing given by the Chief Executive; or

8.7.1.12 they have been unable to dedicate adequate time to the role and responsibilities of a Director of the Trust.

8.7.1.13 An individual may not be a Non-Executive Director if they cease to be a member of the Public Constituency.

8.7.1.14 The Board of Directors may in their discretion appoint a Committee of the Board of Directors to enquire into any such matter as may be raised in connection with paragraph 8.7.1 above in accordance with terms of reference as determined by the Board of Directors and to make recommendations to the Board of Directors in respect thereof.

8.8 Duties, Roles and Responsibilities

8.8.1 The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the Members of Trust as a whole and for the public.

8.8.2 The Directors, having regard to the views of the Council of Governors, are to prepare the information as to the Trust's forward planning in respect of each Financial Year to be given to the NHSE.

8.8.3 The Directors are to present to the Council of Governors at a general meeting the Annual Accounts, any report of the Auditor on them and the Annual Report.

8.8.4 The Board of Directors shall appoint an audit committee of Non-Executive Directors to monitor, review and carry out such other functions in relation to audit as are appropriate.

8.8.5 The functions of the Trust under paragraph 14 are delegated to the Chief Executive as accounting officer.

9 Meetings of Directors

9.1 Meetings of the Board of Directors shall be conducted in accordance with the provisions of the Standing Orders for the Board of Directors which are set out in Annex 4.

9.2 Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.

9.3 Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors.

9.4 As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the Board of Directors meeting to the Council of Governors.

10 Conflicts of Interest of Directors

10.1 The duties that a Director has by virtue of being a Director include in particular:

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

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

10.2 The duty referred to in sub-paragraph 10.1.1 is not infringed if:

10.2.1 the situation cannot reasonably be regarded as likely to give rise to a conflict of interest; or

10.2.2 the matter has been authorised in accordance with the Constitution.

10.3 The duty referred to in sub-paragraph 10.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

10.4 In sub-paragraph 10.1.2, "third party" means a person other than:

10.4.1 the Trust; or

10.4.2 a person acting on its behalf.

10.5 If a Director has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to the other Directors. If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made.

10.6 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.

10.7 This paragraph does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.

10.8 A Director need not declare an interest:

10.8.1 if it cannot reasonably be regarded as likely to give rise to a conflict of interest.

10.8.2 if, or to the extent that, the Directors are already aware of it.

10.8.3 if, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered:

10.8.3.1 by a meeting of the Board of Directors, or

10.8.3.2 by a committee of the Directors appointed for the purpose under the Constitution.

10.9 Directors shall comply with the provisions of the Standing Orders for the Board of Directors in relation to the declaration and management of conflicts of interests.

11 Registers

11.1 The Trust is to have:

11.1.1 a register of Members showing, in respect of each Member, the Constituency and where there are classes within it, the class to which they belong.

11.1.2 a register of members of the Council of Governors.

11.1.3 a register of interests of the members of the Council of Governors.

11.1.4 a register of Directors; and

11.1.5 a register of interests of the Directors.

11.2 The Trust Secretary shall admit to the:

11.2.1 Register of Members the name, Constituency and class of Constituency of a Member upon receipt of a signed declaration from the Member confirming their eligibility as a Member.

11.2.2 Register of Governors the name and Constituency (and where relevant class within the Constituency) of those Members who have been elected or appointed as a Governor of the Trust.

11.3 The Trust Secretary shall remove from the:

11.3.1 Register of Members any Member:

11.3.1.1 who is not, or who is no longer, eligible to be a Member.

11.3.1.2 indicates in writing that they no longer wish to be a Member; or

11.3.1.3 has died, upon receipt of a notice to that effect from the Member's next of kin or personal representative.

11.3.2 Register of Governors those Governors:

11.3.2.1 who have not been re-elected.

11.3.2.2 who have had their appointment withdrawn.

11.3.2.3 whose tenure of office as Governors has been terminated; or

11.3.2.4 who are otherwise disqualified from office.

11.4 The Trust Secretary shall maintain the respective Registers of Interests of the Directors and Governors and undertake a review of the same at least once in every year by notice to that effect to all Directors and Governors.

12 Public Documents

12.1 The following documents of the Trust are to be available for inspection by members of the public free of charge at all reasonable times:

12.1.1 a copy of the current Constitution.

12.1.2 a copy of the latest Annual Accounts and of any report of the Auditor on them.

12.1.3 a copy of the latest Annual Report.

12.2 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:

12.2.1 a copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (trusts coming out of administration) or 65LA (trust to be dissolved) of the 2006 Act.

12.2.2 a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act.

12.2.3 a copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act.

12.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.

12.2.5 a copy of any statement provided under Section 65F (administrators draft report) of 2006 Act.

12.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (Regulator's decision), 65KB (Secretary of State's response to Regulator's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act.

12.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006.

12.2.8 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.

12.2.9 a copy of any final report published under section 65I (administrators final report) of the 2006 Act.

12.2.10 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act.

12.2.11 a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.

12.3 Any person who requests it shall be provided with a copy or extract from any of the above documents.

12.4 The registers mentioned in paragraph 11.1 above are also to be made available for inspection by members of the public, except in circumstances prescribed by regulations made under the 2006 Act, and so far as those registers are required to be available:

12.4.1 they are to be available free of charge at all reasonable times; and

12.4.2 a person who requests shall be provided with a copy of or extract from them.

12.5 The Trust shall not make any part of its register available for inspection by members of the public which show details of any Member of the Trust if the Member so requests.

12.6 If the person requesting a copy or extract of a register or a document referred to in this paragraph 12 above is not a Member of the Trust, the Trust may impose a reasonable charge for providing the copy or extract.

13 Auditor

13.1 The Trust is to have an Auditor and is to provide the Auditor with every facility and all information which they may reasonably require for the purposes of their functions under Chapter 5 of Part 2 to the 2006 Act.

13.2 An individual may only be appointed Auditor if they (or in the case of a firm each of its members) is a member of one or more of the bodies referred to in paragraph 23 (4) of Schedule 7 to the 2006 Act.

13.3 Appointment of the Auditor by the Council of Governors is covered in paragraph 7.15.

13.4 The Auditor is to carry out their duties in accordance with Schedule 10 to the 2006 Act and in accordance with any directions given by the NHSE on standards, procedures and techniques to be adopted.

14 Accounts

14.1 The Trust must keep proper accounts and proper records in relation to the accounts.

14.2 The NHSE may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.

14.3 The accounts are to be audited by the Trust's Auditor.

14.4 The following documents will be made available to the Comptroller and Auditor General for examination at their request:

14.4.1 the accounts.

14.4.2 the records relating to them; and

14.4.3 any report of the Auditor on them.

14.5 If trustees are appointed under section 51 of the 2006 Act, the Comptroller and the Auditor General may also examine:

14.5.1 the accounts kept by the Trustees.

14.5.2 any records relating to them; and

14.5.3 any report of an auditor on them.

14.6 The Trust shall prepare in respect of each Financial Year, Annual Accounts in such form as the NHSE may with the approval of the Secretary of State direct.

14.7 The function of the Trust with respect to the preparation of the Annual Accounts shall be delegated to the Accounting Officer.

14.8 In preparing its Annual Accounts, the Trust is to comply with any directions given by the NHSE with the approval of the Secretary of State as to:

14.8.1 the period or periods in respect of which the Trust shall prepare accounts; and

14.8.2 the audit requirements of any such accounts.

14.9 the Trust must:

14.9.1 lay a copy of the Annual Accounts, and any report of the Auditor on them, before Parliament; and

14.9.2 once it has done so, send copies of those documents to the NHSE within such a period as the NHSE may direct.

14.10 The Trust must send to the NHSE within such period as the NHSE may direct:

14.10.1 a copy of any accounts prepared by the Trust by virtue of paragraph 25(1A)(a) of the 2006 Act; and

14.10.2 a copy of any report of an auditor on them prepared by virtue of 25(1A) (b).

15 Annual Reports, Forward Plans and Non-NHS Work

15.1 The Trust shall prepare an Annual Report and send it to the NHSE.

15.2 The Annual Report shall contain:

15.2.1 information on any steps taken by the Trust to secure that (taken as a whole) the actual membership of any public constituency is representative of those eligible for such membership.

15.2.2 information on any occasions in the period to which the report relates on which the Council of Governors exercised its power under paragraph 7.15.

15.2.3 information on the Trust's policy on pay and on the work of the Remunerations and Nominations committee and such other procedures as the Trust has on pay.

15.2.4 the remuneration of the Directors and the expenses of the Governors and the Directors; and

15.2.5 any other information the NHSE requires.

15.3 The Trust is to comply with any decision the NHSE makes as to:

15.3.1 the form of the Annual Reports.

15.3.2 when the Annual Reports are to be sent to it.

15.3.3 the periods to which the Annual Reports are to relate

15.4 The Trust shall give information as to its forward planning in respect of each Financial Year to the NHSE. This information is to be prepared by the Directors, who must have regard to the views of the Council of Governors.

15.5 Each forward plan must include information about –

15.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and

15.5.2 the income it expects to receive from doing so.

15.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 15.5.1 the Council of Governors must:

15.6.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions, and

15.6.2 notify the Directors of the Trust of its determination.

15.7 If the Trust proposes to increase by 5% or more the proportion of its total income in any Financial Year attributable to activities other than the Principal Purpose referred to in paragraph 3 it may implement the proposal only if more than half of the members of the Council of Governors voting approve its implementation.

16 Mergers, Significant Transactions and other transaction requirements

16.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.

16.2 The Trust may enter into a Significant Transaction only if more than half of the members of the Council of Governors voting approve entering into the transaction.

16.3 "Significant Transaction" means:

16.3.1 the acquisition of, or an agreement to acquire, whether contingent or not, assets the value of which is more than 20% of the value of the Trust's gross assets before the acquisition.

16.3.2 the disposition of, or an agreement to dispose of, whether contingent or not, assets of the Trust the value of which is more than 20% of the value of the Trust's gross assets before the disposition; or

16.3.3 a transaction that has or is likely to have the effect of the Trust acquiring rights or interests or incurring obligations or liabilities, including contingent liabilities, the value of which is more than 20% of the value of the Trust's gross assets before the transaction.

16.4 For the purpose of this paragraph 16:

16.4.1 "Gross assets" means the total of fixed assets and current assets;

16.4.2 in assessing the value of any contingent liability for the purposes of sub paragraph 16.3.3 the Directors:

16.4.2.1 must have regard to all circumstances that the Directors know, or ought to know, affect, or may affect, the value of the contingent liability; and

16.4.2.2 may rely on estimates of the contingent liability that are reasonable in the circumstances; and

16.4.2.3 may take account of the likelihood of the contingency occurring.

16.5 Where the Trust has a single requirement for goods, services or works, and a number of transactions are to be entered into to fulfil that requirement, the value of the transaction for the purpose of paragraph 16.3 is the aggregate value of each of those transactions.

16.6 The Trust shall inform, as soon as is reasonably practicable, the Council of Governors of any transaction which it has approved which in its opinion is likely to have a negative effect on the Trust's reputation.

17 Indemnity

17.1 Members of the Council of Governors and Board of Directors who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their board functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust.

17.2 The Trust may make such arrangements as it considers appropriate for the provision of indemnity insurance or similar arrangement for the benefit of the Trust, Governors or Directors to meet all or any liabilities which are properly the liability of the Trust under paragraph 17.1.

18 Instruments and acts of the Trust etc.

18.1 A document purporting to be duly executed under the Trust's seal or to be signed on its behalf is to be received in evidence and, unless the contrary is proved, taken to be so executed or signed.

18.2 The Trust is to have a seal, but this is not to be affixed except in accordance with the provisions of the Standing Orders for the Board of Directors.

18.3 The validity of any act of the Trust is not affected by any vacancy among the Directors or by any defect in the appointment of any Director.

19 Engagement

19.1 The Trust has adopted an Engagement Policy for matters relating to interaction between the Council of Governors and the Board of Directors.

20 Amendment of the Constitution

20.1 This Constitution may only be amended with the approval of:

20.1.1 more than half of the members of the Board of Directors voting; and

20.1.2 more than half of the members of the Council of Governors voting.

20.2 Amendments made under paragraph 20.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of amendment, not accord with Schedule 7 of the 2006 Act.

20.3 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):

20.3.1 at least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment; and

20.3.2 the Trust must give the Members an opportunity to vote on whether they approve the amendment.

20.4 If more than half of the Members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

20.5 The Trust shall inform the NHSE of any amendments to the Constitution.

Annex 1: PUBLIC CONSTITUENCIES OF THE TRUST

NAME OF CONSTITUENCY	AREA	MINIMUM NUMBER OF MEMBERS	NUMBER OF GOVERNORS
Rest of East Midlands	All Wards of Ashfield District Council, plus the Wards of: Newstead Abbey Ward from Gedling District Council All wards of Mansfield District Council, plus the Ward of Welbeck, from Bassetlaw District Council Any area within an electoral constituency of the East Midlands region not covered above. In geographical terms ,this covers the local authority districts across the rest of Nottinghamshire, Derbyshire Rutland, Lincolnshire, Leicestershire, Northamptonshire	50	10

Newark Hospital Constituency	All Wards of Newark & Sherwood District Council, plus the Wards of:· Tuxford and Trent, from Bassetlaw District Council; and the Wards of: Loveden Heath from South Kesteven District Council; and the	50	4

Totals	**Population**		
	Minimum Membership	**680**	
	Public Governors		**14**

*****Source: National Statistics (Nomis: www.nomisweb.co.uk)

Annex 2: Staff Constituency

1. The minimum number of Members required for the Staff Constituency shall be: 950.
2. The Staff Constituency shall be entitled to elect three Governors:

Annex 3 – Model Election Rules

Annex 4 – Board of Directors Standing Orders

Annex 5 – Council of Governors Standing Orders

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors - Public

Subject:	Revisions to Constitution	**Date**: 1st September 2022	
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs		
Approved By:	Shirley A Higginbotham, Director of Corporate Affairs		
Presented By:	Shirley A Higginbotham, Director of Corporate Affairs		
Purpose			
To receive and approve the amendments to the Trusts Constitution		**Approval**	x
		Assurance	
		Update	
		Consider	

Strategic Objectives				
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**
x	x	x	x	x

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Approved by the Council of Governors – 9th August 2022

Executive Summary

The recent Governor elections did not result in all vacant posts being filled. Therefore, the Council of Governors agreed to revise the Constitution to merge the public constituencies for Mansfield, Ashfield and Rest of East Midlands and the staff governor constituencies of Kings Mill Hospital & Mansfield Community Hospital and Newark Hospital.

The outcome being two public constituencies: Newark and Sherwood and Rest of East Midlands and one Staff Constituency which is no longer site specific.

The attached Constitution reflects the proposed changes, and the deletion of paragraph 7.10.1.4 to allow those governors recently elected to remain in post.

The Trust solicitors have reviewed and amended the Constitution through track changes.

Section 20 of the Constitution details the process for revision to the Constitution. Changes regarding the Council of Governors must be approved at the Annual Members Meeting.

Amendments to the Constitution must be approved by the Council of Governors, the Board and finally at the Annual Members/General Meeting, scheduled for 29th September 2022.

Board of Directors

Subject: Revisions to Trust Constitution **Date:** 1st September 2022
Prepared by: Shirley A Higginbotham, Director of Corporate Affairs
Approved by: Shirley A Higginbotham, Director of Corporate Affairs
Presented by: Shirley A Higginbotham, Director of Corporate Affairs

The Trust held Governor elections earlier this year, declaring the result on 12th April 2022.

Unfortunately, not all posts received nominations, principally Newark and Sherwood Public Constituency, Rest of East Midlands Public Constituency, and staff governor for Newark Hospital. The Mansfield and Ashfield Constituencies held contested elections:

The Ashfield Constituency had two governor vacancies and six nominations; therefore, two candidates were elected. The Mansfield Constituency had four vacancies and received five nominations; therefore, four candidates were elected, unfortunately subsequently one has resigned, however it was agreed the reserve candidate would be elected.

The nominations for the Ashfield constituency included experienced governors who were not re-elected.

The Governors agreed the number of governor vacancies were not being optimised across the different constituencies resulting in the loss of knowledge and experience.

The Governors agreed to revise the Constitution and a working group was established.

The working group met, but with only a few governors in attendance it was agreed a further discussion would take place at the Governor Membership and Engagement Committee.

Legal advice regarding the proposed changes was sought and informed the discussions.

The Reference Guide for NHS Foundation Trust Governors, states, an NHS foundation trust should divide its public constituency into areas covering the geographical areas where the majority of the trust's patients and/or service users reside.

The initial revisions proposed were to merge all public constituencies and develop a Youth constituency, thereby having two public constituencies. It was also proposed to merge the Staff Constituencies across the Trust and therefore not site specific.

After discussion the agreement was to merge the Staff Constituencies, however the development of a Youth Constituency and merging all public constituencies wasn't supported.

Further discussion resulted in the agreement of retaining the Newark and Sherwood Public Constituency and merging the public constituencies of Mansfield, Ashfield, and Rest of East Midlands.

The attached revised Constitution reflects these changes and the changes to the Staff Governor Constituency.

In order for the Governors recently elected to remain in post paragraph 7.10.1.4 is also deleted e.

Section 20 of the Constitution sets out the process for the amendment of the Constitution and is repeated below for information.

20 Amendment of the Constitution

20.1 This Constitution may only be amended with the approval of:

20.1.1 more than half of the members of the Board of Directors voting; and

20.1.2 more than half of the members of the Council of Governors voting.

20.2 Amendments made under paragraph 20.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of amendment, not accord with Schedule 7 of the 2006 Act.

20.3 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):

20.3.1 at least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment: and

20.3.2 the Trust must give the Members an opportunity to vote on whether they approve the amendment.

20.4 If more than half of the Members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

20.5 The Trust shall inform the Independent Regulator of any amendments to the Constitution.

Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

Emergency Planning Policy

POLICY

Reference	MS/006/2022.
Approving Body	Resilience Assurance Committee
Date Approved	17th March 2022
Issue Date	1st April 2022
Version	MS/007/02-22
Summary of Changes from Previous Version	Minor alterations to capture suggestions made in the EPRR Core Standards process of 2021 and 2022 by NHSE/I.
Supersedes	MS/005/05-19 and MS/006/2022
Document Category	Emergency Planning
Consultation Undertaken	Resilience Assurance Committee
Date of Completion of Equality Impact Assessment	March 2022
Date of Environmental Impact Assessment (if applicable)	March 2022
Legal and/or Accreditation Implications	Civil Contingencies Act 2004 NHS England EPRR Framework Guidance 2015 Health and Social Care Act 2012
Target Audience	Incident Command Teams (gold, Silver & Bronze) Communications Team Local Partner Agencies
Review Date	1st April 2022
Sponsor (Position)	Chief Operating Officer
Author (Position)	Mark Stone – Emergency Planning Officer
Lead Division/ Directorate	Corporate
Lead Specialty/ Service/ Department	Emergency Planning
Position of Person able to provide Further Guidance/Information	Emergency Planning Officer

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
None	

CONTENTS

APPENDICES

1.0 INTRODUCTION

The Civil Contingencies Act 2004 (CCA) places a number of statutory duties on NHS organisation which are classed as either Category 1 or Category 2 Responders.

As a Category 1 Responder, Sherwood Forest Hospital NHS Foundation Trust (SFHFT) is required to prepare for emergencies in line with its responsibilities under the CCA

Other requirements are captured in the CQC Outcome 6(D) and HIS Operating Framework, as well as the NHS Standard Contract (section 30) which stipulates all staff will comply included in NHSE/I Core Standards for emergency Preparedness, resilience and Response (EPRR) and the associated NHSE/I EPPR Framework.

This Policy outlines how SFHFT will meet the duties set out in legislation and associated guidelines, as well as any other issues identified by way of risk assessments and identified capabilities.

This Policy is not intended to be used for the response to a Major Incident in those circumstances staff should refer to the Trusts **MAJOR INCIDENT PLAN** which details the Trusts operational response to a Major Incident.

2.0 POLICY STATEMENT

SFHFT has a responsibility to ensure that it is capable of responding to Major Incidents of any scale in a way that delivers optimum care and assistance to the victims, that minimises the consequential disruption to healthcare services and that it brings about a speedy return to normal levels of functioning.

SFHFT will meet this responsibility through:

- Building upon the existing strengths of current multi-agency and Health Trusts co-ordination and co-operation in Emergency Planning.

- Fully integrating with partner agencies emergency arrangements, in particular providing Mutual Aid in supporting NHS England and other Acute Trust with receiving Emergency Departments and other local NHS Providers (MOU).

- Reviewing the Trusts state of readiness and operability to deal with a Major Incident 24 hours per day, seven days per week, with the assistance of new and improved partnerships, to ensure the Trusts capability to handle any new kind and potential magnitude of threat.

- Ensuring that plans for Business Continuity (BC) are in place right across the organisation, with special emphasis on critical functions. (Lead for BCM is Estates)

- Engendering a culture within SFHFT to make emergency preparedness, resilience and response an intrinsic element of management and operations.

- Having a process in place for learning from incidents and exercises from both within the Trust and from external agencies.

In order to deliver this, the Board is committed to maintaining a dedicated EPRR asset within the organisation, which it will review on a regular basis to ensure it has both the required competencies and capacity.

The policy has also been subject to an Equality Impact Assessment as per Trust policy. No equality issues were identified as a result of this check and the policy has been registered on the Equalities database as having a "Low" impact (see Appendix One).

3.0 DEFINITIONS/ ABBREVIATIONS

Acronym	Term/Definition
AEO	Accountable Emergency Officer
BCM	Business Continuity Management
BCP	Business Continuity Plan
BoD	Board of Directors
RC	Risk Committee
CB	Commissioning Board (NHS England)
CCG	Clinical Commissioning Group
CQC.	Care Quality Commission
CBRN	Chemical, Biological, Radiological & Nuclear
CCA	Civil Contingencies Act - 2004
CE	Chief Executive
CRR	Community Risk Register
DH	Department of Health
EPRR	Emergency Preparedness, Resilience and Response
EMAS	East Midlands Ambulance Service
EPO	Emergency Planning Officer
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum (Nottinghamshire)
MOU	Memorandum of Understanding
NCS	National Capability Survey
NHS	National Health Service
PQSB	Patient Quality & Safety Board
RAC	Resilience Assurance Committee
SFHFT	Sherwood Forest Hospitals NHS Foundation Trust

4.0 ROLES AND RESPONSIBILITIES

The following roles and responsibilities relate to how SFHFT and key individuals will prepare for emergencies.

Emergency response roles and responsibilities are provided in the Trust's generic Major Incident Plan.

4.1 Chief Executive

The Chief Executive (CE) has overall responsibility for emergency planning and is accountable to the Trust's Board of Directors for ensuring systems are in place to facilitate an effective Major Incident response. The CE will:-

Ensure that the Chief Operating Officer is nominated as the Accountable Emergency Officer (Executive Lead for Emergency Preparedness)

4.2 Accountable Emergency Officer

The Chief Operating Officer is nominated by the CE to act as the Accountable Emergency Officer as required by the NHS England (Commissioning Board) Core Standards for Emergency Preparedness, Resilience and Response (EPRR).

The Accountable Emergency Officer will:

- Act as chair for the Trust's Resilience Assurance Committee, or delegate to another person of competence.
- Work closely with the EPO to implement the Emergency Planning Policy.
- Prepare and submit, with the assistance of the EPO, an annual report to the Trust Board summarising the current state of preparedness.
- Attend meetings of the Local Resilience Forum (LRF) if requested or send a nominated deputy.
- Attend meetings of the Local Health Resilience Partnership (LHRP) if requested or send a nominated deputy.

Ensure, with the assistance of the EPO, that an on-call rota is developed and maintained for the provision of Senior Managers.

4.3 Emergency Planning Officer

The main duties of the EPO are:

- To ensure the Trust is prepared to respond to incidents and emergencies.
- To advise the Executive Team and/or the Risk Committee of emerging and/or escalating risks and threats, as and when required.
- To provide assurance to the Board about Trust preparedness and the working of the Resilience Assurance Committee.
- To develop tests and exercises of trust-wide and service level plans
- To provide on-going training to all relevant staff.
- To ensure relevant plans, policies and procedures are kept up to date.
- To represent the Trust on external meetings, training and exercises related to emergency preparedness.
- To lead the process of learning from incidents which occur within the Trust and those which occur within partner agencies

4.4 Resilience Assurance Committee (RAC)

The Resilience Assurance Committee is a multi-disciplinary team representing all key areas of the Trust who have responsibility for emergency response, including all divisions, specific clinical areas and other departments.

Their role is to develop the organisations statutory responsibility as a Category 1 Responder to plan and respond to a major incident/incidents or emergencies and manage recovery within the context of the Civil Contingencies Act 2004 (CCA) and NHS Guidance through robust planning and associated activities.

Also to provide objective assurance to the Executive that systems and processes are in place to ensure emergency preparedness and that any resource implications are identified to enable the Trust to discharge its legal responsibilities.

To provide a forum for, the exchange of information and discussion and debate concerning strategic, operational, educational, clinical and professional issues relating to emergency preparedness

4.5 The Patient Safety Committee (PSC)

The role of the PSC is to support the RAC in escalating specific issues relating to quality or safety concerns to the Trust Board of Directors.

4.6 The Risk Committee (RC)

The role of the Risk Committee is to ensure the Trust Board of Directors are kept informed of EPRR matters escalated from the RAC and to provide support in resolving issues. New

policies related to Emergency Planning and Business Continuity Management should be approved by the RC.

4.7 Generic Trust Roles and Responsibilities

The following generic roles and responsibilities have been identified within the EPRR guidance.

- To mobilise and direct healthcare resources within the hospital at short notice.
- To sustain patient care in the hospital throughout a Major Incident a period.
- To ensure clinicians, nursing and other staff can respond to an incident.
- To assess the effects of an incident on and consider the needs of vulnerable care groups, such as children, dialysis patients, elderly, medically dependent or physically or mentally disabled.
- Plan to harness and effectively utilise the widest range of resources needed to treat any casualties transported to hospital by EMAS or Self Presenters.
- Have systems and facilities in place to ensure the health safety and welfare of all staff during a Major Incident
- Provide suitable and sufficient training arrangements to ensure the competence of staff in performing emergency planning roles.
- In preparing for emergencies, it is essential to develop and embed a culture of resilience within the organisation. As such, emergency preparedness should be a consideration for all of the Trust's staff.

4.8 Trust Staff will:

- Ensure that they are familiar with the arrangements detailed in the Trust's Major Incident Plan and related documents.
- Ensure that they are familiar with their roles and responsibilities.
- Undertake training commensurate with their emergency response role.

5.0 APPROVAL

The Policy, which has only minor amendments from the 2017 iteration was submitted to the Resilience Assurance Committee on 17th March 2022 and was **APPROVED.**

After further amendment for compliance with the 2022 Core Standards, and following ratification at Risk Committee in April the document is due to be formally approved at the September 2022 Board meeting.

6.0 DOCUMENT REQUIREMENTS

The Trust has statutory duties as a Category 1 responder, under the CCA to assess local risks and put in place emergency plans, co-operating with other local responders to enhance co-ordination and efficiency.

The Trust is also required to have in place contingency plans that allow it to continue to provide services during a Major Incident, so far is practicable and to recover from the additional pressure that an incident would place on the organisation.

6.1 Statutory Duties / Risk Register

The Civil Contingencies Act (2204) delivers a single statutory framework for civil protection in the United Kingdom capable of meeting the challenges of the 21st century.

The Act is separated into two substantive parts:

- Part 1: focuses on local arrangements for civil protection, establishing a statutory framework of roles and responsibilities for local responders.
- Part 2: focuses on emergency powers, establishing a modern framework for the use of special legislative measures that might be necessary to deal with the effects of the most serious emergencies.

The Act defines an Emergency as:

'An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war, or terrorism which threatens serious damage to the security of the UK'

The definition is concerned with the consequences rather than the course or source.

6.2 Definition: **NHS Major Incident**

A major /significant incident is any event whose impact cannot be handled within routine service arrangements. It requires the implementation of special procedures by one or more of the emergency services, the NHS, or a Local Authority to respond to it.'
For the NHS, Major Incident is the term in general use

The Trust has statutory duties as a Category 1 responder, under the CCA to assess local risks and put in place emergency plans, co-operating with other local responders to enhance co-ordination and efficiency.

The Trust is also required to have in place contingency plans that allow it to continue to provide services during a Major Incident, so far is practicable and to recover from the additional pressure that an incident would place on the organisation.

Local Health Resilience Partnerships (LHRPs) with responsibility for EPRR across all relevant health bodies in Nottinghamshire have been established and are the forum for coordination, joint working and planning.

NHS organisations are required to nominate Account able Emergency Officer (SFHFT – Chief Operating officer) to assume executive responsibility and leadership at service level for EPRR

The Act places six statutory obligations on Category 1 Responders:

- Duty to Plan for Emergencies
- Duty to Assess Risk
- Business Continuity Management
- Duty to cooperate
- Duty to share information
- Duty to communicate

6.3 Planning for Emergencies

As a Category 1 Responder, the Trust has a duty to prepare and maintain plans to respond to emergencies.

The Trust will develop, disseminate and maintain a Major Incident Plan detailing how the organisation will respond to an emergency, including:

- Definition of Major Incident and increase in Emergency Department thresholds
- Activation, notification and stand-down procedures
- Roles and responsibilities
- Control and coordination arrangements
- Communication arrangements
- Response activities
- Standard operating procedures
- Recovery arrangements

Where appropriate, the Trust will develop, disseminate and maintain specific emergency plans for identified hazards and threats. E.g. Severe Weather, Infectious Disease Pandemic or CBRN Plan.

All emergency plans will be validated by tests and exercises conducted where possible within 12 months of the publication of the arrangements.

6.4 Risk Assessment

The Trust has assessed risks contained within the Community Risk Register and has included the impact of a **Major Incident** on the Corporate Risk Register and within the Board Assurance Framework (BAF).

Where appropriate the Trust will develop specific plans to manage risks with a high likelihood of occurring, or those which would have a serious impact on the delivery of its services.

6.5 Business Continuity Management

As a Category 1 responder, the Trust has a duty to develop and maintain arrangements to ensure continuity of service whilst responding to an emergency is it internal or external.

The Trust recognises ISO 22301and PAS 2015 as the definitive guidance for Business Continuity Management.

In accordance with ISO 22301, the Trust will develop, disseminate and maintain business continuity policies, strategies and plans and work to embed a culture of business continuity management within the organisation.

6.6 Cooperation

As a Category 1 responder the Trust has a duty to cooperate with other Category 1 and 2 responders within the local area.

The Trust recognises the Nottinghamshire LRF as the principal mechanism for multi-agency cooperation.

As the Trust is a Foundation Trust its contract is with the CCG but the Trust will endeavour to cooperate with other providers in emergency planning matters.

NHS England coordinates the EPRR across all relevant health bodies in Nottinghamshire. A Local Health Resilience Partnership (LHRPs) has been established and is the forum for coordination, joint working and planning.

6.7 Information Sharing

As a Category 1 Responder, the Trust has a duty to share information requested by other Category 1 Responders.

Information requests between NHS organisations within the East Midlands Health Community will be addressed informally through the Resilience Assurance Committee.

Where informal requests for information cannot be resolved within the business of the RAC they will be escalated to the Risk Committee and/ or be referred to the Accountable Emergency Officer.

Where informal requests for information cannot be resolved within the business Board Risk Committee , a formal request for information will need to be made under the provisions of the CCA using the pro-forma supplied in the statutory guidance document 'CCA Emergency Preparedness'.

6.8 Communication (Warning & Informing)

As a Category 1 responder the Trust has a responsibility for advising the public of risks before an emergency by warning and keeping the public informed in the event of an emergency.

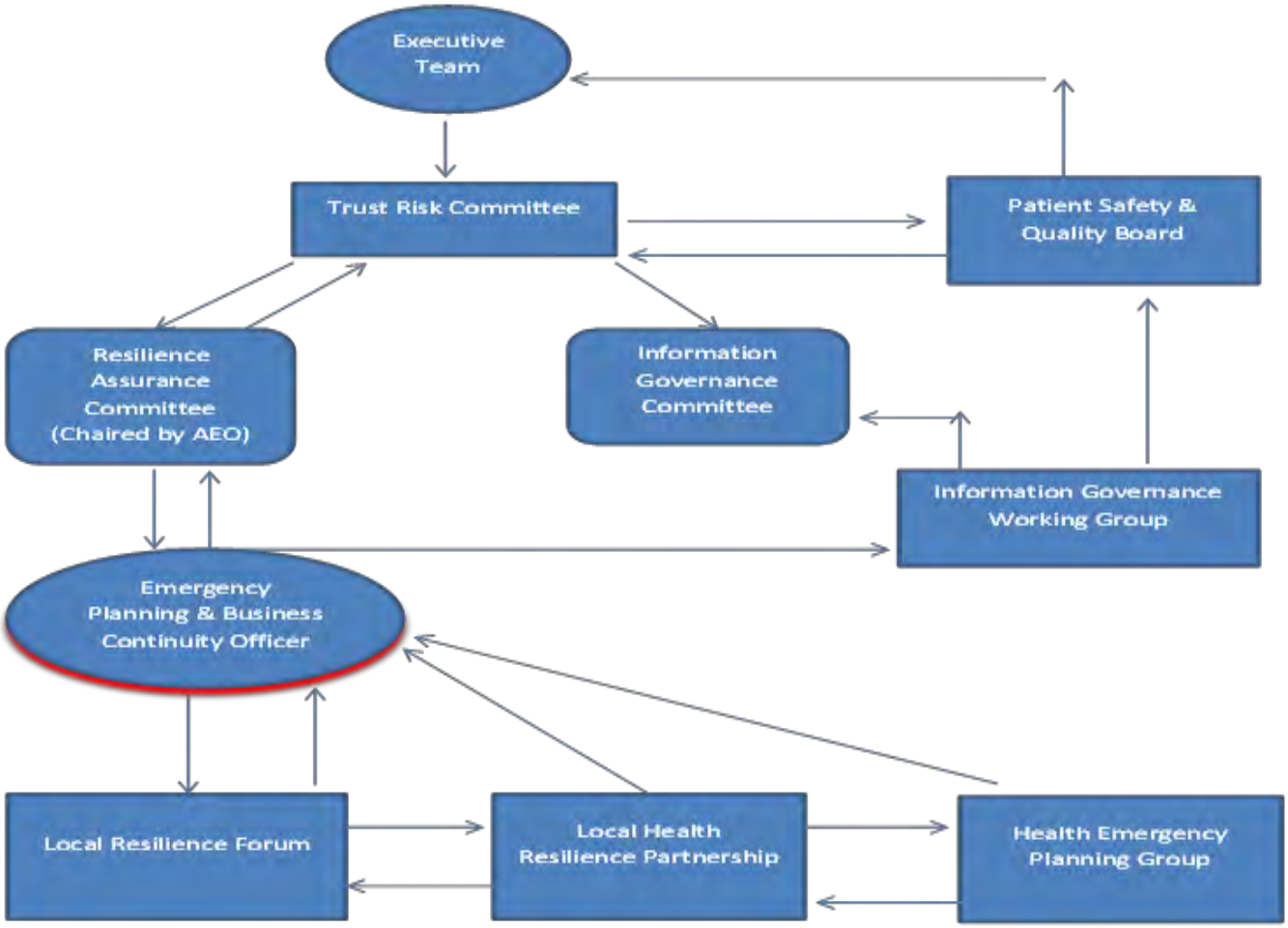
The NHS England acts on behalf of the Trust for communications within the LRF Nottinghamshire Communications Sub group. The Trust along with the CCG will develop, disseminate and maintain arrangements for communicating with the public before and during an emergency. The Trust will work with the CCG and NHS England when developing messages for the public.

These arrangements will be included in the Trust's Major Incident Plan

6.9 EPRR Structure

Fig 1

SFH – Organisational Structure for HEPRR



7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Effectiveness of the Procedure	Author, Ward / Service, Department Managers, EPO, Resilience Assurance Committee	Formal Review on a 3 year basis in line with Trust Risk Assessment and in line with local / national guidance	Every 3 years	Author, Resilience Assurance Committee, Risk committee
Monitoring Incidents and Learning	EPO, Resilience Assurance Committee Risk Committee	Activity within the Incident De-brief process and in line with the Procedure	Every 3 years or after any serious incidents	Emergency Planning Office reporting to the Resilience Assurance committee

Monitoring Compliance:

The Trust's Chief Executive will be responsible for ensuring that the Trust has effective arrangements in place to respond to a major incident or emergency. The Chief Operating Officer has been delegated as the Accountable Emergency Officer

- The monitoring and enforcement of compliance with the duties and statutory provisions of the CCA will be undertaken through mainstream performance monitoring arrangements.
- Within the Trust, the Accountable Emergency Officer will ensure that annual reports are submitted to the board outlining the current state of preparedness.
- Comply with any requests from Internal Audit, CCG or NHS England/Improvement.
- Comply with any requirements under the CQC's emergency preparedness standard.

8.0 TRAINING AND IMPLEMENTATION

Training:

The Trust will identify individuals by a Training Needs Analysis, who has specific responsibilities when responding to an emergency and ensures that they are given adequate and appropriate training to enable them to discharge their roles.

The Trust recognises the need for collaboration with other Trusts and partner agencies in organising, running and participating in exercises.

The Trust will, in partnership with other organisations within the Local Health Resilience Partnership, support the joint training strategy for the effective delivery of emergency preparedness and response training.

Formal training will take place within the Trust as determined by the Resilience Assurance Committee, which includes input on mandatory training sessions and exercises.

Informal guidance, advice and support can be provided on an 'as and when needed' basis to small groups or on an individual basis to meet identified needs. Please contact the Emergency Planning Officer to arrange.

A record of any training will be made and sent to the Training, Education & Development Department.

Exercises:

In line with the NHS England (Commissioning Board) Core Standards for Emergency Preparedness, Resilience and Response, the Trust will test its emergency arrangements through:

- Live exercises run at least every three years
- Table-top exercises run at least every year
- Communications tests run at least every six months

9.0 Impact Assessments

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

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

Evidence Base:
Civil Contingencies Act 2004

Health and Social Care Act 2012

National Risk Register of Civil Emergencies
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419549/20150331_2015-NRR-WA_Final.pdf

Related SFHFT Documents:

- SFH – Major Incident Plan
- SFH – Corporate Risk Register
- Board Assurance Framework
- CBRN Plan
- Critical Care Surge Plan
- Pandemic Flu Plan
- Business Continuity Policy

11.0 APPENDICES

Appendix 1	Equality Impact Assessment
Appendix 2	Environmental Impact Assessment

Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Violence and Aggression			
New or existing service/policy/procedure: Policy			
Date of Assessment: 28th March 2022			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	Not applicable	None
Gender	None	Not applicable	None
Age	None	Not applicable	None
Religion	None	Not applicable	None
Disability	None	Not applicable	None
Sexuality	None	Not applicable	None
Pregnancy and Maternity	None	Not applicable	None
Gender Reassignment	None	Not applicable	None

Marriage and Civil Partnership	None	Not applicable	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	Not applicable	None

What consultation with protected characteristic groups including patient groups have you carried out? None for this version, in that all previous principles remain in accordance with previous version (which was subject to consultation) and this version is primarily a reformat and codification of agreed practices. None

What data or information did you use in support of this EqIA?
Trust policy approach to availability of alternative versions.

None

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

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

Low Level of Impact *(Delete as appropriate)*

Name of Responsible Person undertaking this assessment:
Mark Stone – Emergency Planning Officer

Signature:

Date: 28th March 2022

APPENDIX TWO – ENVIRONMENTAL IMPACT ASSESSMENT

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

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No	N/A
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No	N/A
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	N/A
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No	N/A
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	N/A
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	N/A

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	**Emergency Preparedness, Resilience and Response (EPRR) Policy**	**Date**: 1st September 2022	
Prepared By:	Mark Stone – Emergency Planning Officer		
Approved By:	Richard Mills – Chief Finance Officer		
Presented By:	Rachel Eddie – Chief Operating Officer		
Purpose			
To advise the Board of an updated policy, relating to the Trusts emergency preparedness		**Approval**	
		Assurance	
		Update	x
		Consider	

Strategic Objectives				
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**
			x	

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	x
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Resilience Assurance Committee

Executive Summary

Some slight changes made to the policy as a result of observations from NHS England during the 2021 Core Standard Self-Assessment .

The main amendments relate to the policy making specific reference to the regular review at Board level of Trust EPRR capacity and resources, and the need to maintain a 24 hour, seven day per week response capability.

The need to also capture the specific requirement for the Trust to have a process in place for learning from incidents.

The amendments are highlighted for ease of reference.

The Board is asked to be UPDATED with the policy amendments

Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

Chair's Highlight Report to Trust Board

Subject:	Council of Governors	**Date:** 1st September 2022	
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs		
Approved By:	Claire Ward, Chair		
Presented By:	Claire Ward, Chair		
Purpose			
To provide assurance to the Trust Board, regarding the activities of the Council of Governors		**Assurance**	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
▪ Public not able to register on website to become members ▪ Governors to increase engagement activity with a focus on increasing active membership	▪ Further audit of the Constitution later in the year to ensure aligns with revised legislation
Positive Assurances to Provide	**Decisions Made**
▪ The Council were assured by the following reports: o The Annual Report and Accounts o External Audits report on the Accounts ▪ PFI update	• Agreed to hold Governor elections in the Autumn • Approved the revised Constitution for onward submission to the Board
Comments on Effectiveness of the Meeting	
▪ Clear reports and good debate	

Healthier Communities,
Outstanding Care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Here to listen

Hi, I'm Sarah, your Maternity Parents' Voice Champion and this is an update on feedback I have received from listening to what women and birthing people have to say about their experiences of #TeamSFH maternity care.

Your thanks

Positive feedback you have given us:

" It's my first baby and has been a perfect experience."

"The quality of care is just amazing."

" Everyone has really taken the time to explain everything and to make sure I understand."

"I absolutely wouldn't change anything."

" The staff went above and beyond."

Feedback from our families

What you're telling us

Key themes emerging from conversations with 44 people:

- Clear and compassionate communication.
- Amazingly caring and helpful staff.
- Safe environment.
- Nothing is too much trouble.
- Individual needs are taken into account.

Suggestions and improvements

Ongoing review by the maternity safety champions team.

- We need more information about the induction process.
- We need less restrictions on visiting.
- We want a better understanding of what scans and checks are needed and why.
- It can be difficult to access services at King's Mill – we'd like the choice of accessing more services at Newark.

Our families wanted to resoundingly thank everyone who works in maternity for doing such a brilliant job.

Healthier Communities,
Outstanding Care

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Here to listen

Hi, I'm Sarah, your Maternity Parents' Voice Champion and this is an update on feedback I have received from listening to what women and birthing people have to say about their experiences of #TeamSFH maternity care.

Your thanks

Positive feedback you have given us:

" It's my first baby and has been a perfect experience."

"The quality of care is just amazing."

" Everyone has really taken the time to explain everything and to make sure I understand."

"I absolutely wouldn't change anything."

" The staff went above and beyond."

Feedback from our families

What you're telling us

Key themes emerging from conversations with 44 people:

- Clear and compassionate communication.
- Amazingly caring and helpful staff.
- Safe environment.
- Nothing is too much trouble.
- Individual needs are taken into account.

Suggestions and improvements

Ongoing review by the maternity safety champions team.

- We need more information about the induction process.
- We need less restrictions on visiting.
- We want a better understanding of what scans and checks are needed and why.
- It can be difficult to access services at King's Mill – we'd like the choice of accessing more services at Newark.

Our families wanted to resoundingly thank everyone who works in maternity for doing such a brilliant job.

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Board of Directors Meeting in Public - Cover Sheet

All reports MUST have a cover sheet

Subject:	Maternity and Neonatal Safety Champions Report	**Date:** 1 September 2022	
Prepared By:	Paula Shore, Director of Midwifery/ Head of Nursing		
Approved By:	Phil Bolton, Chief Nurse		
Presented By:	Paula Shore, Director of Midwifery/ Head of Nursing, Phil Bolton, Chief Nurse		

Purpose		
To update the Board on our progress as Maternity and Neonatal Safety Champions	**Approval**	
	Assurance	**X**
	Update	**X**
	Consider	

Strategic Objectives				
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**
X	**X**		**X**	

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	**X**
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Maternity and Neonatal Safety Champions Meeting

Executive Summary

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:

- 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
- 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
- act as a conduit to share learning and best practice from national and international research and local investigations or initiatives within your organisation.

This report provides highlights of our work over the last month.

Update on Mandated Maternity and Neonatal Safety Champion (MNSC) work for July 2022

1. Service User Voice

Work to ensure that the service user's voice is heard continues to gain strength at SFH. Sarah Seddon, our parent's voice representative, has produced a helpful infographic into the learning from her "walk the patch" sessions which includes the KMH, NWK and Community settings. This infographic can be found in Appendix 1.

2. Staff Engagement

The MNSC Walk Round was completed on 5 July 2022. Team members continue to report the increased activity and the impact across the service. Due to the moved Maternity Forum meeting in June the senior leadership team hosted two Maternity Forums on the 5 July 2022 and 25 July 2022. During each meeting staff discussed the plans around the re-implementation of the full homebirth service in September 2022 and the upcoming secondment opportunities, specifically within community and antenatal clinic overbookings. The last point provided an action for the Divisional General Manager who attended the meeting.

The senior leadership team also updated staff around the communication plan for Speaking up avenues, noting the increased external pressures.

3. Governance

Ockenden: Out of the final 5 IEAs, 4 have been peer reviewed and we are awaiting the final review which relates to anaesthetics. The LMNS has commenced a quarterly panel meeting in which evidence for the initial 7 IEA's will be reviewed. *There is no plan yet for the final 15 IEA's.* SFH have submitted the gap analysis performed by the MVP chair, for review through the panel. This action was one of the two outstanding parts of IEA 7.

We also are starting to prepare for the planned Ockenden Quality Insight Visit ,which will be performed by the regional team, as part of one of their recommendations from the report. The visit is planned to take place on 4 October 2022.

NHSR: The divisional working group continues to work on the delivery of the NHSR scheme. We have raised a risk in regard to the divisional business management support for NHSR and actions are underway to meet all current deadlines. Forward reporting has been mapped against key meetings and 360 Assurance have commenced external validation process on 4 of the 10 safety actions.

4. Quality Improvement Approach

The Early Implementor Site (EIS) work around smoke-free pregnancy has produce its first quarterly data, as below, which has showed improvements in the number of CO readings recorded and the percentage of smokers at time delivery data (SATOD). This data will be presented regionally.

2022-23 TDTS KPIs	Ambition	source	April	May	June	July
Number booked at SFHFT		dashboard	357	349	292	309
% of women who have a recorded smoking status at booking	100%	ORION	92.44%	96.57%	90.42%	91.27%
Booking smoking status unknown			27	12	28	27
% of women smoker at booking		ORION	14.57%	17.82%	16.10%	17.15%
Number of women smoking at booking		ORION	52	62	47	53
% of CO readings at booking	>95%	ORION	85%	85%	86%	84%
Number of booking CO readings		ORION	305	298	252	261
% of CO readings at 36 weeks	>95%	ORION	85%	87%	91%	83%
Number of 36 week CO readings		ORION	233	247	265	259
Number of women given birth			267	285	287	316
SATOD %	<15%	ORION	18.87%	16.79%	15.09%	14.79%
Number of women smoking at TOD		ORION	50	47	43	46

5. Safety Culture

As part of the wider review of the current plan for surveys within the organisation, it has been noted that the planned survey time for SCORE would coincide with the Pathway to Excellence Survey, the National Staff Survey and the implementation of the new digital system. To ensure the optimum results the SCORE survey has been delayed until Q4 2022/23. The previous results from the culture survey (PASCALS 2018/19) alongside the staff survey results can and will be used to inform local quality improvement plans.

Maternity Perinatal Quality Surveillance model for July 2022

	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%

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

3rd and 4th Degree Tears (2.84% Jul 2022)

- Rate below national threshold.
- Deep dive review into cases have found no themes or trends.

Stillbirth rate year to date (3.1/1000 births)

- SFH stillbirth rate, for year to date now returned below the national ambition of 4.4/1000 birth with July reporting 1 cases.
- Cases reported is being managed through the governance process, no external escalations required.

Staffing red flags (Jul 2022)

- 5 staffing incident reported in the month, one related to high acuity leading to declared suspension of services.
- Due to regional capacity, no local units were unable to accept women in labour. Appropriate actions were taken inline with the supporting SOP.
- No harm related incidents reported.

Home Birth Service

- Due to vacancies and sickness homebirth services remains limited as per Board approval.
- 1 Homebirth conducted in July 22, plan in place to re-start the full service on the 18th Sept 2022

FFT (94% Jul 2022)

- FFT remains improved following revised actions
- New system implementation delayed
- Service User Representative in post and providing additional pathways for maternal feedback

Maternity Assurance Divisional Working Group

NHSR	Ockenden
• NHSR year 4 relaunched on the 6th of May 2022, divisional working group supporting • Current challenge around resource to help deliver particularly with business unit	• Initial 7 IEA- final IEA is 86% Regional quarterly LMNS panel now in place to review additional evidence submitted • Final 15 IEA, 14 have been peer assessed with plan for the final 1

Incidents reported Jul 2022 (105 no/low harm, 2 as moderate)

Most reported	Comments
Other (Labour & delivery)	No themes identified
Triggers x 15	Themes includes Category 1 LSCS, 3rd and 4th degree tears and PPH

Other

- Increased birth-rate for July – 316 births. Significantly increased on previous years average of 290 births.
- Two cases reported as moderate- one reviewed at MDT incident meeting and no further action required as low harm, the second an unplanned admission to ITU will be taken through Trust Scoping
- CQC enquiry received in July 2022- responded and closed.
- No formal letters received and all women who have a planned homebirth, all women have been written to by the Director of Midwifery to outline current situation.
- Midwifery Continuity of Carer system submission made on the 16th of June 2022- still no national feedback received.

Maternity Perinatal Quality Surveillance scorecard

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Sherwood Forest Hospitals										
	OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE					WELL LED
CQC Maternity Ratings - last assessed 2018	GOOD	GOOD	GOOD	OUTSTANDING	GOOD					GOOD

Maternity Quality Dashboard 2020-2021	Alert [national standard/average	Running Total/ average	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
1:1 care in labour	>95%	99.81%	100%	100%	100%	100%	100%	100%	100%
Women booked onto MCOC pathway									
Women reccving MCOC intraprtum									
Total BAME women booked									
BAME women on CoC pathway									
Spontaneous Vaginal Birth			63%	61%	59%	55%	60%	60%	60%
3rd/4th degree tear overall rate	>3.5%	2.18%	2.78%	2.52%	2.90%	3.00%	6.20%	3.72%	2.84%
Obstetric haemorrhage >1.5L	Actual	116	6	8	7	6	9	7	7
Obstetric haemorrhage >1.5L	>3.5%	3.24%	2.12%	3.30%	2.60%	2.20%	3.20%	2.45%	2.45%
Term admissions to NNU	<6%	3.62%	5.00%	3.50%	3.50%	1.60%	4.00%	2.60%	2.60%
Apgar <7 at 5 minutes	<1.2%	1.56%	1.90%	1.80%	2.00%	0.84%	0.40%	1.20%	1.20%
Stillbirth number	Actual	11	1	1	0	1	2	2	1
Stillbirth number/rate	0	4.63			3.727			5.952	
Rostered consultant cover on SBU - hours per week	<60	60	60	60	60	60	60	60	60
Dedicated anaesthetic cover on SBU - pw	<10	10	10	10	10	10	10	10	10
Midwife / band 3 to birth ratio (establishment)	>1:28		1:29	1:22	1:22	1:22	1:22	1:24.5	1:27
Midwife/ band 3 to birth ratio (in post)	>1:30		1:28	1:24	1:24	1:24	1:24	1:26.5	1:29
Number of compliments (PET)		0	0	0	1	1	1	1	1
Number of concerns (PET)		9	0	0	2	2	1	0	0
Complaints		11	1	1	2	1	0	2	1
FFT recommendation rate	>93%		92%	91%	90%	89%	88%	88%	94%
PROMPT/Emergency skills all staff groups			100%	100%	100%	100%	94%	95%	95%
K2/CTG training all staff groups			98%	98%	98%	98%	98%	98%	98%
CTG competency assessment all staff groups			98%	98%	98%	98%	98%	98%	98%
Core competency framework compliance			81%	81%	88%	95%	95%	95%	95%
Progress against NHSR 10 Steps to Safety	<4 <7 7 & above								
Maternity incidents no harm/low harm	Actual	529	83	45	69	58	70	99	105
Maternity incidents moderate harm & above	Actual	7	1	1	1	1	1	1	1
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0
HSIB/CQC etc with a concern or request for action		Y/N	N	N	N	N	N	N	Y

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Board of Directors Meeting in Public

Subject:	Guardian of Safe Working Hours Report	**Date:** 1st September 2022	
Prepared By:	Rebecca Freeman – Head of Medical Workforce Jayne Cresswell – Medical Workforce Advisor		
Approved By:	David Selwyn - Medical Director		
Presented By:	David Selwyn - Medical Director		

Purpose		
This report is a Mandatory requirement for assurance of safe working as per the Terms and Conditions of Service (TCS) of the 2016 Junior Doctors Contract.	**Approval**	
	Assurance	**X**
	Update	
	Consider	

Strategic Objectives				
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**
	X	**X**	**X**	**X**

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	**X**
PR2	Demand that overwhelms capacity	**X**
PR3	Critical shortage of workforce capacity and capability	**X**
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before
This report will be presented at the Joint Local Negotiating Committee and the Junior Doctors Forum after presentation at the Trust Board of Directors

Executive Summary

The Guardian of Safe Working Hours report provides information relating to the exception reports received between 1st May 2022 to 31st July 2022.

The report gives an overview of the exception reports that have been received by Division and grade of doctor and the reasons for the exceptions, making comparisons against previous years.

There have been no fines or work schedule review requests during this period.

The report also describes actions that have been undertaken since the last report by Dr Martin Cooper the Guardian of Safe Working and actions that are planned for the new intake of doctors.

The report outlines the reasons for the 4 Immediate Safety concerns that were reported during this period, two relate to ward cover and the lack of cover at postgraduate doctor level in Trauma & Orthopaedics where the rota is currently being reviewed, one related to an extremely busy shift in Acute Medicine and this was reviewed by the Head of Service the following day and the final concern related to a doctor not being able to go to teaching which, after review, doesn't meet the threshold of an immediate safety concern.

Trust Board is asked to note:

- that a letter is being sent to the Educational and Clinical Supervisors by the Guardian of Safe regarding the timely completion of exception reports and the Guardian of Safe Working also regularly attends the Educational Supervisors forum to remind the clinicians of the importance of responding to exception reports through the system to enable timely and accurate reporting.
- that details of the exception reports from Clinical Fellows will continue to be included in the Quarterly Guardian of Safe Working reports and the number of reports being received is gradually increasing.
- that work to review the rota in Medicine has been concluded, this rota provides more consistency amongst the doctors, it enables the trainees to have more specialty experience and the clinical fellows to have more acute experience. This rota also provides support for the GP trainees many of which have limited experience of working in an Acute Trust out of hours as they will be working on the same rota as the Foundation Year 1 doctors. Previous exception reporting instrumental in providing the evidence required to invest in and adjust, this new rota.

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Introduction

This report provides an update on exception reporting data, from 1st May 2022 to 31st July 2022. It outlines the exception reports that have been received during the last three months, the actions and developments that have taken place during this time and work that is ongoing to provide assurance that there is safe working as per TCS of the 2016 junior doctors' contract.

As can be seen from the below, there are 214 postgraduate doctors in training, an increase of 11 from the previous rotation.

High level data

Number of doctors in training (total):	214
Number of doctors in training on 2016 TCS (total):	214
Number of training posts unfilled by a doctor in training:	16
Number of unfilled training posts filled by a clinical fellow/locum:	5
Total number of non-training doctors including teaching fellows:	66
Amount of time available in the job plan for the guardian:	1 PA
Administrative support provided to the guardian:	0.1 WTE
Amount of job planned time for Educational Supervisors:	0.25 PAs per trainee

Exception reports From May 2022 (with regard to working hours)

The data from 1st May 2022 to 31st July 2022 shows there have been 40 exception reports in total, 35 related specifically to safe working hours while 3 were related to educational issues and 2 related to service support.

Four of the exception reports were categorised by the postgraduate Trainees as Immediate Safety Concerns. Further details of the immediate safety concerns can be found in Table 2.

By month there were 19 exception reports in May 2022, 8 in June 2022 and 13 in July 2022.

Of the 35 exception reports related to safe working hours, all were due to working additional hours.

Of the total 40 exception reports 30 (75%) have been closed with 10 (25%) still open and all 10 of these are overdue. Of the 10 overdue exception reports, 5 are still waiting for the initial meeting to take place, the other 5 are unresolved or waiting for the postgraduate doctor's agreement.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 2 days which is a considerable improvement. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 10 (25%) of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting.

Where an outcome has been suggested there are 21 (60%) with time off in lieu (TOIL), 11 (31%) with additional payment, 2 (6%) with no further action and 1 (3%) flagged for prospective changes to the work schedule.

The Allocate software used to raise exception reports and document the outcome does not currently have the facility to be able to link to the eRota system to confirm TOIL has been taken or additional payment received, therefore this is actioned manually by the Medical Workforce team.

Trainee Grades

A summary of the training grades of postgraduate medical doctors is provided below

Foundation Trainees Year 1 & 2	Trainees that have completed Medical School and are in their first and second years as a trainee.
Core Training Tear 1,2 and 3 Specialty Training Year 1 & 2 Internal Medicine Training Year 1,2 & 3	Trainees that have completed their Foundation Training and moved into either general training or specialty training and are classed as 'junior' trainees
Specialty Training Year 3+	Trainees that have completed their core or specialty training as a junior trainee and are now specializing in a specific area as a Senior trainee

Reasons for ER over last quarter by specialty & grade

ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
Immediate patient safety issues	Acute Medicine	CT3	0	1	1	0
	Obstetrics and gynaecology	FY2	0	1	1	0
	Trauma & Orthopaedic Surgery	FY2	0	2	1	1
Total			**0**	**4**	**3**	**1**
No. relating to hours/pattern	Accident and emergency	ST5	4	0	0	4
	Acute Medicine	CT2	2	6	6	2
	Acute Medicine	CT3	7	5	11	1
	Cardiology	CT2	1	0	1	0
	Gastroenterology	FY1	1	0	0	1
	General medicine	CT1	1	0	1	0
	General medicine	FY1	14	5	9	10
	General medicine	FY2	2	3	5	1
	General medicine	ST1	0	1	0	1
	General medicine	ST6	1	2	0	3
	General practice	FY2	2	0	2	0
	General surgery	FY1	1	0	1	0
	Genito-urinary medicine	FY2	1	2	3	0
	Haematology	CT1	0	2	1	1
	Obstetrics and gynaecology	FY1	3	0	1	2
	Obstetrics and gynaecology	FY2	1	1	2	0
	Obstetrics and gynaecology	ST1	1	1	1	1
	Obstetrics and gynaecology	ST4	1	0	0	1
	Paediatrics	FY1	1	0	0	0
	Paediatrics	FY2	1	0	0	1
	Paediatrics	ST2	6	0	3	3
	Paediatrics	ST4	3	0	0	3
	Paediatrics	ST5	0	3	3	0
	Paediatrics	ST6	1	0	0	0
	Respiratory Medicine	FY1	1	0	0	1
	Surgical specialties	FY1	3	2	1	4
	Trauma & Orthopaedic Surgery	FY2	9	2	7	4
	Trauma & Orthopaedic Surgery	ST7	8	0	0	8
Total			**76**	**35**	**58**	**52**
No. relating to educational opportunities	Anaesthetics	CT1	1	0	0	1
	General medicine	FY1	0	1	1	0
	Ophthalmology	ST2	1	0	1	0
	Paediatrics	ST4	1	0	0	1
	Trauma & Orthopaedic Surgery	FY2	1	2	2	1
Total			**4**	**3**	**4**	**3**
No. relating to	Trauma & Orthopaedic Surgery	FY2	0	2	1	1
Total			**0**	**2**	**1**	**1**

Table 1. Exception Reports for Working Hours by Grade and Division

**Acute Medicine shifts involve doctors from the Medical Division*

The majority of the exception reports received during this period - 25 (62.5%) in total - are from postgraduate doctors working in the **Medical Division**. Although the doctors are within the Medical Division their Acute Medicine shifts are within the Urgent and Emergency Care Division. Therefore, of the 25 exception reports, 11 were whilst doing acute medicine shifts and 14 whilst doing specialty specific or ward-based work within Medicine. (Figure 1).

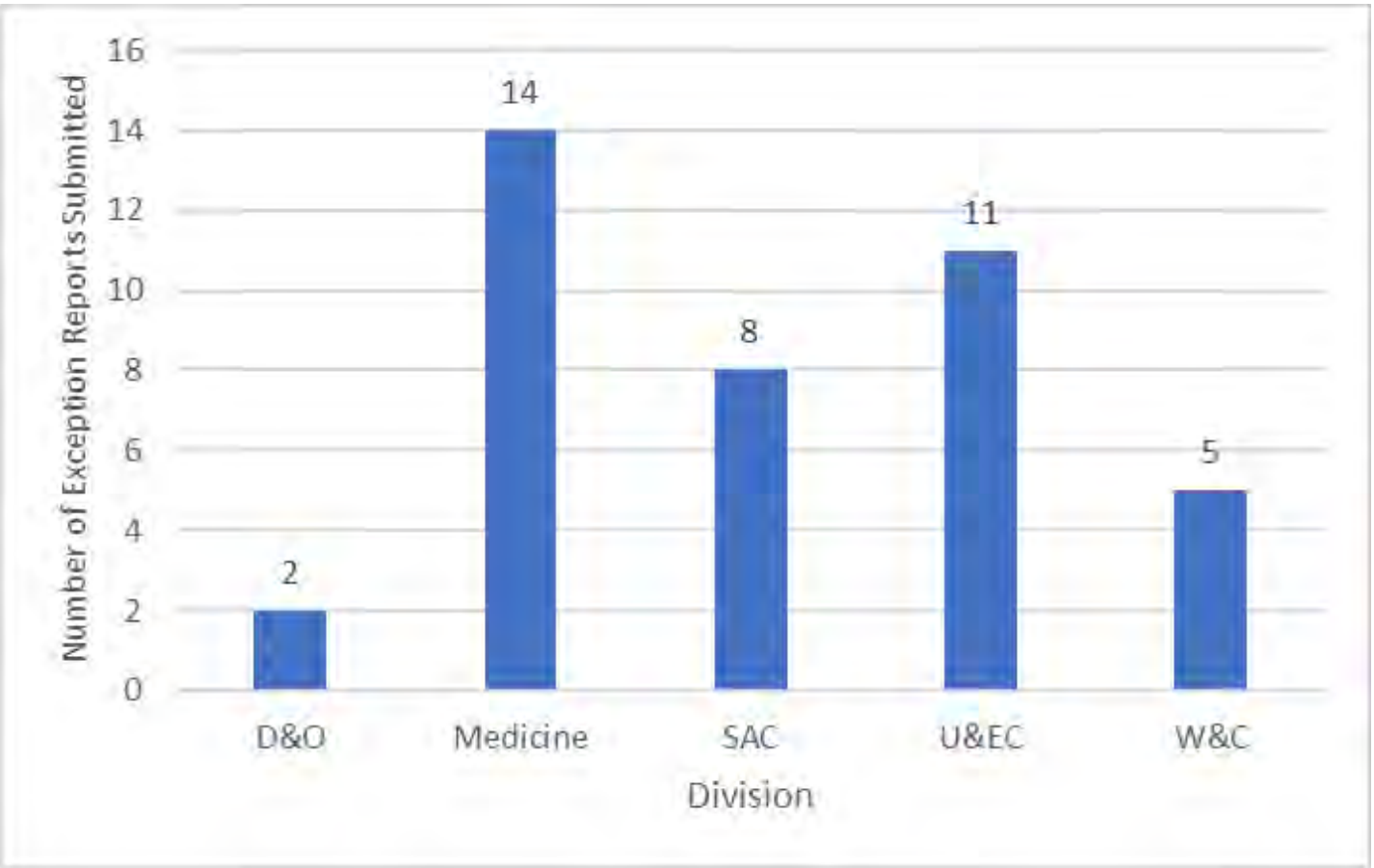

Figure 1. Exception reports by Division for Trainees

Within the Medical Division 6 of the exception reports have come from the Foundation Year 1 Doctors, 17 from the Foundation Year 2 Doctors and IMT Trainees and 2 from the ST4+ Trainees. (Figure 2).

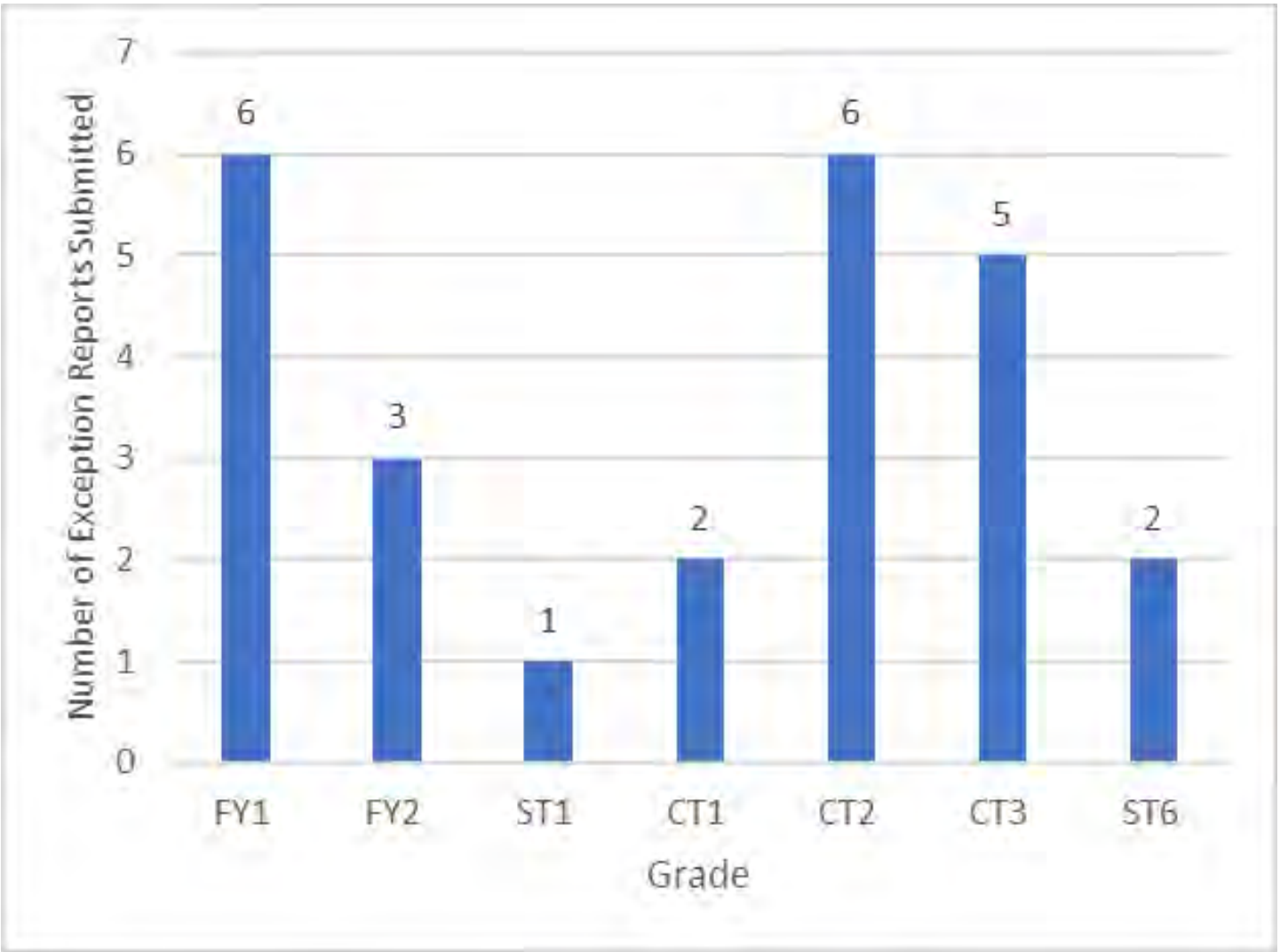

Figure 2. Exception reports by Grade for Trainees in Medicine

Figure 3. Comparison of number of exception reports for the same period between 2020, 2021 and 2022

Currently the proportion of postgraduate doctors in training in each of the three tiers of F1, F2/CT/IMT/ST1-2/GPST and ST3+ are 17%, 57% and 26%. However, the proportion of total exception reports from each tier is 20%, 67.5% and 12.5% respectively.

Date	Grade and Specialty of Doctor	Details of Immediate Safety concern reported by the Trainee	Action Taken	Status of the Concern
02.05.22	F2 Trauma & Orthopaedics	Busy on call, unable to complete all the tasks due to a deteriorating patient.	Registrar and on call consultant supported, very busy on call.	Concern remains open, work currently taking place to make some changes to the rota.
30.05.22	IMT3 Medicine	Very busy shift, felt there were too many referrals receiving SDEC.	Meeting held with the head of Service and other members of the Senior team on 1st June 2022 to review the shift.	Concern closed
06.06.22	F2 Trauma & Orthopaedics	Very busy on call shift, some staff had been given leave and the workload was too much for one doctor.	The Director of Postgraduate Education discussed this with the Service.	Concern remains open work currently taking place to make some changes to the rota.
22.7.22	F2 Obstetrics & Gynaecology	Unable to attend teaching as supported in theatre due to colleague being absent from work.	This was acknowledged by the Service and it was agreed that this report didn't meet the requirements of an immediate safety concern.	Concern closed.

Table 2. Immediate Safety Concern Concerns Raised

Figure 4 shows that this year there have been fewer exception reports from the F1 and the junior trainees than in the previous year but there is an increase in the number of senior trainees submitting exception reports.

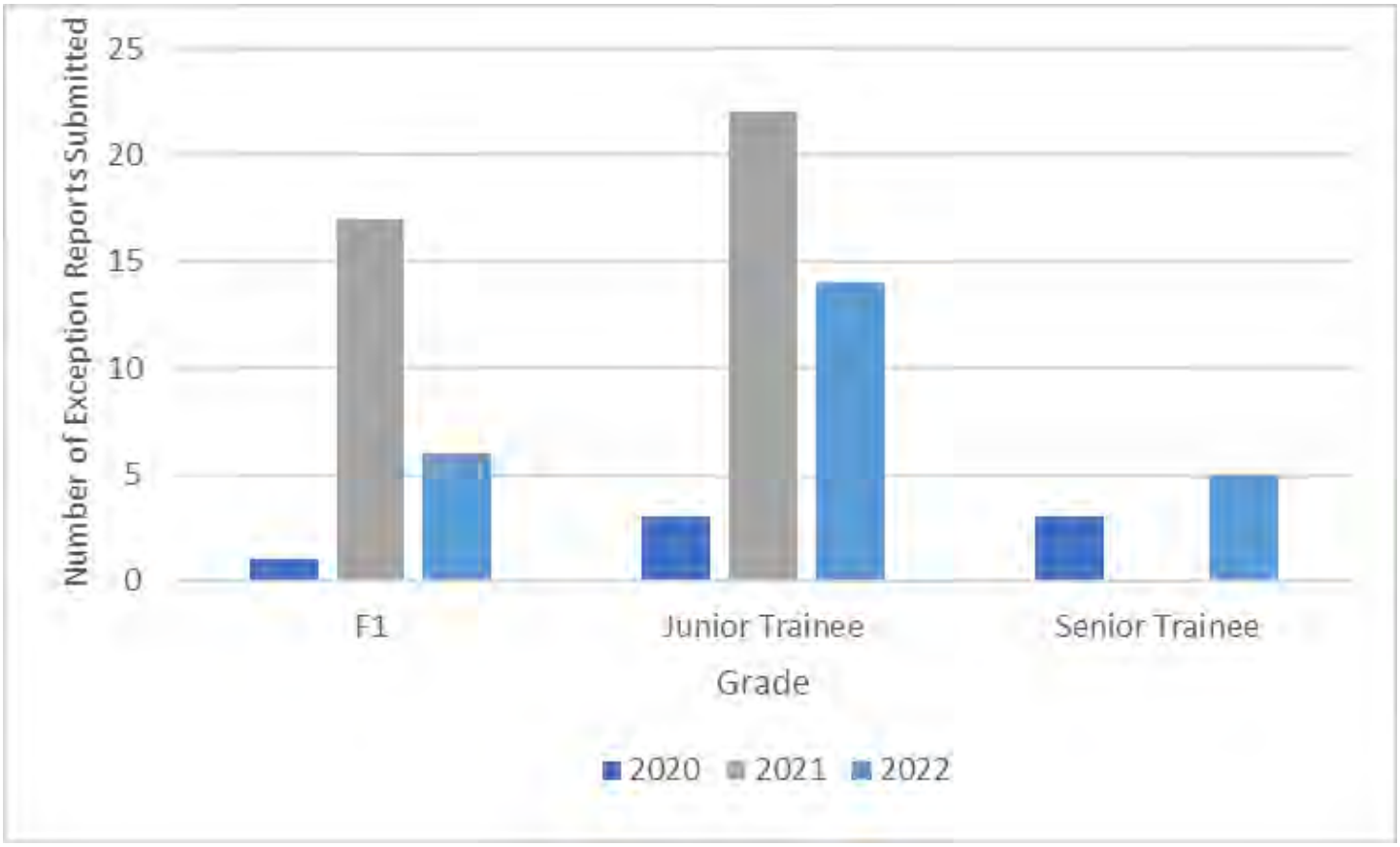

Figure 4. Number of Exception reports by doctors by grade for the same quarter between 2020, 2021 and 2022.

Exception Reports from Clinical Fellows

There have been 16 exception reports received from Clinical Fellows during this period. All 16 exception reports were from doctors in Medicine. The Clinical Fellows worked an average of an additional 1 hour and 30 minutes each at the end of a normal working day, the exception reports have been reviewed by the clinical supervisors, all were supported and time in lieu given to the doctors.

The Clinical Fellows are regularly reminded about completing exception reports and receiving this number of exception reports shows that they are keen to report any exceptions. The numbers of reports received will be monitored on an ongoing basis. 1 more exception report was received from clinical fellows this quarter than last quarter.

Work Schedule Reviews

There have been no work schedule reviews. Exception reports continue to be dealt with as a one-off with few progressing to a work schedule review for issues that are recurrent.

Fines

There were no fines issued this quarter.

Vacancies

16 of the 214 training posts are unfilled by a doctor in training, however, 5 of the 16 vacancies are filled by a Clinical Fellow. The remaining gaps are offered to doctors on the Trust bank, where it is not possible to fill the posts using doctors on the Trust bank, locum agencies will be used. A number of these posts became vacant in April during the last rotation, this is particularly the case of 3 GP trainee posts. In addition there are a number of less than full time trainees in post, particularly in Paediatrics and Anaesthetics.

Qualitative information

The number of exception reports made by those Senior trainees level still remains low with 5 being reported during this period. Although the number of exception reports has increased slightly, the hospital has remained extremely busy, therefore it is felt that this group of doctors are still under reporting.

The response to the exception reports by Educational and Clinical Supervisors within the required

7 days has improved considerably. Table 3 below indicates the number and percentage of exception reports that were not responded to within the required time frame of 7 days over the last year. This has reduced, following recent reminders that have been sent to some Educational/Clinical Supervisors with exception reports outstanding. In addition, the median time to the first meeting is 2 days which again is a considerable improvement from the previous report.

Date of the Guardian Report	**Number and Percentage of reports not responded to within 7 days**
May 2022 – July 2022	25% of all reports received 10 reports
February 2022 – April 2022	56% of all reports received 38 reports
November 2021 – January 2022	50% of all reports received 15 reports
August 2021 – October 2021	52% of all reports received 15 reports
May 2021 – July 2021	33% of all reports received 13 reports

Table 3 Exception Reports not responded to within 7 days

Dr Cooper plans to write to the Educational and Clinical Supervisors advising them of the importance of responding to exception reports using the system in a timely manner. In addition he will stress the importance of Supervisors promoting the raising of exception reports by trainees and clinical fellows. Understanding that this not only ensures good working conditions for staff but can identify clinical areas and services which may benefit from enhanced medical staffing levels will be key in fully engaging with the system. Initial discussions with Education/Clinical Supervisors that had exception reports outstanding in the system has resulted in a considerable improvement in the median time to the first meeting being reduced to 2 days which is a considerable improvement.

Work has been undertaken within Medicine to review the rotas for junior postgraduate trainees and the Clinical Fellows. This has been done in conjunction with the doctors. For some years, the rota has remained fundamentally the same and as doctor numbers have increased, the lines on the rota have increased.

This old rota has now been divided up into 4 x18 line rotas. A number of meetings have been held with stakeholders to discuss the rota in detail and amendment have been made to refine the rota as discussions have progressed. This is an ongoing process and will continue as feedback will be requested from the new cohort of doctors in August 2022.

Exception reports received relating to the new rota will be closely scrutinised.

There are discussions taking place to review the Trauma & Orthopaedic rota and the ED rota for the junior postgraduate trainees going forwards. Paediatrics are in the process of reviewing the rota for senior trainees.

Conclusion

Trust Board is asked to:

- Note that a letter is being sent to the Educational and Clinical Supervisors by the Guardian of Safe regarding the timely completion of exception reports and the Guardian of Safe Working also regularly attends the Educational Supervisors forum to remind the clinicians of the importance of responding to exception reports through the system to enable accurate reporting.
- Note that details of the exception reports from clinical Fellows will continue to be included in the Quarterly Guardian of Safe Working reports and the number of reports being received is gradually increasing.
- Note that work to review the rota as described above in Medicine has been concluded, this rota provides more consistency amongst the doctors, it enables the trainees to have more specialty experience and the clinical fellows to have more acute experience. This rota also provides support for the GP trainees many of which have limited experience of working in an Acute Trust out of hours as they will be working on the same rota as the Foundation Year 1 doctors.

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Appendix 1

Issues/Actions arising from the Guardian of Safe Working Report

Action/Issue	**Action Taken (to be taken)**	**Date of completion**
Educational/Clinical Supervisors to be encouraged to complete exception reports in a timely manner.	Guardian of Safe Working to write to Educational and Clinical Supervisors to encourage them to review exception reports in a timely manner using the allocate system.	30th September 2022
Implementation of the new rota in Medicine	Exception reports relating to this rota to be closely monitored	August 2022 - January 2023

Workforce Race Equality Standard (WRES) Report 2020-2021

WRES Indicator	2019	2020	2021	2022	Notes	Performance
1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. (Workforce Data)	10.0%	11.1%	11.7%	14.9%	Overall there has been an increase in the proportion and number of BME staff in most areas in the last year; most notably at Bands 7 and 8A (non-clinical) and Bands 5 & 6 (clinical).	Improvement
2. Relative likelihood of staff being appointed from shortlisting across all posts. (Workforce Data)	0.60	1.00	0.90	0.95	The overall likelihood of BME staff being appointed from shortlisting compared to white staff has increased over the last year. However this indicates that there is very little likelihood of White applicants being appointed over BME applicants and BME applicants as more likley to be appointed following interview. Nationally in 2021, the likelihood was 1.67, meaning that white candidates have a higher likelihood of appointment than BME candidates. A figure above 1.00 would indicate that white candidates are more likely than BME candidates to be appointed from shortlisting.	Small Statistical Change
3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year. (Workforce Data)	0.55	0.74	0.47	0.51	During the last year the proportion of BME staff compared to white staff entering the formal disciplinary process has decreased, meaning BME are less likely to go through the disciplinary process compared to white staff. Nationally in 2021, the likelihood was 1.14, meaning that white staff are less likely to enter the formal disciplinary process. A figure above 1.00 would indicate that BME staff members are more likely than white staff to enter the formal disciplinary process.	Small Statistical Change

White is defined as those who identify on ESR as White – British, White – Irish, White – Other. BME is any other category. Undeclared staff are not included in this analysis.

4. Relative likelihood of White staff accessing non-mandatory training and CPD. (Workforce Data)	1.48	1.10	1.10	1.15	Access to CPD and non-mandatory training was lower across all staff groups between 2019/20 and 2020/21; it is likely this is a consequence of the pandemic and unprecidented demand on our services. The overall figures have remained at a constant level over the last 3 years and sits at 1.15, meaning that BME are less likely to access non-mandatory training and CPD. However, in the 2021 national WRES report, Sherwood Forest was named as the only Trust in the Midlands to achieve sustained, long term improvement for this indicator. Nationally in 2021, the likelihood was 1.14, meaning that white staff are more likely to access non-mandatory training and CPD A figure below 1.00 would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.	Small Statistical Change
5. KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. (Annual Staff Survey)	28.0%	24.3%	25.6%	30.8%	The proportion of BME staff experiencing bullying and harrassment from patients and relatives has seen a gradual increase over the last few years. This sits above the national average (28.8%)	Declined
6. KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. (Annual Staff Survey)	27.9%	27.4%	25.9%	28.8%	The proportion of BME staff experiencing bullying and harrassment from staff has seen a gradual increase over the last few years. This sits at the same level as the national average (28.5%)	Declined
7. KF21. Percentage believing that trust provides equal opportunities for career progression or promotion. (Annual Staff Survey)	47.8%	56.3%	55.6%	53.3%	The proportion of BME staff percentage believing that trust provides equal opportunities for career progression or promotion has seen a minimal decrease from 2021. This sits at above the national average (44.6%)	Small Statistical Change

White is defined as those who identify on ESR as White – British, White – Irish, White – Other. BME is any other category. Undeclared staff are not included in this analysis.

8. Q17b. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues. (Annual Staff Survey)	13.2%	10.2%	14.7%	14.3%	The proportion of BME staff experiencing discrimination has decreased slightly between 2020/21 and 2021/22 and still remains significantly higher for BME staff than white staff.	Small Statistical Change
9. Percentage difference between the organisations' Board voting membership and its overall workforce. (Workforce Data)	-3.7%	-4.4%	-1.7%	-4.9%	The overall board BME % has remained the same, and the overall trust diversity position has increased. These two movements have extended the difference between the board membership and the Trust BME split	Declined

White is defined as those who identify on ESR as White – British, White – Irish, White – Other. BME is any other category. Undeclared staff are not included in this analysis.

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Workplace Race Equality Standard (WRES) Report	**Date**: 1st September 2022	
Prepared By:	Ali Pearson, People Equality, Diversity, and Inclusion Lead		
Approved By:	Rob Simcox, Director of People		
Presented By:	Rob Simcox, Director of People		
Purpose			
To provide Trust Board with the data and narrative from our 2020/2021 WRES submission to NHS England.		**Approval**	
		Assurance	X
		Update	
		Consider	

Strategic Objectives				
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**
X	X	X	X	X

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	X
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	X
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

People Diversity & Inclusivity Sub cabinet
People and Inclusion Cabinet

Executive Summary

Background

The Workforce Race Equality Standard (WRES) is a mandatory annual report.

All NHS organisations are required to demonstrate progress against indicators from workforce data metrics and staff survey results regarding BME colleagues experiences

The reports also require us to provide data for our Board to receive levels of disabled representation.

The report enclosed provides detailed year on year comparisons and narrative.

Summary of Findings

9 indicators

No. of indicators where data has improved compared to last year	No. of indicators where data has declined compared to last year	No. of indicators where the data change is minimal
1/9	3/9	5/9

Highlights:

- 3.2% increase in BME colleagues in the organisation notably at Band 7 and 8A (non-clinical) and Bands 5 and 6 for clinical. The increase in BME colleagues in Band 6 clinical roles is an action achieved from 2020/21 Action Plan.
- Organisation continues to maintain its performance for Indicator 4 (non-mandatory training and CPD), an area where we were named as the only Trust in the Midlands maintaining performance in this area in the National WRES report (2021).
- The Trust is performing well in appointing BME staff following the shortlisting process; BME applicants are as likely as White applicants to be appointed. Nationally, White applicants are more likely to be appointed so we are pleased to be maintaining our results in this area.
- We continue to maintain positive results regarding formal disciplinaries where our BME staff are less likely to enter into the formal process than White staff; this is testament to our application of Just Culture principles.

Actions identified:

- Continue to embed the Anti-Racism strategy within the Trust to improve staff survey results in regard to bullying, harassment and discrimination.
- Further develop partnerships with local organisations (public, private and voluntary sectors) to tackle violence, aggression and hate crime in our communities locally.
- Work with Ethnic Minority staff network colleagues and ICS Partners in the development and delivery of an Anti-Racism action plan.
- Review 6 High Impact Actions action plan to ensure delivery of race equality objectives.
- Provide recruitment and selection training for staff network members to increase the diversity on recruitment panels.
- Ensure revised Appraisal process enables equity of opportunity for personal training and development in support of aspirational BME colleagues.

In addition to the above actions, we have relaunched our staff networks in Sherwood (July-September) and will continue to promote them to increase membership and engagement for them to thrive and influence improvements.

The Board are asked to note the findings in this year's individual WRES report which is due to be published by 31st October 2022.

We recognise that there is still work to do to improve our results and are committed to doing this through our People strategies and by working with our staff network members.

The onward detailed actions and work associated with our reports will be overseen by the People Culture and Improvement Committee and a more detailed update provided at the October Committee.

Workforce Disability Equality Standard (WDES) Report 2020-2021

WDES Indicator	2019	2020	2021	2022	Notes	Performance
1. Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce (Workforce Data)	-	5.0%	3.6%	4.0%	Overall the data shows an improvement in the percentages of Disabled staff in the organisation declaring a disability, with an increase from 5.0% in 2019/20 to 4.0% in 2021/22. This increase is largely replicated across most paybands, with any decreases the result of very small numbers. Nationally 3.7% of staff working for trusts have recorded a disability on the NHS Electronic Staff Record (ESR). (2021 WDES analysis)	Improved
2. Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff (Workforce Data) NB: Reverse Metric (inverse phrasing compared to the other metrics)	-	1.06	1.04	0.74	In 2021/22 disabled applicants were 0.74 less likely to be appointed than their non disabled counterparts, whereas in 2020/21 the ratio was 1:04, which was more equitable. Nationally in 2021, the likelihood was 1.11, meaning that non disabled have a higher likliehood of appointment than disabled candidates.	Declined
3. Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. (Workforce Data)	-	1.61	5.52	0.00	During the 2022 reporting period there were no staff recorded as disabled who entered the formal capability process. This shows a reduction to the previous period. Therefore, disabled staff are less likely to enter the formal capability process than non-disabled staff. Nationally in 2021, the likelihood was 1.94, meaning that disabled staff have a higher likelihood of entering the formal capability process.	Improved

Disabled staff refers to those staff who have recorded a disability in ESR. Non-Disabled staff may include staff who are disabled but have not recorded it.

4a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: (Annual Staff Survey)						
i. Patients/service users, their relatives or other members of the public	31.8%	34.2%	28.1%	30.8%	i. The percentage of staff recorded as being disabled who have experienced bullying and harrassment from service users has increased slightly. Trust sits below national NHS average (32.4%)	Declined
ii. Managers	18.9%	18.0%	15.6%	12.0%	ii. The percentage of staff recorded as being disabled who have experienced bullying and harrassment from managers has decreased slightly. Trust sits below national NHS average (18%)	Improved
iii. Other colleagues (Staff Survey Q13a-c)	30.8%	27.2%	24.3%	25.3%	iii. The percentage of staff recorded as being disabled who have experienced bullying and harrassment from other colleagues has increased slightly. Trust sits below national NHS average (26.6%)	Declined
4b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	49.5%	42.2%	44.2%	49.5%	4b) Incident reporting has once more increased over the last year for disabled staff, which is again statistically significant. Although this increase is positive it suggests that some people still do not feel able to report their experiences. Trust sits above national NHS average (47.0%)	Improved
5. Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion (Annual Staff Survey)	52.9%	54.6%	57.1%	61.1%	Shows an increase from 2021 position and Trust sits above national NHS average (51.4%)	Improved
6. Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. (Annual Staff Survey)	43.8%	37.2%	34.9%	30.9%	The percentage of disabled staff who felt pressure to come into work when they did not feel well enough decreased. Trust sits below national NHS average (32.2%)	Improved

Disabled staff refers to those staff who have recorded a disability in ESR. Non-Disabled staff may include staff who are disabled but have not recorded it.

7. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work (Annual Staff Survey)	39.4%	43.7%	48.2%	44.8%	Shows reduction from 2021 period Trust sits above national NHS average (32.6%)	Declined
8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. (Annual Staff Survey)	67.1%	76.6%	77.0%	76.1%	The percentage of Disabled staff who felt that reasonable adjustments had been made decreased. Trust sits above national NHS average (70.9%)	Small Statistical Change
9. (a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. (Annual Staff Survey)	6.9%	6.0%	7.0%	6.9%	The staff engagement score for Disabled staff has remained at a similar level Trust sits above national NHS average (6.4%)	Small Statistical Change
9. (b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) (Annual Staff Survey)	Yes	Yes	Yes	Yes	Our WAND (**W**ere **A**ble a**N**d **D**isabled) staff network was launched in 2019.	No Change
10. Percentage difference between the organisations' Board voting membership and its overall workforce. (Workforce Data)	-	3.0%	6.4%	6.0%	The number of the Board members eligible to vote who have declared a disability has remained the same over the last year, however due to an increase in the numbers of the workforce the percentage has reduced.	Small Statistical Change

Disabled staff refers to those staff who have recorded a disability in ESR. Non-Disabled staff may include staff who are disabled but have not recorded it.

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public

Subject:	Workplace Disability Equality Standard (WDES) Report	**Date**: 1st September 2022	
Prepared By:	Ali Pearson, People Equality, Diversity, and Inclusion Lead		
Approved By:	Rob Simcox, Director of People		
Presented By:	Rob Simcox, Director of People		
Purpose			
To provide Trust Board with the data and narrative from our 2020/2021 Workplace Disability Equality Standard (WDES) submission to NHS England.		**Approval**	
		Assurance	X
		Update	
		Consider	

Strategic Objectives				
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**
X	X	X	X	X

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	X
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	X
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

People Diversity & Inclusivity Sub cabinet
People and Inclusion Cabinet

Executive Summary

Background

The Workforce Disability Equality Standard (WDES) is a mandatory annual report.

All NHS organisations are required to demonstrate progress against indicators from workforce data metrics and staff survey results regarding disabled colleagues' experiences.

The reports also require us to provide data for our Board to receive levels of disabled representation.

The report enclosed provides detailed year on year comparisons and narrative.

Summary of Findings

10 indicators (14 data scores due to multiple responses required for Indicator 4)

No. of indicators where data has improved compared to last year	No. of indicators where data has declined compared to last year	No. of indicators where the data change is minimal
6/14	4/14	4/14

Highlights:

- Increase in the number of colleagues declaring disability on ESR. The change is a small but positive one but increasing self-service on ESR will remain a focus action for 2022/23.

- Achieving 0.00 data for indicator 3 in regard to the likelihood of disabled colleagues entering the formal capability process; a significant reduction from last year. In the reporting period no colleagues with disabilities entered the process; this is testament to the impact of people centred processes and compassionate leadership within Sherwood.

- Increase in number of disabled colleagues believing the organisation provides equal opportunities for career development and promotion. Sherwood is also performing almost 10% higher than the national average from 2021).

Actions identified:

- Provide recruitment and selection training for staff network members to increase the diversity on recruitment panels.

- Launch the Health Passport during Disability History Month (Nov/Dec) to raise awareness of disability in the workplace and how Sherwood can and does support colleagues

- Develop and deliver a programme of events and awareness raising during Disability History Month with a focus on showcasing disabled colleague's achievements in their employment with the Trust including support for the ICS event on International Day of Person's with Disabilities (3 December).

- Support our first intake of interns (x7) on the DFN Project Search programme (in partnership with Vision West Notts college) to prepare them for securing substantive employment at the end of their internship.

In addition to the above actions, we have relaunched our staff networks in Sherwood (July-September) and will continue to promote them to increase membership and engagement in order for them to thrive and influence improvements.

The Board are asked to note the findings in this year's individual WDES report which is due to be published by 31st October 2022.

We recognise that there is still work to do to improve our results and are committed to doing this through our People strategies and by working with our staff network members.

The onward detailed actions and work associated with our reports will be overseen by the People Culture and Improvement Committee and a more detailed update provided at the October Committee.

Sherwood Forest Hospitals NHS Foundation Trust

Board of Director - Public

Subject:	CFC Annual Report Jan – Dec 2021	**Date**: 1st September 2022	
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs		
Approved By:	Charitable Funds Committee		
Presented By:	Steve Banks, NED and Chair of Charitable Funds Committee		
Purpose			
To consider and receive assurance from the Annual Report of the Charitable Funds Committee		**Approval**	
		Assurance	x
		Update	
		Consider	

Strategic Objectives				
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**
x	x			

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	x
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Charitable funds Committee 16th August 2022

Executive Summary

This report provides a summary of Charitable Funds activities and assurance that the Charitable Funds Committee has carried out its obligations in accordance with its terms of reference and work programme for the 2021 calendar year. It provides assurances and synopsis on activity undertaken throughout the year.

Annual Report from the Charitable Funds Committee 2021

1. Summary

This report provides an overview of charitable fund activities undertaken throughout the Trust and a summary of the work undertaken within the charitable fund Committee activities from January to December 2021, for assurance the Committee has carried out its obligations in accordance with its Terms of Reference and work programme for 2021.

2. Background

The Charitable Funds Committee meets quarterly and reports to the Board of Directors as the Corporate Trustee. Its Terms of Reference establish the following purposes:

(i) foster an open, anticipatory, adaptive and proactive risk-aware culture in which people are actively engaged

(ii) ensure risk is kept under prudent control on behalf of the Board and in accordance with the Board's risk appetite - maintaining an effective control system and minimising over-exposure to harm

(iii) horizon scanning, challenging and keeping material risk under review at all times

(iv) improving organisational resilience

The Committee's membership is set out below:

- Non Executive Director/Senior Independent Director (Chair)
- Non Executive Director (Vice Chair)
- Non Executive Director
- Chief Financial Officer
- Director of Corporate Affairs
- Head of Strategic Planning
- Head of Financial Services
- Community Involvement Manager
- Head of Communications
- Assistant Chief Operating Officer

In routine attendance:

- Governor Observers

Other Directors and Managers have attended meetings in accordance with the Charitable Fund Committee requirements.

3. Meetings

The Committee meets quarterly, and four meetings were held during the period covered by this report.

Attendance of core members (or a nominated deputy) at meetings during the period covered by this report is detailed below:

Non-Executive Director/SID	4/4
Non-Executive Director x 2	3/4
Director of Corporate Affairs	4/4
Chief Finance Officer	2/4
Deputy Chief Finance Officer	1/4
Head of Financial Services	4/4
Community Involvement Manager	4/4
Head of Communications	1/4
DGM – Medicine	1/4

Attendance of officers in routine attendance

Governor observer	3/4

The committee is supported by a Charitable Funds Operational group which meets in between the meetings of the formal charitable funds committee, to address actions raised in the committee and report progress at the next meeting of the committee.

The work of the committee is extensively supported by our volunteers, who raise funds through the Café and fund-raising stands. Our volunteers also support the Community Involvement Team in engaging with our patients, carers, public and staff.

4. Work Programme

The Committee has received regular reports throughout the year in accordance with its approved Terms of Reference, these include project evaluations, risk register, financial summaries of the charitable fund's accounts, investment updates and a progress update against the Governance self-assessment first undertaken in April 2019.

5. Project Updates

The committee approves through delegation from the Corporate Trustee the funding of specific charitable projects throughout the year, the following are the key projects supported by the charity in the period

Dragons' Den

The Newark Hospital Dragons' Den was launched following the success of the annual King's Mill event. Since the inaugural event in 2019, the initiative has funded 42 improvements that have enriched the patient and carer experience.

End of Life Service Enhancement Appeal

The appeal target was achieved in December 2021 enabling estates colleagues to commence the environmental improvement project. Additional funds generated will be utilised to enrich the experience

of patients and carers. Funding will also be utilised for training and development of the Butterfly volunteering initiative.

Colleague Welfare & Wellbeing

Funds have been utilised from NHS Charities Together, Covid 19 fund and General Trust Funds in support of colleague psychological and physical wellbeing. The charity has also supported the rewards and recognition programme.

NHS Charities Together

The Community Involvement team had been very successful in bidding for monies from the NHS charities together fund. There were strict criteria regarding how the funds were to be spent, all projects identified were considered against these criteria before funding was approved.

Matters refereed to the Corporate Trustee

The Charitable Funds Committee reports after each meeting to the Board of Directors, as Corporate Trustee of the Charity. The Corporate Trustee met specifically to approve the following items:

Non-Consolidation of Charitable Funds into the Trusts annual account based on materiality
The Annual Report and Accounts 2020/21

Conclusion

The Committee self-assessments of effectiveness, the robust work programme of funding of projects and appeals provides assurance that the Committee continues to be effective in discharging its responsibilities with regard to the oversight of Charitable Fund management arrangements within the Trust.

Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

Charitable Funds Committee Chair's Highlight Report to Trust Board

Subject:	Charitable Funds Committee Feedback Report	**Date:** 1st September 2022	
Prepared By:	Steve Banks – Non-Executive Director and Committee Chair		
Approved By:			
Presented By:	Steve Banks – Non-Executive Director		
Purpose			
To provide assurance to the Trust Board		**Assurance**	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
▪ The Newark Breast One Stop Clinic is now in operation providing services closer to home for patients from the Newark area. A phased approach to reaching capacity is being adopted. The Committee intend to use our training session in October to derive learning for future projects	See matters of Concern
Positive Assurances to Provide	**Decisions Made**
▪ The Charitable Funds Operational group report demonstrated that the process is working. The Committee Chair is to attend the next one in October for further assurance. ▪ Assurance was also provided by: the commencement of the Newark One Stop Breast service; the Committee Annual Report to the Board; the review of effectiveness of cultural competency training for maternity staff; the implied effectiveness of the Dragons Den process leading to further purchase of RITA systems; and the finance and investment updates	▪ Provision of 17 Avento chairs for Chemotherapy patients approved, will also reduce MSK risk for staff ▪ Following the success of the Reminiscence Interactive Therapy Activities (RITA) technology, approved through the Dragons Den process, a further 5 large and 2 13" systems were approved ▪ The procurement of George Cross pin badges for staff was approved to recognise the award from Her Majesty the Queen. Although supported by 93% of staff responding to a survey communications message will be key

Comments on Effectiveness of the Meeting
▪ The meeting was reviewed, and it was commented that the papers were relevant, concise and gave the information needed. There was a satisfactory level of discussion and challenge, and the approach to evaluation is continually improving