

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 6th April 2023
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/ <i>Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.		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 2nd March 2023 To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	Action Tracker	Update	Enclosure 5
6.	09:10	Chair's Report	Assurance	Enclosure 6
7.	09:15	Chief Executive's Report • Provider Collaborative Progress	Assurance Assurance	Enclosure 7 Enclosure 7.1
Strategy				
8.	09:20	Strategic Objective 1 – To provide outstanding care • Maternity Update Report of the Director of Midwifery ○ Safety Champions update ○ Maternity Perinatal Quality Surveillance Model • Learning from Deaths Report Report of the Medical Director	Assurance Assurance	Enclosure 8.1 Enclosure 8.2
9.	09:50	Strategic Objective 3 – To maximise the potential of our workforce • Staff Survey & Action Plan Report of the Director of People	Assurance	Enclosure 9.1
10.	10:05	Strategic Priority 4 – To continuously learn and improve • Research Strategy – Annual Report Report of the Head of Research and Innovation	Assurance	Enclosure 10.1

	Time	Item	Status	Paper
11.	10:20	Patient Story – Street Health Outreach Changed my Life Laura Davison, Specialist Nurse - Street Health	Assurance	Presentation
	BREAK (10 mins)			
	Operational			
12.	10:50	Operational Plan 2023-24 Submission Report of the Executive Team (Lead Chief Executive)	Assurance	Enclosure 12
13.	11:00	Trust Strategy – 2023/2024 Priorities Report of the Director of Strategy and Partnerships	Approval	Enclosure 13
	Governance			
14.	11:45	Annual Sign Off of Declarations of Interest Report of the Chair of Audit Committee	Approval	Enclosure 14
15.	11:50	Gender Pay Gap Report Report of the Director of People	Approval	Enclosure 15
16.	12:00	Assurance from Sub Committees <ul style="list-style-type: none"> Audit and Assurance Committee Report of the Committee Chair (last meeting) Finance Committee Report of the Committee Chair (last meeting) People, Culture and Improvement Committee Report of the Committee Chair (last meeting) <ul style="list-style-type: none"> People, Culture and Improvement Committee Annual Report 	Assurance Assurance Assurance	Enclosure 16.1 Enclosure 16.2 Enclosure 16.3
17.	12:15	Outstanding Service – Enhancing Patient Care and Colleague Experience Through Shared Governance	Assurance	Presentation
18.	12:20	Communications to wider organisation (Agree Board decisions requiring communication to Trust)	Agree	Verbal
19.	12:30	Any Other Business		
20.		Date of next meeting The next scheduled meeting of the Board of Directors to be held in public will be 4th May 2023, Boardroom, King’s Mill Hospital		
21.		Chair Declares the Meeting Closed		
22.		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: <i>“That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</i>		

Board of Directors Information Library Documents

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

Enc 08.1 Enc 15.1 Enc 15.2 Enc 15.3 Enc 19	<ul style="list-style-type: none">• Maternity Safe Staffing Report• Audit and Assurance Committee – previous minutes• Finance Committee – previous minutes• People, Culture and Improvement Committee – previous minutes• SOF Dashboard
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UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 2nd March 2023 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Aly Rashid	Non-Executive Director	AR
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Rob Simcox	Director of People	RS
	Richard Mills	Chief Financial Officer	RM
	David Ainsworth	Director of Strategy and Partnerships	DA
	Rachel Eddie	Chief Operating Officer	RE
	David Selwyn	Medical Director	DS
In Attendance:	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	Shantell Miles	Director of Nursing	SM
	Paula Shore	Director of Midwifery	PS
	Emma Dawkins	Speech and Language Therapist	ED
	Cornel Lincoln	Dietetic Service Lead	CL
Observers:	Ian Holden	Public Governor	
	Linda Dales	Appointed Governor	
	Rich Brown	Head of Communications	
	3 members of the public		
Apologies:	Phil Bolton	Chief Nurse	PB

Item No.	Item	Action	Date
23/066	WELCOME		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and any members of the public watching the live broadcast were able to submit questions via the live Q&A function.</p>		
23/067	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/068	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from Phil Bolton, Chief Nurse.</p> <p>It was noted Shantell Miles, Director of Nursing, was attending the meeting in place of Phil Bolton.</p>		
23/069	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 2 nd February 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
23/070	MATTERS ARISING/ACTION LOG		
3 mins	<p>The Board of Directors AGREED that action 23/052 was complete and could be removed from the action tracker.</p> <p><i>Action 23/037</i> – DS advised the Trust has a Digital Strategy in place, covering 2020-2025. The Trust is currently in the process of reviewing progress against the timelines set out in the strategy.</p> <p>The Board of Directors AGREED this action was now complete and could be removed from the action tracker.</p>		
23/071	CHAIR'S REPORT		
6 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting the Care Quality Commission (CQC) inspection of the Trust's maternity services, the work of the Tobacco Dependency Team and the work of the Emily Harris Foundation.</p> <p>DS acknowledged the importance of the Tobacco Dependency Team's work and queried if there were any plans for the results to be published or made more widely available.</p>		

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	<p>RM advised income generation is something which needs further exploration, noting income streams for the organisation have changed. The move to block contracts has reduced the Trust's ability to generate income. Part of the work to review the Financial Strategy will be gaining an understanding of what the opportunities might be. There is a need to be clear where SFHFT can add value to partner organisations and 'commercialising' that aspect.</p> <p>PR advised there are opportunities for partnership working in terms of making joint bids for available monies, which single organisations would be unable to access, and having the ability to access other grants which, as an NHS organisation, the Trust would be unable to access.</p> <p>AH felt partnerships create a platform and relationships through which outcomes can be delivered, noting some non-health benefits from partnership working are becoming evident. However, it is important not to lose sight of the health benefits. For example, AH felt the Trust's relationship with Primary Care Networks (PCNs) in terms of tackling health issues such as diabetes it is not clear. There is a need to ensure the balance between social aspects and the wider determinants of health are maintained.</p> <p>DA advised he and DS are undertaking some work with the PCNs and health benefits of partnership working will be part of the Joint Forward Plan. There is an expectation through the planning cycle, as an organisation and a system, to start to tackle the NHS Long Term Plan ambitions.</p> <p>SB noted the work in relation to partnership mapping and analysis and felt there is a need to include the benefits patients have already received from partnership working and if no benefit has been received, when this expected to become evident. There is a need to be clear on the areas which add the most value for patients and focus on those areas.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/073	STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE		
16 mins	<p>Maternity Update</p> <p><i>Safety Champions update</i></p> <p>PS presented the report, highlighting the service user voice, home birth service, staff engagement sessions, governance, quality improvement work and safety culture survey. SM advised the voice of the local community and the confidence they have in the Trust's services is very important for driving maternity services in the future, noting the reduction in confidence in maternity services nationally.</p> <p>BB noted the reference in the report to a change in acuity levels and sought further information in relation to this.</p>		

	<p>PS advised the predicted births for January 2023 were less than usual and staffing levels have improved. The elective caesarean pathway is now running and staff can feel the benefits of the improvements which have been made. February was busier than January. However, the induction of labour pathways and the elective caesarean pathway has taken the pressure off acute services.</p> <p>MG sought further information in relation to learning from improvement actions, particularly audit. PS advised information was outlined to the CQC inspectors in relation to the changes to the way audits are carried out due to moving from a paper based system to a digital system. Previously it was a manually based audit, but the move to Badgernet allows for electronic notes audit. The audit is now set up and ready to run. This will have a positive effect on the 2023/2024 audit plan as it is a slicker process and audits can be run in real time. The CQC want to see the process embedded. This could not be demonstrated at the time of the inspection as the system had only just gone live. The national audits were built into the system but the local audits had to be built in. The Digital Midwife secondment has been extended to ensure the system is embedded.</p> <p>MG sought further information on the cultural aspects of unmet need in relation to communities who may not fully understand how to access the home births service. PS advised the biggest area for the Trust is the Eastern European community. The Trust is working with the Local Maternity and Neonatal System (LMNS) who have Eastern European Maternity Voice Partnership (MVP) members. Support is available from the MVP to community midwives in relation to antenatal education to ensure women understand homebirth is an option. Someone also provides support in completing risk assessments. In addition, there is the Birth Options Clinic, which is run by the Professional Maternity Advocate (PMA) service, and women can be referred to that service. Information on Badgernet is in different languages.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PS presented the report, highlighting 3rd and 4th degree tears, post-partum haemorrhage, still birth rate, elective caesarean section pathway and term admission rate.</p> <p>AR noted the raised post-partum haemorrhage rate and sought further information in relation to this. PS advised the Trust is involved in some regional work in relation to this. The first part of this process is the measurement of blood loss, noting previously this was an estimation rather than a physical measurement. It is known blood loss was usually underestimated, so this may be part of the reason for the increase, but it will be investigated further. Quality indicators linked to port-partum haemorrhage are considered, for example, length of stay, whether a blood transfusion was required, percentage haemoglobin drop, etc. No harm has been identified. A working group, led by the obstetric lead, is in place.</p> <p>AR queried if the same trend was evident in other trusts.</p>		
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	<p>PS advised the same trends were evident nationally, which is why the Trust is involved in the region work. It was noted SFHFT's rates are low compared to the rest of the region.</p> <p>DS advised steps have been taken to triangulate the information with the number of units issued by the blood transfusion laboratory and no correlation is evident. However, this will continue to be monitored. DS advised there has been a focus in blood transfusion services in relation to shortages. The Trust is trying to ensure blood usage is minimised by using appropriate agents, such as tranexamic acid.</p> <p>The Board of Directors were ASSURED by the report</p> <p>PS left the meeting</p>		
23/074	STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING		
24 mins	<p>Guardian of Safe Working</p> <p>DA presented the report, advising there are 19 vacant trainee posts, which are unfilled by Health Education East Midlands (HEEM). There were 87 exception reports in the period from 1st November 2022 to 31st January 2023, of which two were categorised as immediate safety concerns, both of which are now closed. It was noted the majority of exception reports are raised by Foundation Year 1 (F1) trainees. Overall the number of exception reports is increasing, which is seen as a positive as reporting is being encouraged. The Clinical Fellows are now using the exception reporting system. It was noted Martin Cooper, Guardian of Safe Working has retired. The post is currently out to advert.</p> <p>AR noted the gap in trainee doctors and queried if there were opportunities for the Trust and Integrated Care System (ICS) to have more robust discussions with Health Education England (HEE), given the financial implications to the Trust of having to fill the gaps in other ways. DS advised the Trust has robustly expressed its disappointment in relation to this issue. A number of organisations are exposed to gaps and the Trust has been informed by HEE it is not disadvantaged in relation to other organisations.</p> <p>AR noted the number of exception reports raised by F1 and Speciality Trainee 3 (ST3) doctors has been increasing over the last three years. AR queried what the reasons for the increase are. In addition, AR queried if the Trust has had conversations with junior doctors in relation to any particular issues and what is being done to address these.</p> <p>RS advised the terms and conditions framework for junior doctors is nationally set and it is difficult for the Trust to influence the direction of travel. However, there are things which are within the Trust's 'gift', for example, to ensure access to food overnight, a 'dial a meal' service has been introduced. The Trust is able to ensure appropriate rest areas are available and discussions are ongoing in relation to the Junior Doctors' Mess. The Junior Doctor's Forum is well attended and provides a formal space for discussion, which leads onto local conversations with individuals. There is a need to continue the 'you said, we did' approach.</p>		

	<p>AR queried what progress had been made in relation to the mess. RS advised a space has been identified and work is ongoing.</p> <p>DS advised the concern he has for trainees is they do not necessarily feel they 'belong' to SFHFT, noting a component of that is they do not have a 'home'. DS advised he views the mess as a 'home'. There is a commitment from the Capital Oversight Group to deliver an improved mess.</p> <p>DS advised SFHFT was an early adopter of the East Midlands Charter for trainees and felt there is a need to develop a local charter which goes above and beyond the regional version. There is a need for trainees to feel they 'belong' and feel valued. Other things which support trainees is to ensure they have parking facilities, access to hot food and for moves between organisations to be seamless.</p> <p>SB queried, given the creation of HEEM and the ICB, if is there an opportunity to lobby in relation to different approaches to pipelines for the future.</p> <p>ARB queried if trainee doctors coming to the Trust is on an allocation basis or if that can be influenced.</p> <p>DS advised if the Trust is able to provide the training required, it will be able to compete favourably with other organisations. There are some specialities where the Trust is unable to provide training. Therefore, it will not attract those training programmes. The Trust will try to attract trainees wherever possible and the Education Department is very proactive. While trainees come to the Trust to receive training, they do provide a significant service.</p> <p>In terms of looking to the future, HEE is going through a period of change and will come under the auspices of NHS England (NHSE). It is not yet known what this will 'look like'. There is a need to be mindful medical trainees are one component of the medical workforce. Over the past few years, as the number of training posts has decreased, the Trust has had to look to alternative mechanisms, for example locally employed doctors, clinical fellows and a blended workforce approach. This will need to continue. Different mechanisms are in the pipeline for doctors to qualify. While acknowledging the current disquiet among junior doctors nationally, it is evident from the number of doctors who progress from foundation years into training programmes that a number of people leave at that point and make different career choices.</p> <p>RS advised the August 2021 rotation was the largest number of junior doctors the Trust has had. The Trust wishes to continue to support the junior doctor rotation. The Clinical Fellows programme has been a success and is a continuation of SFHFT's commitment to complementing the medical workforce through slightly different roles.</p> <p>AH advised only circa 30% of output from medical schools in the East Midlands remains local for training. This is recognised as an issue across the East Midlands. The balance between training grades and non-training grades for SFHFT is critical as the prediction is for more non-training doctors to be supporting the medical workforce.</p>		
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	<p>AH noted the increase in reporting from ST3 doctors and queried the reason for that. DS advised until recently the majority of exception reports were from the most junior of the junior doctors. The expectation was for problems faced by this cohort to be replicated in more senior junior doctors. Therefore, the Trust actively targeted the more senior group and encouraged them to report as this provides the mechanism to identify and address the issues they are facing.</p> <p>AH queried the current position in relation to chief registrars. DS advised chief registrars are Royal College of Physicians funded posts where an interested trainee undertakes a leadership role and act as a focus point for the trainees to feed in information. They are invited to attend senior management meetings, clinical chairs meetings, etc. This is a valuable development opportunity and a useful resource in terms of gaining information from trainees and getting messages out to trainees. Unfortunately, no-one applied to be Chief Registrar last year and this was missed. The post is currently out for interview for this year and there are two people interested.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/075	PATIENT STORY – THE IMPORTANCE OF NUTRITION AND HYDRATION		
23 mins	<p>ED and CL joined the meeting</p> <p>ED and CL presented the Patient Story, which highlighted the Importance of Nutrition and Hydration for patients' recovery.</p> <p>CW felt it was an excellent patient story, which brought to life the enthusiasm of staff to support patients in a range of different ways.</p> <p>BB queried, given the Speech and Language Service and Dietetics Service are small teams, if there is any additional support which can be provided. CL advised the team wishes to be involved with apprenticeships as a way of growing the future workforce. There is a need to create posts but apprenticeships are a different way of getting people on board. ED advised there is a need to use opportunities of staff already working for SFHFT to provide the next steps on the career ladder.</p> <p>CL advised she wants to reinvigorate nutrition champions. There is a need to ensure there is time and training available to support this.</p> <p>AR advised he had recently visited a trust which had a market stall outside the main entrance selling fresh fruit and vegetables and queried if something similar could be done at SFHFT. PR advised before the Covid pandemic there used to be a stall near the main entrance to King's Mill Hospital. However, this had to cease due to the pandemic and there was a lack of profitability for the stall holder due to reduced footfall. This is something which can be revisited.</p> <p>Action</p> <ul style="list-style-type: none"> • Explore the possibility of reintroducing the market stall for fresh fruit and vegetables at King's Mill Hospital 	RM	06/04/23

	<p>SB felt the story was helpful in terms of gaining an understanding of the role of speech and language therapists. SB queried how easy it is to continue the services into the community after discharge.</p> <p>ED advised this is challenging, noting Nottinghamshire Healthcare provide the community services and, due to pressures, there is an average of a 3-4 month delay for patients to be seen for follow up. A solution being explored to help facilitate discharge, is for speech and language therapists from SFHFT to continue providing the service for a couple of weeks post discharge. CL advised the Dietetic Service will try to see a patient once as an outpatient following discharge before referring back to the GP.</p> <p>SM advised both speech and language and dietetics services nationally are challenged, with workforce issues limiting the capacity to meet increasing demand. There have been discussions in relation to closer working with the ICB regarding pathways for patients, rather than the need to refer from one service to another. This work is ongoing. This is a specialist field which need the pipeline of workforce.</p> <p>SB felt there is a need for the People, Culture and Improvement Committee to look at some of the more specialised areas of workforce. RS advised there have been discussions at the Committee in relation to having a focus on the Allied Health Professionals (AHP) workforce.</p> <p>DS advised there is an increased national focus on the Enhanced Recovery After Surgery (ERAS) programme and there is a Commissioning for Quality and Innovation (CQUIN) target linked to this, which has been extended into next year. DS advised there is a need to explain to patients that there will be an expectation they will be able to drink and eat after their operation and to empower them to query if this is not the case.</p> <p>AH noted the story focussed on adults and queried if something similar was in place for children and young people.</p> <p>CL advised the Food and Drink Strategy will shortly be published and input for this has been sought from the Paediatric Team. Excellent work is being done by the Neonatal Team in terms of early breast feeding. Funding has recently been made available for a Neonatal Intensive Care Unit (NICU) dietician. There is a need to look at nutrition from birth right through to care of the elderly.</p> <p>ED advised currently there is no speech and language input into the paediatric ward. This is noted on the risk register as it is not an equitable service between adults and paediatric services.</p> <p>ED and CL left the meeting</p>		
23/076	INTEGRATED CARE SYSTEM (ICS) STRATEGY		
19 mins	<p>DA presented the report, advising this is the final version of the ICS Strategy. DA highlighted the development of the Joint Forward Plan.</p>		

	<p>A general discussion followed, during which the following points were raised:</p> <ul style="list-style-type: none"> • Prevention is everybody's business but there are no figures included or an indicative budget for the prevention agenda. <ul style="list-style-type: none"> ◦ This will come through the Joint Forward Plan. An allocation of funding has been offered for system partners to bid for. This relates to health inequalities and the prevention agenda. SFHFT has submitted a bid. • Prevention is everybody's business but is in nobody's job description. There is a need to change that mindset. • Looking forward to seeing how the Trust's strategy aligns with the ICS Strategy, particularly picking up on the good work which is already happening in the Trust, for example, the smoking in pregnancy work, and scaling that up. • The NHS spends a lot of money on secondary and tertiary prevention but needs to improve work in relation to primary prevention as this is where the opportunities are for real innovation. • The local authorities receive a health and wellbeing grant. How will this be lined up to get maximum impact in some areas with the resource allocation. • Good to see something the Trust can start to work with. • Is there an intention to increase the objectivity of some of the aims. <ul style="list-style-type: none"> ◦ This is the next stage and will feed into the Joint Forward Plan • Needs to be more specific as to what the ambition is. • How will the Trust pick up on all of the targets and ensure it is playing its part within the partnership. • Welcome the focus on measurable outcomes. • Little mention of digital innovations, for example, Electronic Patient Record (EPR) • What is the role of the system as a market developer for healthcare. • The key of having a measurable outcome focus starts from evidence and drivers. How is the capability to drill down into the more granular detail, and as a result being more focussed on limited resources and where they are deployed, being developed. • Gives good general direction but little objectivity. However, this provides the Trust with the opportunity, as its own strategy is developed, to consider what the areas to target are and be more objective. • Content of the ICS strategy is built on the Health and Wellbeing Strategy. It provides the opportunity to think differently about what SFHFT's role is and to consider what the Trust's core services deliver in response and support of this delivery and how could those services be enhanced or expanded, or provide a new offering, into the system in order to progress and deliver the strategy. • Measurables are a mixture of input / process measures, indicators and true outcome measures. Evaluation of progress is critical and there is a need to be more proactive. 		
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	<ul style="list-style-type: none"> Will the evaluation be undertaken centrally or devolved down to a function at Place level or individual organisations. The term 'proportionate universalism' is used. Clarity is required on what the key areas are for funding allocations. The targets under 'Supporting our Workforce' appear to be what 'we' would want as opposed to what the workforce might want. <p>The Board of Directors CONSIDERED the report</p>		
23/077	DISCHARGE LOUNGE FUNDING		
8 mins	<p>RE presented the report advising the Trust has been awarded £1.57m national capital funding to enhance the discharge lounge at King's Mill Hospital and create a discharge lounge at Newark Hospital. A service improvement workstream, which includes demand modelling, has been created to look at maximising the benefits and opportunities an extended discharge lounge will deliver in efficiencies elsewhere in beds and ED crowding.</p> <p>CW queried what the timeline is for completion of the work. RE advised the money needs to be spent, and the discharge lounge operationalised, by 31st March 2023. This is a tight timescale, hence the commencement of work in advance. The facility will be open in some form by 31st March 2023 with any 'fine tuning' to be done after this date.</p> <p>ARB confirmed the Business Case was fully supported by the Finance Committee, noting an implementation review has been requested.</p> <p>AR sought assurance the staffing is sufficient for the expansion. RE advised the current staffing is appropriate for the current level of service in the expanded footprint. The opportunity comes with being able to expand the service over 7 days, further into the evening, etc. and potentially offer other pathways through the facility. If this has a direct impact on the overcrowding in ED, staff could potentially be released from that business case to support the discharge lounge. The same will apply to some of the escalation beds which are open across the organisation. Some of the developmental work in relation to more innovative pathways is ongoing.</p> <p>SB queried how long patients will be in the discharge lounge for. RE advised this is not clear at this stage. However, some metrics will be built into the post project evaluation. The typical things patients will be waiting for are transport, which is not always within the Trust's gift, and TTOs (To Take Out medication).</p> <p>SB sought assurance suitable nutrition would be available while patients are waiting. RE confirmed this would be the case, advising as it is an old ward environment, the location lends itself to being able to provide those services.</p> <p>GW felt the implementation review will be important as the project is still evolving. This review will provide some lessons learned. RE advised the divisions are coming up with lots of innovative ideas in relation to other pathways which could run through this unit.</p>		

	The Board of Directors APPROVED the Discharge Lounge, Capital Bid, business case.		
23/078	ASSURANCE FROM SUB-COMMITTEES		
1 min	<p>Finance Committee</p> <p>ARB presented the report, highlighting the Month 10 finance report, progress on the delivery of the year end position and submission of the 2023/2024 draft plans.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/079	OUTSTANDING SERVICE – NEWARK HOSPITAL – TURNING STRATEGY INTO REALITY		
10 mins	A short video was played highlighting investments into services at Newark Hospital.		
23/080	COMMUNICATIONS TO WIDER ORGANISATION		
1 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> Looking forward to publication of national Staff Survey results on 9th March 2023 Preparations for industrial action by junior doctors on 13th, 14th and 15th March 2023 Patient Story – the importance of nutrition and hydration Outstanding Service – Newark Hospital ICS Strategy Approval of discharge lounge business case 		
23/081	ANY OTHER BUSINESS		
	No other business was raised.		
23/082	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 6th April 2023 in the Boardroom, King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 11:20.</p>		
23/083	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

23/084	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>CW advised there were no questions from members of the public pertaining to the Board of Director's discussions.</p>		
23/085	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting</p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."</p> <p>Directors AGREED the Board of Director's Resolution.</p>		

PUBLIC BOARD ACTION TRACKER

Key	
Red	Action Overdue
Amber	Update Required
Green	Action Complete
Grey	Action Not Yet Due

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
18/435	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
18/618.1	03/11/2022	Future Nursing, Midwifery and AHP Staffing reports to include information in relation to productivity and the position at a system level	Public Board of Directors	None	04/05/2023	P Bolton			Grey
23/042.1	02/02/2023	Review the indicators used and how they are shown in the SOF to give clarity on the 'direction of travel'	Public Board of Directors	None	06/04/2023 04/05/2023	S Higginbotham		Update 14/02/2023 To be presented to Board in April 2023 Update 08/03/2023 Deferred to May 2023 meeting	Grey
23/042.2	02/02/2023	Deep dive into the vacancy rate to be presented to the next meeting of the People, Culture and Improvement Committee	Public Board of Directors	People, Culture & Improvement Committee	06/04/2023	R Simcox		Update 14/03/2023 Item on agenda for People & Improvement Committee on 28/03/2023 Complete	Green
23/045	02/02/2023	Recommendations from the external well-led report to be reviewed in 6 months, including ensuring data in relation to gender and ethnicity is monitored	Public Board of Directors	None	03/08/2023	S Higginbotham			Grey
23/075	03/02/2023	Explore the possibility of reintroducing the market stall for fresh fruit and vegetables at King's Mill Hospital	Public Board of Directors	None	06/04/2023	R Mills	B Widdowson	Update 30/03/2023 A task & finish group has been established to consider options and prepare a recommendation paper for the Executive team Complete	Green

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report		Date: 6 th April 2023	
Prepared By:	Rich Brown, Head of Communications			
Approved By:	Claire Ward, Chair			
Presented By:	Claire Ward, Chair			
Purpose				
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.			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
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				
Acronyms				
CQC – Care Quality Commission NEDs – Non-Executive Directors NUH – Nottingham University Hospitals				
Executive Summary				
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.				

Updates on NHS pressures

I will start this month's update by taking a moment to pay tribute to our colleagues' work over the past month in managing the pressures we continue to face – including the unique challenges of the past month's industrial action.

While the Trust's Chief Executive, Paul Robinson, has included further operational detail in his report to Board this month, I wanted to add some additional context about our role as active partners within the Nottingham and Nottinghamshire health and social care system.

As a Trust and a Board of Directors, we are committed to supporting our Trust colleagues – both through their day-to-day work within the Trust, as well as by escalating our concerns to our regional and national colleagues about the impact of this industrial action on our patients as well as on Trust finances.

We will also continue to implore our system health and care partners to work together to help us to manage these additional pressures effectively as a system.

We recognise that there are real challenges across the NHS right now and we all hope to see some progress in these national disputes, in order to bring the disruption being caused to an end.

NHS National Staff Survey results rate Sherwood as best in the Midlands to work for and receive care

Another significant development over the past month has been the publication of the 2022 *NHS National Staff Survey* results that ranked Sherwood Forest Hospitals as the acute trust that staff would most recommend as a place to work anywhere in the East and West Midlands – for the fifth consecutive year!

Those results are testament to the incredible work that has been undertaken to make Sherwood a truly great place to work over recent years, as well as marking another significant milestone in our ongoing transformational journey as a Trust.

From being placed into special measures by the Care Quality Commission (CQC) in 2013 to now proudly being rated 'good' overall and 'outstanding' for care, these Staff Survey results mark another proud milestone in our efforts to make our hospitals a truly great place to work and receive care.

Preparing to elect new Trust governors

Elections to find six new governors at Sherwood Forest Hospitals are due to take place in late spring this year, with potential governors able to put their names forward before Friday 26 May 2023 to represent the Trust's King's Mill, Mansfield Community and Newark hospital sites.

Governors have a key role to play in helping the Trust achieve its ambitions of providing healthier communities and outstanding care to all. The role will involve listening to feedback from the Trust's 14,000 members and the wider public, in-turn relaying these views to the Board of Directors. The role is central to representing the interests of local communities in the planning of services.

Elected by the members of the Trust, governors represent the interests of our members and the public and have a statutory duty to hold the Non-Executive Directors to account for the performance of the Trust Board. They bring valuable perspectives and ensure the Trust is publicly accountable for the services it provides.

Governors don't need to have a background in the NHS, but they must be able to ask the difficult questions and be passionate about improving our hospitals. The role of a governor is a voluntary position. Therefore, successful candidates will not be paid, but they will receive expenses for travel to meetings.

Elections will be taking place in late spring this year and those who wish to become a governor must first become a member of the Trust. They can do this by signing up online at www.sfh-tr.nhs.uk/get-involved or emailing sfh-tr.membership@nhs.net

A message of thanks for the community's support of our services

It has been another month where the support of our local community has played an important role in supporting the services provide across our hospitals.

One notable contribution this month has been how funding from the Friends of Newark Hospital has helped to fund equipment that will enable patients to receive treatment for chronic pain at Newark Hospital.

The £30,000 IonicRF™ Generator delivers non-surgical treatment for the management of pain in the nervous system. It uses heat to target specific nerves and block pain signals from reaching the brain. Radio-frequency denervation is a procedure that aims to change the way pain is transmitted by the nerve to the brain. The nerve is interrupted by heating (cauterising) it with an electrical current from the radio-frequency generator machine.

We are grateful to our supporters at the Friends of Newark Hospital for their invaluable support.



Notable engagements: *Let's all eat*



I had the pleasure of visiting the Lifespring Centre in Ollerton last week at the invitation of ATTFE College and their community interest company, *Let's all eat*.

The partnership between the College and LifeSpring launched their winter dinner initiative in November to welcome people from the community for a free meal if required. They set themselves the target of providing 10,000 meals across North Nottinghamshire and most Tuesday evenings in Ollerton they are providing around 50 meals to local people in addition to other sessions in Mansfield and Ashfield.

I visited to see this important project to tackle food poverty but also provide a supportive and warm place for people to socialise. A number of those attending live alone or need support with their mental health. I was able to talk to people about the services we provide here at Sherwood, as well as to get their feedback.

One of the challenges expressed was about the issue of transport to and from King's Mill as many in the area are reliant on public transport. There was a lot of praise for the care provided by our staff.



Other notable engagements and visits from over the past month

- I have supported NUH in their recruitment process for new Associated NEDs
- I have met with colleagues across the Nottingham and Nottinghamshire system
- Taken part in discussions with local authority colleagues about how we may work more closely together
- Attended governor events and meetings
- Continued my regular visits around Maternity services and other parts of our Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report		Date: 6 th April 2023	
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 from the Chief Executive's perspective.			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
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				
Acronyms				
BAF – Board Assurance Framework BMA – British Medical Association ICB – Integrated Care Board OPEL – Operational Pressures Escalation Levels				
Executive Summary				
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.				

Pressures update: Managing the impact of ongoing industrial action

Having provided an update last month about a busy but more stable picture across our hospitals, the same cannot be said for the month gone by. During March, we experienced some of the most intense pressure of the year so far – all while managing the inevitable impact that we knew the month's industrial action would have on our services.

First and foremost, I want to place on-record my thanks to colleagues across the Trust for their commitment and flexibility in keeping essential services running during this month's industrial action from junior doctors – a task that we know has been really challenging and has had a huge personal toll on them.

We know the important role that junior doctors play in providing great care here at Sherwood, which is exactly why their absence was so sorely felt during the industrial action that ran from 7am on Monday 13 to 7am on Thursday 16 March.

Now that period of industrial action has come to an end, we have been able to quantify the impact on our services. We know that hundreds of outpatient appointments and elective procedures were postponed during that time to allow our staff to focus their efforts on continuing to provide safe urgent and emergency care in our hospitals.

We recognise the importance of good pay and conditions in attracting and retaining good people here at Sherwood and across our NHS. We hope to see an end to this national dispute as quickly and painlessly as possible.

As we now wait to see whether some trade unions and their members nationally accept the proposals that are being made to them, we also note the announcement from the British Medical Association (BMA) on their intentions to hold a second round of industrial action among junior doctors. That action is due to take place between 7am on Tuesday 11 April and 7am on Saturday 15 April 2023.

I would like to reassure the public and the Board that our planning for that action is now very much underway. We will update you on that preparation and planning as soon as we know more.

Pressures update: Pressures elsewhere in our hospitals

As well as the unique pressures we managed during that first period of industrial action, high demand for our services has remained throughout March.

On the first day of that industrial action (Monday 13 April), we experienced our second-busiest day of 2023 to-date in our Emergency Department at King's Mill Hospital and our Urgent Treatment Centre at Newark, as 556 patients accessed services there that day.

Meanwhile, we have spent much of the latter part of March on 'OPEL4' (Operational Pressures Escalation Levels, which is our hospitals' highest level of operational escalation. COVID has also been on-the-rise, with infected inpatient rates having trebled to around 70 infected patients at one point in March.

Pressures: We have significantly reduced waiting lists for elective care

Despite those pressures, I am delighted to confirm that we have risen to the national challenge of reducing our waiting lists for those who have been waiting the longest to access the treatment they need and deserve here at Sherwood.

Managing to substantially reduce the numbers of patients who have been waiting 78-weeks (or 18 months) for elective care is a significant achievement and one that we should be rightly proud of as we continue to deal with the ongoing effects of the pandemic – all while continuing to deal with the intense pressures of today.

I am grateful to all our colleagues for the part they have played in making that happen.

A great place to work: Sherwood remains best Trust to work for in the Midlands, according to latest *NHS National Staff Survey* results

Sherwood Forest Hospitals remains the best Trust of its kind to receive care and to work for anywhere in the East and West Midlands, according to results of the most recent *NHS National Staff Survey* that were released in March.

The results rank the Trust as the acute trust that staff would most recommend as a place to work anywhere in the Midlands for an incredible fifth year in a row.

More than 3,390 (61%) Trust colleagues responded to the 2022 survey – well above the national average response rate of 46%.

Highlights of this year's results revealed that:

- 81% of staff agreed that the care of patients is the organisation's top priority (placing us first in the Midlands for this score)
- 78% of staff would be happy with the standard of care provided if a friend or family member needed treatment (first in Midlands)
- 72% recommend the Trust as a place to work, placing us first in the Midlands and third in the country.
- 90% feel trusted to do their job and feel that their role makes a difference to patients and service users.

While there are several areas that need improvement, some scores were the best in five years. For example, colleagues continue to report that they are able to show initiative in their roles, are involved in changes that affect them and are able to make improvements in their areas of work.

It is great to see that, despite the many national challenges across the NHS, colleagues' overall experience of working at SFH ranks among the very best in the country.

Our people are what makes the Trust one of the best and I want to say a massive thank you to everyone for continuing to deliver quality, safe and compassionate care, particularly during challenging times.

The fact that some of our scores are the best they've been in five years shows we are making real progress on our journey to foster a culture of continuous improvement and that there remains so much to be proud of here at Sherwood.

Despite so many positives that we will proudly celebrate, we also recognise that many of our colleagues are feeling the strain mentally, physically and financially right now.

The results also highlight some areas where we know we need to go further, as while harassment and bullying among Trust staff is at its lowest for five years, there have been more experiences of bullying, harassment, discrimination, violence and aggression from patients and members of the public towards staff than ever before.

We will be working through the results in more detail in the coming weeks and using the insights from these survey results to drive forward further improvement.

A great place to work: Celebrating the diversity of #TeamSFH



With colleagues from Afghanistan to Zimbabwe, we celebrated the diversity of workforce in March as we observed *Overseas NHS Workers Day* on Friday 3 March. To mark the occasion, we unveiled a large artwork featuring 95 flags – each one representing the countries of birth of the Trust's 5,000-plus workforce.

The artwork is on display beside the main lifts on the ground floor of King's Mill Hospital, where it can be seen by thousands of patients, staff and visitors every day. Similar designs will also be displayed at our Newark Hospital and Mansfield Community Hospital sites.

Since the installation was first created a year ago, we have welcomed colleagues from a further 10 nationalities into the Trust, with the flags of their countries of birth now having been added to the display that we aim to update each year.

We know that overseas colleagues bring a vast amount of skills, knowledge and expertise to our hospitals and – together – make a huge contribution to the Trust's efforts to deliver outstanding care to our patients and local communities each day.

In fact, people from ethnic minorities make up almost 18% of the Trust's workforce, which is higher than the local population of 5% according to the 2011 Census.

The artwork also supports the Trust's anti-racism strategy and promotes equality, diversity and inclusivity, summed up by the title: 'One world, one #TeamSFH.'

Partnerships update: Mid Nottingham Place Based Partnership

Following a reset for the partnership with renewed leadership from Adam Hill, Chief Executive Officer of Mansfield District Council, the partnership has worked together to refresh the focus for 2023/24.

The vision and ambitions have been revised to match the County's Health and Wellbeing Strategy, with the following priorities having been proposed:

- Best start – local coordination of the best start strategy; mental health in children and young people
- Living Well – Primary prevention and Cost of Living
- Ageing Well – Frail older people and loneliness
- Health Inequalities – Core20Puls5 – severe mental disorder and targeted communities relevant to place.
- Partnership Development – integrated neighbourhood teams and consistent communication across partners

The next stage will be to assign resource, programme structure and develop key metrics.

Partnerships update: Tackling health inequalities across our county

The Integrated Care System has set aside a new 'Targeting Health Inequalities' fund, with the partnership having received approval with conditions for some project work on Neighbourhood Teams and Sherwood Forest Hospitals – similar to the alcohol bid we previously submitted.

Partnerships update: Continuing development of the Provider Collaborative

The Provider Collaborative continues to develop. An update is included in a separate paper and is being presented to all partners Boards this month.

Partnerships update: Supporting a county-wide Declaration on Tobacco Control

As part of my role as a partner member on the Nottingham and Nottinghamshire Integrated Care Board (ICB), I was proud to support a refreshing of our commitment of a county-wide Declaration on Tobacco Control.

Smoking kills around 1,513 people in Nottinghamshire County and Nottingham City every year. It is also the biggest contributor to health inequalities, with 50% of the difference in life expectancy between the most affluent and the most deprived areas attributed to tobacco.

At its March meeting, the ICB was asked to reaffirm its commitment under the Declaration which sets out principles that commit us all to reducing smoking in our communities and includes a commitment to developing and implementing an organisational action plan.

Under the Declaration, the county's health and social care providers were asked to ensure timely and accessible communications and information about local stop smoking services were provided, as well as to offer our support to annual events like National No Smoking Day and ensuring that commissioned services adopt smoke-free workplaces.

The commitment is one that I was delighted to support, as we know the impact that smoking has on the lives and health outcomes of our patients, local communities and our own staff here at Sherwood.

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 scores 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

Board of Directors Meeting in Public - Cover Sheet

Subject:	Operational Plan 2023-24 Submission		Date: 6 th April 2023	
Prepared By:	Kevin Gallacher, associate Director Planning and Partnerships			
Approved By:	David Ainsworth, Director of Strategy and Partnerships			
Presented By:	David Ainsworth, Director of Strategy and Partnerships			
Purpose				
To update the Board on progress with the annual operational plan submission to the Integrated Care Board and NHS England			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	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				X
PR6 Working more closely with local health and care partners does not fully deliver the required benefits				X
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				
Regular updates on progress shared with the Trust Executive Team, Finance Committee and the Board of Directors				
Acronyms				
ICB = Integrated Care Board ICS = Integrated Care System wte = Whole Time Equivalent OPFU = Out-patient follow ups FIP = Financial Improvement Programme SFH = Sherwood Forest Hospitals A&E = Accident and Emergency				
Executive Summary				
<p>The ICB is required to submit an operational plan to NHS England on the 30th March 2023 that demonstrates compliance with the 2023/24 priorities and operational planning guidance published by NHS England in December 2022.</p> <p>Sherwood Forest Hospitals alongside other Nottingham and Nottinghamshire NHS providers and the ICB work together to submit this plan as an ICS system plan that is compliant with the priorities and guidance.</p> <p>The SFH elements of this plan cover workforce, activity and performance, and finance and have been submitted to the ICB to support the production of the ICS level plan.</p>				

The submitted financial position does not meet the planning requirement for break-even and remains the subject of discussion with NHS England.

It is anticipated that further plan submissions will be required by NHS England and further dates will be advised. The Board will be updated as appropriate at each meeting.

Workforce

The SFH workforce submission shows a net increase of 75.4 whole time equivalent staff in post (+1.5%). This includes the staffing of the additional elective capacity being developed through the Newark Theatres project.

The overall substantive growth is planned to be 133.8 wte (+2.6%), but this is offset in part by planned reductions in bank and agency workforce as we look to recruit to vacant posts and reduce the reliance on temporary staffing. The average cost per wte at SFH is impacted by our high variable rates of pay (use of agency staff) on the medical workforce. This is a focus of one of the 2023/24 transformation programmes.

Activity and Performance

The SFH operational plan submission is compliant in all areas except for the required 25% reduction in OPFU appointments by March 2024. While SFH has reduced out-patient follow up appointments to 92% of the 2019/20 levels there are a number of patients with overdue reviews that need to be seen during 2023/24 necessitating higher numbers of follow up appointments. This work will result in over 105,000 patients being discharged from the out-patient pathway in 2023-24 an increase of 10% compared to 2019/20 the year before COVID.

Areas where SFH is fully compliant include objectives such as A&E waiting times where no less than 76% of patients should be seen within 4 hours by March 2024, achieving 105% of 2019/20 levels of planned care activity and reducing the number of cancer patients waiting over 62 days.

The detailed requirements are set out in the NHS England 2023/24 priorities and operational planning guidance which can be found on the NHS England website at: www.england.nhs.uk/operational-planning-and-contracting/

Financial Plan

The financial plan submitted by SFH is a deficit of £21.0m and does not meet the NHS England expectation of financial break-even. This may result in further changes which could impact on the workforce, activity, and performance elements of the plan.

The Trust Board is asked to note:

- the submission of the SFH 2023/24 operational plan to the ICB and NHS England
- The ongoing financial discussions with NHS England and the likelihood of further submissions

Sherwood Forest Hospitals 2019-2024 Strategic Objectives (Refreshed)	In our Final Year of our 2019-24 strategy we will (This is our strategic Priority for 2023-24 - Yr. 5)	Ref	How we will do this in 2023-24	How will we know we have been successful	Executive Lead (SRO)	Management Lead for progress updates	SFH Governance
1. Provide outstanding care in the best place at the right time	Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics	1.1a	Work with Clinical Divisions to develop Clinical Service Strategies at Specialty and Divisional level, to inform a Trust level Clinical Strategy	<ul style="list-style-type: none"> - By the End of July 2023 the ICS Joint Forward Plan will have been made available to the Divisions. - By end Q2 Divisional service lines will have produced a 2 year plan that describes where they are now and key issues and opportunities in the 1-2 Year and 3-5 Year time horizon ensuring that options for fragile services are fully understood. - By the end of Qtr. 3 have in place a Trust level Clinical Services Strategy that supports longer term alignment of estates, people, technological, and financial plans. 	Director of Strategy and Partnership	Associate Director Planning & Partnerships	Executive Team Meeting
		1.1b	Develop high level 5yr bed requirement model	<ul style="list-style-type: none"> -By the end of Qtr. 3 have an initial 5 year model in place that is informed by Divisional Service Line Plans -By the end of Qtr. 4 refine bed model to reflect Trust level clinical strategy. 	Chief Operating Officer	Associate Director of Operational Performance	Executive Team Meeting
	Continue to recover our Planned Care services	1.2a	Expand Day Case Surgery Services at Newark Hospital through the Transformation Investment fund (TIF)	<ul style="list-style-type: none"> - Service commencement by end of June 2023 - 90% of staff substantively in post by end of Qtr. 3. - By end of Qtr. 4 be achieving the monthly levels of activity required to meet the full year aspirations of the TIF submission. 	Chief Operating Officer	Divisional DGM for Surgery	Executive Team Meeting
		1.2b	Expand Diagnostic Services to Mansfield Community Hospital	<ul style="list-style-type: none"> - Building works commenced by June 2023 - Staffing model and agreed development plan in place by Qtr. 2 (Feb 25 current go live date). - Mobile MRI service located on MCH site and fully operational by 1st December 2023 	Director of Strategy and Partnership	PMO Project Manager	Executive Team Meeting
		1.2c	Achieve elective activity levels, backlogs and patient waiting times in line with the 2023/24 operational plan and supporting performance trajectories.	<ul style="list-style-type: none"> - Delivery of the following metrics in line with (or better than) plan: <ul style="list-style-type: none"> -Activity plans (Elective, Day Case, Outpatient) -IFU -52 and 65ww -Number of completed RTT pathways -62-day cancer backlog -28-day cancer FDS 	Chief Operating Officer	Deputy COO	Executive Team Meeting
	Continue to work towards a sustainable model of urgent and emergency care	1.3	<ul style="list-style-type: none"> -Progress with the Optimising Patient Journey (OPJ) improvement programme -Expand use of Same Day Emergency Care (SDEC) within Surgery -Embed and expand virtual wards - Work with the ICB and system partners to facilitate system actions to reduce the number of Medically Safe For Transfer (MSFT) Patients who should not be in an acute hospital bed 	<ul style="list-style-type: none"> - Increase the number of patients using SDEC. - Increase the number of patients on a virtual ward pathway. - Reduce number of >20 day length of stay patients. - MSFT patient numbers in line with ICS trajectory. 	Chief Operating Officer	Deputy COO	People, Culture and Improvement Committee
		1.4a	Progress Medical Workforce Transformation	<ul style="list-style-type: none"> - Deliver Trust and ICB/ICS Agency Task Force Group measures - Specialties provide future workforce models by Qtr. 3 - Review NHSE workforce plan and put action plan in place in place within 2 months of publication . 	Medical Director	Associate Medical Director	People, Culture and Improvement Committee

	Progress Workforce Transformation	1.4b	Progress Nursing, Midwifery & Allied Health Profession (NMAHP) workforce transformation	<ul style="list-style-type: none"> - Movement to sustainable use of agency usage starting with off framework/off cap - Month on month reduction in agency usage - Reduction of vacancies focusing on Band 5 Registered Nurses - Develop Allied Health Professional (AHP) Job Planning by Qtr.3 to meet Carter Review recommendations. - Annual Establishment review against current capacity completed by end of Qtr. 3 and development of longer term review process 	Chief Nurse	Director of Nursing & Deputy to Chief Nurse	People, Culture and Improvement Committee
2. Improve health and well being within our communities	Focus on Maternity Services ensuring babies have the best possible start in life	2.1	Work with the Local Maternity and Neonatal Services (LMNS) to equitably transform our maternity services through delivering a single delivery plan in line with the recommendations from the Ockenden and Kirkup review and CQC inspection.	<ul style="list-style-type: none"> - Implementation of the single maternity oversight framework, completion of the CQC must do and should do actions. - Ensure smoking at time of delivery becomes part of our 'Business as Usual' through planning for 2024-25. - Optimisation and stabilisation of the preterm infant principles introduced. - Implementation of NHSE guidance on Equity and Equality. - Annual Establishment review against birth rate plus completed by end of Qtr. 3 and development of longer term review process 	Chief Nurse	Director of Midwifery	Quality Committee
	Work with ICB partners to reduce health inequalities and prevention for those in greatest need	2.2	agree our approach and programme of actions around Health Inequalities and prevention as a key strategic priority for the 24-29 strategy	<ul style="list-style-type: none"> - Assessment of 5 Year ICS Joint Forward Plan within 2 months of publication (expected 30th June) to align areas of focus for Health Inequalities - Commence Health Inequalities reporting to Quality Committee Qtr. 3 - Agree with Board our approach to Health Inequalities and prevention and identify any gaps Qtr. 3 - Work internally and with partners to develop SFH or Joint proposals that qualify for any new Health Inequalities Investment Funding (HIIF) by January 2024 	Medical Director	Medical Director	Quality Committee
3. Empower and support our people to be the best they can be.	Support and celebrate diversity in all its forms, creating a sense of belonging.	3.1	Delivery of the "Belonging in the NHS" supporting actions in year 2 of the Trusts People Strategy 2022-2025	<ul style="list-style-type: none"> - On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework Quarterly exception reporting by the People, culture and Improvement Committee of the delivery of supporting actions - Evaluate impact of Staff Networks by Qtr. 3 - Evaluate 6 high impact actions by the end of Qtr. 4 - Deliver 'closing the gap' action plans to improve experiences for our people with protected characteristics by end of Qtr. 4. 	Director of People	Deputy DoP	People, Culture and Improvement Committee
	Retain talent through recognition and development, creating more flexible and varied roles.	3.2	Delivery of the "Growing for the Future" supporting actions in year 2 of the Trusts People Strategy 2022-2025	<ul style="list-style-type: none"> - On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework - Quarterly exception reporting by the People, Culture and Improvement Committee of the delivery of the supporting actions - Quarterly update to People Culture & Improvement Committee on where we are growing a future workforce. - Recruit 20 external apprentices by end of Qtr. 3 - Evaluate and further utilise the apprenticeship levy throughout 2023-24 (Ongoing) - Talent Management approach / Leadership Development programme implemented by the end of Qtr. 4 	Director of People	Deputy DoP	People, Culture and Improvement Committee

	Support our people's health and wellbeing needs, ensuring our people have the practical and emotional support they need to do their jobs.	3.3	Delivery of the "Looking after our people" supporting actions in year 2 of the Trusts People Strategy 2022-2025.	<ul style="list-style-type: none"> - On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework - Quarterly exception reporting by the People, Culture and Improvement Committee of the delivery of the supporting actions - Develop cultural insights to support improved experiences for our people at SFH (Ongoing/by Qtr4.) - Introduce a Health & Wellbeing Strategy by Qtr. 3 - Measure the effectiveness of our Health & Wellbeing offer including Vivup and Occupational Health by Qtr. 3 	Director of People	Deputy DoP	People, Culture and Improvement Committee
4. Continuously learn and improve	Use new technology to improve our service offers for our people, patients and carers and the wider populations served by SFH	4.1a	Complete the first and commence the second stages of Electronic Prescribing implementation [1. Implementation, 2. stabilisation, 3. optimisation, 4. transformation]	<ul style="list-style-type: none"> - Roll out EPR to remaining areas by end of Qtr. 4 - Commence Stabilisation during Qtr2 	Medical Director	Chief Digital Information Officer	Quality Committee
		4.1b	Develop EPR (Electronic Patient Records) business case	<ul style="list-style-type: none"> - Submission of business case Qtr. 2 - Approval dependent commencement of recruitment Qtr. 3 	Medical Director	Chief Digital Information Officer	Quality Committee
	Strengthen and sustain a learning culture of continuous improvement	4.2a	Develop and embed the Patient safety Incident Response Framework (PSIRF)	<ul style="list-style-type: none"> - Develop Patient Safety Incident response Framework (PSIRF) by end of Qtr. 2 - Implement PSIRF approach to match national patient safety framework during Qtr. 3 - In Qtr.4 set out the plan to embed this in 2024-25 	Medical Director / Chief Nurse	Director of Quality and Governance	Quality Committee
		4.2b	To embed the Improvement Faculty within the Trust whose role will be to provide a centre of excellence for transformational and improvement support.	<ul style="list-style-type: none"> - Fortnightly matrix meetings established from early Qtr. 1, incorporating all teams for whom improvement is a component of their role. - By the end of Qtr. 1 all aspects of the Trusts Transformation and Efficiency Programme to have been assessed by the Improvement Faculty to determine validity and deliverability. - By the end of Qtr. 2 a physical Improvement Faculty office to be created for the colocation of the Transformation and Improvement Teams plus hot desk availability for other teams involved in the Faculty's work. - By the end of Qtr. 4 an Initial (independent) review of the Improvement Faculty's impact will have been completed and reported to the Finance Committee. 	Director of Strategy and Partnership	Associate Director of Transformation	People, Culture and Improvement Committee
5. Sustainable use of resources and estate	Develop a roadmap to longer-term financial sustainability	5.1	Establish an underpinning financial strategy to act as the foundation for the delivery of our new 2024-29 Strategy	<ul style="list-style-type: none"> - A Financial Resources Oversight Group will be established by the end of Qtr. 1. - Use of Resources reviews undertaken by the end of Qtr2, to better understand where and how we spend our resources. - By the end of Qtr. 3 multi-year divisional budgets will be established. - We will have investment plans and financial efficiency plans for 2024-25 and beyond in place by Qtr. 4. - Establishment of a Strategic Procurement plan alongside ICS partners. 	Chief Financial Officer	Deputy CFO	Finance Committee
	Contribute to the wider societal work to mitigate the impact of climate change on the health and wellbeing of our community	5.2	Establish the Sustainability Development Steering Group and progress delivery of the objectives set out in the SFH Green Plan 2021-2026	<ul style="list-style-type: none"> - Improvements evidenced in key metrics (including energy and water consumption, waste and carbon emissions). - Annual Green Plan report to Board in Q3. - BAF PR8 score maintained or reduced. - Funding secured to progress Energy Reduction Projects. 	Chief Financial Officer	Associate Director of Estates & Facilities	Finance Committee

	<i>Enhance the utilisation of the SFH estate to support the delivery of outstanding care in the best place.</i>	5.3	Complete a comprehensive space utilisation review of all Trust sites to underpin delivery of the Estates Strategy, develop a multi-year capital investment programme, and work with system partners to find solutions to long-standing estate challenges.	<ul style="list-style-type: none">- Refreshed Space Utilisation Group operational and assessment of all SFH estate completed by Qtr. 4, to identify potential solutions that support delivery of the emerging Clinical Service Strategies.- Completion of the key capital schemes in line with planned timescales and budgets.- Multi-year capital investment programme in place.- Business cases prepared for future development opportunities.	Chief Financial Officer	Associate Director of Estates & Facilities	Finance Committee
6. Work collaboratively with partners in the community	<i>We will embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.</i>	6.1a	Delivery of the "New Ways of Working and delivering care" supporting actions in year 2 of the Trusts People Strategy 2022-2025	<ul style="list-style-type: none">- On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework.- Quarterly exception reporting by the People, Culture and Improvement Committee of the delivery of the supporting actions- Delivery tactical people plans by Qtr. 1- Develop workforce transformation to deliver Newark Transformation Investment Funding (TIF) by July 23 and Mansfield Community Diagnostics Centre (CDC) by Qtr. 2- Design and understand interfaces between People and Transformation programmes to support financial improvements by end of Qtr. 4	Director of People	Deputy DoP	People, Culture and Improvement Committee
		6.1b	As a Nottingham and Nottinghamshire provider collaborative we will identify and deliver opportunities to improve how we work together with colleagues and services outside of SFH.	<ul style="list-style-type: none">- 2023-24 Provider Collaborative at Scale (PC@S) Prospectus agreed during Qtr. 1- PC@S Maturity Matrix Completed and action Plan in place by Qtr. 2- 2023-24 PC@S areas of focus refreshed and agreed for 2024-25 by the end of December 2023	Director of Strategy and Partnership	Associate Director Planning & Partnerships	People, Culture and Improvement Committee
	<i>Develop and launch the SFH 2024-29 Strategy</i>	6.2	Through engagement with our People, Board, Council of Governors, Patient & Carers, the wider community we serve and our partners we will put in place a strategy that reflects our populations needs and contributes to our social, partner and regulatory agendas.	<ul style="list-style-type: none">- Engagement plan in place by the end of May 2023- Draft 'Consultation' Strategy completed for 5th October Board- Board Approval of Strategy - 4th Jan 24- Clear set of priorities and actions for Year 1 agreed with Board during Qtr. 4 (updated annually)- 2024-29 Strategy launched Qtr. 4 2024	Director of Strategy and Partnership	Associate Director Planning & Partnerships	Executive Team Meeting

Board of Directors Meeting in Public - Cover Sheet

Subject:	Trust Strategy – 2023-24 Priorities		Date: 6 th April 2023	
Prepared By:	Kevin Gallacher, Associate Director –Planning & Partnerships			
Approved By:	David Ainsworth, Director of Strategy and Partnerships			
Presented By:	David Ainsworth, Director of Strategy and Partnerships			
Purpose				
To update the Board on the development of the 2023-24 strategic priorities.			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				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				x
PR6 Working more closely with local health and care partners does not fully deliver the required benefits				x
PR7 Major disruptive incident				
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change				x
Committees/groups where this item has been presented before				
Trust Executive Team People, Culture and Improvement Committee (People Component)				
Acronyms				
SFH = Sherwood Forest Hospitals FIP = Financial Improvement Programme				
Executive Summary				
<p>The current SFH strategy, published in Spring 2019, expires in Spring 2024 with 2023-24 the final year.</p> <p>The strategy process update to Board in January 2023 set out that the organisation would follow a two stage approach that covered both the identification of priorities for 2023-24 and the development of the new five year strategy during 2023-24.</p> <p>In the lead up to our final year of our existing strategy, Board held a two day time out in October 2022 and a finance planning workshop in February 2023 – the headline outputs of which can be found in Appendix one.</p> <p>Both of these have provided the context and direction in our collective thinking and preparation for the priorities for 2023-24. The Board can expect further engagement with the process at the planned workshop on 27 April 2023.</p>				

The strategic objectives were also refreshed in 2022 during the series of Board workshops and while there were no fundamental changes some minor updates were made to the wording to select language that reflects the current environment. The updated objectives are reflected in the strategic priorities development work that follows.

The executives and their teams have undertaken a series of engagement activities in the development of the recommended strategic priorities. As part of setting the direction and priorities for 2023-24 we have considered the multiple delivery requirements as part of the traditional NHS annual planning round:

1. Annual plan submission – which sets out our intentions for the level of activity we expect to deliver both urgent and emergency care and planned care recovery. Modelling around the beds we require to enable effective flow and site safety. The people required to deliver this and the financial plan to pay for it.
2. Our approach to developing a separate transformation programme. Which is designed to provide the right skills and right infrastructure into programmes of work that cover transformation, improvement, and transactional activities – all to be coordinated through the improvement faculty – due to launch on the 4th May
3. A separate approach to FIP delivery programme which will be monitored through the finance committee and delivers both transactional and transformational new ways of working

A key limiting factor for the organisation is headroom. Centrally therefore the attached workbook, developed by the Executive and their teams, brings together all the above key components into one single work programme.

Recognising the work is complex enough, this revised approach aims to simplify the approach and reduce bureaucratic monitoring, reporting and meetings infrastructure. This should enable our people the time to make sense of what is being asked of them during 2023-24. It also makes a direct link into the Board Single Oversight Framework to ensure correct monitoring and governance is in place through sub committees and Divisional Performance Reviews.

It is proposed that board receive a quarterly update as set out in Appendix 2.

The Board are asked to:

Discuss and agree the 2023-24 Strategic Priorities

Appendix 1: 2023-24 Board of Directors Workshops:

October 2022 SWOT analysis

Strengths

- Approach
- Culture
- Resources
- Relationships
- Education

Weaknesses

- Understanding population need at local level
- Public voice
- Resource and capacity
- Partnership growth

Opportunities

- Wider estates development and reconfiguration in Nottinghamshire
- Discharge
- Elective recovery
- Prevention Core20Plus5
- Career pathways and development
- Board and sub-committee priorities and ways of operating
- Provider collaborative at Scale
- Anchor role

Threats

- Governance at sub-committee level for gripping strategy
- Sub strategies
- Resources/money
- Time/capacity/headroom

Board of Directors workshop February 2023

Financial ambitions for 23/24 – to be owned as the interim financial sub strategy and monitored through the finance committee.

- Establish the Improvement Faculty and enhance the analytical and benchmarking support available to divisional teams, including the development of PLICS (Patient Level Information and Costing) and service level profitability reviews.
- Work with the Integrated Care System partners to refine system financial understanding, including relative risk, efficiency and opportunity.
- Complete a comprehensive review of established and potential income sources, to maximise the resources available to us.
- Strengthen financial governance arrangements and establish an improved process to support decision making.
- Enact the Private Finance Initiative agreement and progress our partnership working.
- Develop a strategic Capital Plan, that spans multiple years and supports SFH in reaching our desired future state.

The Ultimate Aim: to feature in the financial sub strategy.

- Routine delivery of financial targets, including timely payments to suppliers.
- All services, clinical and non-clinical, are as efficient as possible and fit for purpose.
- All procured goods and services are at best value, with routine contract management and benchmarking to support this.
- High standards are evident in terms of strong grip & control and 'good housekeeping' with regards to vacancies, use of variable pay and filling of shifts.
- Top quartile performance in terms of benchmarking, or programmes of work in place to progress to the upper quartile.
- Growth moneys available for annual investment to support longer term transformation.
- Maximised utilisation of estate and consistently strong performance from PFI partners.
- Minimal use of agency workers, with off-framework usage eradicated.
- Capital development plans to support longer-term transformation.

Appendix 2: 2023-24 Priorities Board Assurance Dates

Timetable for Updates

Period	Trust Board of Directors Meeting
<u>Quarter 1</u> (April 2023 – June 2023)	3 rd August 2023
<u>Quarter 2</u> (July 2023 – September 2023)	2nd November 2023
<u>Quarter 3</u> (October 2023 – December 2023)	1 st February 2024 (<i>TBC</i>)
<u>Quarter 4</u> (January 2024 – March 2024)	2nd May 2023 (<i>TBC</i>)

Nil Returns as of 09/03/23

Last name	First name	Position name	Job staff group
Abbas	Ali	Consultant (P)	Medical and Dental
Abdul Karim	Mohamed	Locum Consultant	Medical and Dental
Abdul Latip	Nor	Consultant	Medical and Dental
Abouelatta	Mohamed	Consultant	Medical and Dental
Abouellif	Ahmed	Specialty Doctor	Medical and Dental
Abouzid	Islam	Locum Consultant Radiologist (P)	Medical and Dental
Adams	Rebecca	Business Manager	Administrative and Clerical
Adebutu	Eniola	Specialty Doctor	Medical and Dental
Adgar	Rebekah	Vaccine Site Manager	Nursing and Midwifery Registered
Adlakha	Sanjay	Consultant	Medical and Dental
Adnan	Hafza	Specialty Doctor (MC46)	Medical and Dental
Agamia	Mohamed	Locum Consultant (P)	Medical and Dental
Agarwal	Kavita	Consultant (P)	Medical and Dental
Agbeshie	Caleb	Business Manager	Administrative and Clerical
Ahmad	Zena	Specialty Doctor	Medical and Dental
Ahmad	Khalil	Consultant	Medical and Dental
Ahmad	Moaz	Clinical Development Fellow	Medical and Dental
Ahmed	Abdelnasser	Locum Consultant (P)	Medical and Dental
Ahmed	Safina	Locum Consultant (P)	Medical and Dental
Ahmed	Tausif	Locum Consultant (P)	Medical and Dental
Akers	Charlotte	Business Manager	Administrative and Clerical
Aldred	Jennifer	Quality Governance Lead	Nursing and Midwifery Registered
Ali	Salma	Consultant	Medical and Dental
Ali	Ahmed	Specialty Doctor	Medical and Dental
Ali	Shaukat	Consultant	Medical and Dental
Ali	Amr	Consultant (P)	Medical and Dental
Ali	Alaeldin	Specialty Doctor	Medical and Dental
Alkahky	Sherif	Locum Consultant (P)	Medical and Dental
Allan	Charles	Vaccine Site Manager	Administrative and Clerical
Allard	Andrew	Income & Contracts Manager	Administrative and Clerical
Allen	Thomas	Senior Radiographer	Allied Health Professionals
Allen	Holly	Ward Leader	Nursing and Midwifery Registered
Allison	Frances	Smoke Free Pregnancy Programme Lead Midwife	Nursing and Midwifery Registered
Allison	Stephen	Financial Systems Manager	Administrative and Clerical
Allsop	Lynne	Research Nurse Team Leader	Nursing and Midwifery Registered
Al-Shukri	Jaber	Consultant	Medical and Dental
Alvi	Zeest	Specialist Clinical Pharmacist	Add Prof Scientific and Technic
Amankwah	Ruby	Specialty Doctor	Medical and Dental
Amsha	Khaled	Consultant	Medical and Dental
Anderson	Kay-Dean	Senior Radiographer	Allied Health Professionals
Anderson	Rachel	Specialty Registrar Year 4+	Medical and Dental
Andrews	Jenny	Project and Business Change Manager	Administrative and Clerical
Andrews	Jeremy	Specialist Anaesthetist	Medical and Dental
Annapurni	Anupriya	Consultant (P)	Medical and Dental
Annisson	Dawn	Registered Nurse	Nursing and Midwifery Registered
Anstess	Stephanie	Nurse Consultant	Nursing and Midwifery Registered
Anthony	Hayley	Ward Leader	Nursing and Midwifery Registered
Anthony	Hannah	Senior Physiotherapist	Allied Health Professionals
Arif	Muhammad	Ophthalmic Nurse Specialist	Nursing and Midwifery Registered
Armstrong	Nicola	Play Leader	Additional Clinical Services
Armstrong	Nicola	Midwifery Practitioner	Nursing and Midwifery Registered
Arnold	Ellie	Business Manager	Administrative and Clerical
Arshad	Huma	Specialty Doctor	Medical and Dental
Ashall	Kim	Head of Service for HFID	Administrative and Clerical
Asher	Gillian	Deputy Radiographer Services Manager	Allied Health Professionals
Ashraf	Mohammad	Consultant Urological Surgeon	Medical and Dental
Ashton	Amy	Senior Physiotherapist	Allied Health Professionals
Atif	Muhammad	Consultant (P)	Medical and Dental
Atkin	Rosemary	Project Change Manager	Administrative and Clerical
Aye	Thandar	Consultant	Medical and Dental
Babau Maltez	Carlos	Consultant	Medical and Dental
Bacon	Tania	Deputy Ward Leader	Nursing and Midwifery Registered
Badrinath	Krishnamurthy	Consultant & Clinical Governance Lead	Medical and Dental
Bagshaw	Kaley	Trainee Advanced Practitioner	Nursing and Midwifery Registered
Baig	Zahraa	Specialist Clinical Pharmacist	Add Prof Scientific and Technic
Baines	Rebecca	Senior Programme Manager	Administrative and Clerical
Baker	Kate	Emergency Nurse Practitioner/Senior Registered Nurse	Nursing and Midwifery Registered
Baldry	Lorraine	Management Accounts Manager	Administrative and Clerical
Ball	Elizabeth	Community Paediatric Specialist Nurse	Nursing and Midwifery Registered
Ball	Maria	Sonographer	Healthcare Scientists
Ballantyne	Joshua	Phlebotomist	Additional Clinical Services
Banner	Susan	Duty Nurse Manager	Nursing and Midwifery Registered
Bardgett	Lucy	Senior Physiotherapist	Allied Health Professionals
Barker	Gemma	Quality Governance Lead	Nursing and Midwifery Registered
Barker	Helen	Senior Radiographer	Allied Health Professionals
Barker	Rebecca	Consultant (P)	Medical and Dental
Barley	Kerry	Respiratory Nurse Specialist	Nursing and Midwifery Registered
Barlow	Bernadette	Paediatric Respiratory Nurse Specialist	Nursing and Midwifery Registered
Barnes	Zoe	Department Leader	Nursing and Midwifery Registered
Barrett	Amanda	Senior Service Improvement Facilitator	Administrative and Clerical
Barron	Nicky	Senior Finance Performance Analyst	Administrative and Clerical
Bartle	Emma	Practice Development Matron	Nursing and Midwifery Registered
Barton	Simon	Chief Operating Officer	Administrative and Clerical

Basra-Mann	Rajdeep	Human Resources Business Partner	Administrative and Clerical
Bassi	Sukhbinder	Consultant	Medical and Dental
Baugh	Nicola	Safeguarding Practitioner - Think Family Safeguarding	Nursing and Midwifery Registered
Baugh	Amy	Consultant	Medical and Dental
Baxter	Jeremy	Project Manager	Administrative and Clerical
Baxter	Holly	Records Assistant	Administrative and Clerical
Beardsley	Cheryl	Duty Nurse Manager	Nursing and Midwifery Registered
Beastall	Richard	Matron	Nursing and Midwifery Registered
Bekeer	Ahmed	Specialty Doctor	Medical and Dental
Bell	Jane	Cardiac Rehab Specialist Nurse	Nursing and Midwifery Registered
Bell	Thomas	Advanced Pharmacist - Surgery and Crit Care	Add Prof Scientific and Technic
Ben Fredj	Helen	Project and Business Change Manager	Administrative and Clerical
Benfield	Sara	Consultant	Medical and Dental
Bennett	Kaytie	Critical Care Outreach Nurse	Nursing and Midwifery Registered
Bennett	Carolyn	Breast Care Nurse Specialist	Nursing and Midwifery Registered
Bennett	Wendy	Clinical Typist	Administrative and Clerical
Bennett	Rachel	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Bentley	Sharon	Business Manager	Administrative and Clerical
Berresford	James	Head of Technical Delivery	Administrative and Clerical
Berriman	Amy	Lead Sonographer	Healthcare Scientists
Best	Diane	Specialist Midwife Perinatal Mental Health Substance Misuse	Nursing and Midwifery Registered
Bestwick	Anna	Senior Registered Nurse	Nursing and Midwifery Registered
Bhatti	Muhammad	Consultant	Medical and Dental
Bielak	Slawomir	Consultant Cardiologist	Medical and Dental
Binch	Lorraine	Deputy General Manager	Administrative and Clerical
Binks	Robin	Deputy Chief Nurse	Nursing and Midwifery Registered
Binney	Julie	Aseptic Dispensing Unit & Pre Packing Unit Manager	Add Prof Scientific and Technic
Birch	Catherine	Specialist Nurse	Nursing and Midwifery Registered
Birchall	Tonia	Specialist Nurse - Tissue Viability	Nursing and Midwifery Registered
Bird	Alison	Trainee Nurse Endoscopist	Nursing and Midwifery Registered
Birkin	Stacey	Chief Clinical Physiologist	Healthcare Scientists
Blackband	Teresa	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Bland	Inbal	Culture Transformation Specialist	Administrative and Clerical
Bolt	Robin	Senior Solution Developer	Administrative and Clerical
Bolton	Mark	Associate Director of Operational Performance	Administrative and Clerical
Bolton	Philip	Deputy Chief Nurse	Nursing and Midwifery Registered
Bolus	Jane	Nurse Specialist Osteoporosis	Nursing and Midwifery Registered
Bonsall	Adele	Specialist Nurse - Dementia	Nursing and Midwifery Registered
Booker	Nikitta	Business Manager	Administrative and Clerical
Bosworth	Keith	Operations Manager	Administrative and Clerical
Bosworth	Kerry	Speaking Up Guardian	Administrative and Clerical
Box	Mary	Respiratory Nurse Specialist	Nursing and Midwifery Registered
Boxall	Natalie	Infant Feeding Co-ordinator	Nursing and Midwifery Registered
Boyd	Amii	Trainee Advanced Clinical Practitioner	Add Prof Scientific and Technic
Boyd	Gemma	Consultant Midwife	Nursing and Midwifery Registered
Bradbury	Natalie	Department Leader	Nursing and Midwifery Registered
Bradley	Robert	Lead Radiographer - Nuclear Medicine	Allied Health Professionals
Bradley	Paula	Clinical Typist	Administrative and Clerical
Bradley	Helen	MacMillian Colorectal Nurse Specialist	Nursing and Midwifery Registered
Bragg	Damian	Specialty Registrar Year 3+	Medical and Dental
Bramley	Pauline	Ward Leader	Nursing and Midwifery Registered
Branton	Lorna	Head of Communications	Administrative and Clerical
Brassington	Tracey	Community Involvement Manager	Administrative and Clerical
Bray	Samantha	Improvement Manager	Administrative and Clerical
Brewin	Jack	Admin Manager	Administrative and Clerical
Brewin	Susan	Vaccine Site Manager	Administrative and Clerical
Bridges	May	Senior Orthoptist	Allied Health Professionals
Briggs	Jayne	Upper GI Nurse Specialist	Nursing and Midwifery Registered
Briggs	Jacqueline	Child Death Review Specialist Nurse	Nursing and Midwifery Registered
Brooks	Lorraine	Nurse Educator	Nursing and Midwifery Registered
Brown	Lauren	Ward Leader	Nursing and Midwifery Registered
Brown	Carol	Health Care Support Worker	Additional Clinical Services
Brown	Richard	Head of Communications	Administrative and Clerical
Brown	Chloe	Higher Specialist Biomedical Scientist	Healthcare Scientists
Bryan	Emma	Occupational Therapist	Allied Health Professionals
Bulgin	Melanie	Department Leader	Nursing and Midwifery Registered
Bull	Melanie	Deputy Divisional Head of Nursing and Midwifery	Nursing and Midwifery Registered
Bullock	Martin	Highly Specialist Pharmacist - Medicine	Add Prof Scientific and Technic
Bumstead	Christopher	Urology Practitioner	Nursing and Midwifery Registered
Burch	Jane	Registered Nurse	Nursing and Midwifery Registered
Burge	Frances	Consultant	Medical and Dental
Burgoyne	Jamie-Rae	Business Manager	Administrative and Clerical
Burkitt	Sarah	Trainee ACP	Additional Clinical Services
Burrows	Helen	Team Leader for Rheumatology	Allied Health Professionals
Burrows	Simon	Advanced Clinical Physiologist	Healthcare Scientists
Burscough	Sheila	Clinical Educator	Nursing and Midwifery Registered
Burton	Clare	Lead Specialist Pain Nurse	Nursing and Midwifery Registered
Burton	Wesley	Local Security Management Specialist	Administrative and Clerical
Burton	Sarah	Night Team Leader	Nursing and Midwifery Registered
Butcher	Melanie	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Butler	Judith	Service Manager	Administrative and Clerical
Butler	Lisa	Deputy Head of Midwifery & Nursing	Nursing and Midwifery Registered
Butlin	Rachael	Diabetes Specialist Nurse	Nursing and Midwifery Registered
Cain	Robert	Sonographer	Healthcare Scientists
Callahan	Nigel	Programme Manager	Administrative and Clerical
Campbell	Michelle	Specialist Nurse - Pain Management	Nursing and Midwifery Registered

Campbell	Ian	Senior Radiographer	Allied Health Professionals
Cann	Kali	Trainee Advanced Clinical Practitioner/ACCP	Nursing and Midwifery Registered
Cannon	Matthew	Sustainability Service Lead	Administrative and Clerical
Cant	Nicole	Sonographer	Healthcare Scientists
Cantrill	Wendy	Duty Nurse Manager	Nursing and Midwifery Registered
Carter	Sarah	Deputy Divisional Lead Pharmacist	Add Prof Scientific and Technic
Carter	Mark	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Cartwright	Jane	Department Leader	Nursing and Midwifery Registered
Cash	Daniella	Ward Leader	Nursing and Midwifery Registered
Caunt	Sophie	Audit Midwife	Nursing and Midwifery Registered
Chakravarti	Shaurindra	Specialty Doctor	Medical and Dental
Chapman	Lindsey	Head of Nursing - CSTO	Nursing and Midwifery Registered
Chapman	Sandra	Head Of Management Accounts	Administrative and Clerical
Charles	Claire	Duty Nurse Manager	Nursing and Midwifery Registered
Cheesmond	Judith	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Chell	Ian	Sonographer	Healthcare Scientists
Cheung	Ming	Highly Specialist Pharmacist-Medication Safety & Governance	Add Prof Scientific and Technic
Chikwanda	Fred	Specialty Doctor	Medical and Dental
Chilamkurthi	Rajasekhar	Consultant	Medical and Dental
Chinery	Sarah	Booking Manager	Administrative and Clerical
Chinery	Laura	Business Manager	Administrative and Clerical
Chingwenje	Fungai	Assistant General Manager	Administrative and Clerical
Chohan	Tahir	Consultant	Medical and Dental
Chowdhary	Ranjan	Associate Specialist	Medical and Dental
Christopher	Baba	Clinical Development Fellow	Medical and Dental
Clark	Gillian	MacMillan Breast Care Nurse Spec Primy Disease	Nursing and Midwifery Registered
Clark	Amy	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Clarke	Alison	Clinical Governance Lead Nurse	Nursing and Midwifery Registered
Clarke	Caroline	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Clarke	Rebecca	Registered Nurse	Nursing and Midwifery Registered
Clarkson	Richard	Head of Nursing - Urgent & Emergency Care	Nursing and Midwifery Registered
Clegg	Daniel	Variable Pay Lead	Administrative and Clerical
Clifford	Sally	Chief Clinical Physiologist	Healthcare Scientists
Clifford	Kerry	Health Care Support Worker	Additional Clinical Services
Clipstone	Simon	Higher Specialist Biomedical Scientist	Healthcare Scientists
Coates	Charlie	Health Care Assistant	Additional Clinical Services
Coggan	Helen	Medicines Management Technician Clinical Lead	Add Prof Scientific and Technic
Coggon	Jacqueline	Clinical Educator	Nursing and Midwifery Registered
Cole	Samantha	Assistant General Manager	Administrative and Clerical
Collingwood	Jacqueline	Lead Radiographer	Allied Health Professionals
Collins	Sam	Advanced Clinical Practitioner	Allied Health Professionals
Collins	Elaine	Medical Education Administrator	Administrative and Clerical
Collins	Lorraine	Ward Leader	Nursing and Midwifery Registered
Comins	Robert	Therapy Team Leader	Allied Health Professionals
Conchie	Catherine	Clinical Lead Dietitian	Allied Health Professionals
Cook	Jane	Lead Stoma Care Nurse Specialist	Nursing and Midwifery Registered
Cooke	Victoria	Medicines Management Technician	Add Prof Scientific and Technic
Cooper	Martin	Consultant Stroke Physician	Medical and Dental
Cooper	Tracey	Patient Flow Co-ordinator	Administrative and Clerical
Cope	Rhian	Matron	Nursing and Midwifery Registered
Corderoy-Foster	Richard	Practice Development Matron	Nursing and Midwifery Registered
Cordon	Louise	Lead Sonographer	Healthcare Scientists
Corker	Esther	Consultant Paediatrician	Medical and Dental
Corney	Suzanne	Lead Nurse (Acute Oncology/CUP & Chemotherapy)	Nursing and Midwifery Registered
Cotterill	Richard	Associate Director of People	Administrative and Clerical
Coulson	Julie	Respiratory Nurse Specialist	Nursing and Midwifery Registered
Coultas	Andrew	Microbiology Service Manager	Healthcare Scientists
Coulton	Nicholas	Project and Business Change Manager	Administrative and Clerical
Coupe	Jenna	Receptionist	Administrative and Clerical
Cox	Giles	Consultant Respiratory Medicine	Medical and Dental
Cox-Brown	Anna	Senior Sonographer	Healthcare Scientists
Crookes	Theresa	Lead Sonographer	Healthcare Scientists
Crookes	Emma	Lead Physiologist	Healthcare Scientists
Cross	Emma	Sonographer	Healthcare Scientists
Crutchley	Kelly	Department Leader	Nursing and Midwifery Registered
Cupit	Samantha	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Dabbs	Robert	Head of Health and Safety	Administrative and Clerical
Daniel	Amanda	Specialist Nurse Oncology	Nursing and Midwifery Registered
Darraj	Eyad	Specialty Doctor	Medical and Dental
Das	Nivedita	Specialty Registrar Year 3+	Medical and Dental
Dave	Dhaval	Consultant	Medical and Dental
Davidson	Alison	Practice Development Matron	Nursing and Midwifery Registered
Davies	Alison	Consultant	Medical and Dental
Davies	Denise	Ward Leader	Nursing and Midwifery Registered
Davis	Emma	Head of Service	Nursing and Midwifery Registered
Davis	Lucy	Senior Orthoptist	Allied Health Professionals
Dawkins	Emma	Speech & Language Therapy Lead	Allied Health Professionals
Dawoud	Amany	Specialty Doctor	Medical and Dental
Day-Lascelles	Heather	Cons Clin Scientist/Head Of Audiology	Healthcare Scientists
de Alwis	Wahala	Locum Consultant	Medical and Dental
Dean	Sharon	Lead Nurse (Acute Oncology/CUP & Chemotherapy)	Nursing and Midwifery Registered
Dean	Roy	Chief Clinical Physiologist	Healthcare Scientists
Dean	Nicola	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Dennis	Julie-Anne	Senior Soft FM Manager	Administrative and Clerical
Dennis	Ian	Senior Capital Projects Manager	Administrative and Clerical
Denny	Nicola	Senior Registered Nurse	Nursing and Midwifery Registered

Derbyshire	Jeanette	Consultant Paediatrician	Medical and Dental
Devine	Kirsty	Senior Physiotherapist	Allied Health Professionals
Dewhurst	Jonathan	Senior Pharmacist Medicines Information	Add Prof Scientific and Technic
Dewhurst	Sarah	Extended Scope Practitioner	Allied Health Professionals
Dhokia	Vishal	Consultant Intensivist	Medical and Dental
Di Furia	Francesca	Ward Leader	Nursing and Midwifery Registered
Dickinson	Carla	Ward Leader	Nursing and Midwifery Registered
Dobb	Kelly	Registered Nurse	Nursing and Midwifery Registered
Dorairaj	Ina	Consultant	Medical and Dental
Doughty	Sarah	Assistant General Manager	Administrative and Clerical
Downer	Nicola	Consultant Physician Medical Education Lead	Medical and Dental
Draycon	Simon	Finance and Performance Manager	Administrative and Clerical
Dring	Tracy	Lead for Training & Clinical Advisor for Medical Equipment	Allied Health Professionals
Du Rose	Michael	Head of Learning and Organisational Development	Administrative and Clerical
Dube	Manas	Locum Consultant (T)	Medical and Dental
Dube	Mukul	Consultant Surgeon	Medical and Dental
Dudley	Ciaran	Registered Nurse	Nursing and Midwifery Registered
Dudley	Nicole	Registered Nurse	Nursing and Midwifery Registered
Duffield	Marcus	Head of Communications	Administrative and Clerical
Duignan	Kathryn	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Dunkley	Colin	Consultant	Medical and Dental
Dunn	Lisa	Deputy Ward Leader	Nursing and Midwifery Registered
Durant	Matthew	Higher Specialist Biomedical Scientist	Healthcare Scientists
Duro	Pamela	Operations Manager	Administrative and Clerical
Dwyer	Ashleigh	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Dykes	Dominique	Chief Clinical Physiologist	Healthcare Scientists
Dzwonkowska	Katarzyna	Clinical Support Worker	Additional Clinical Services
Earle	Gail	Senior Radiographer	Allied Health Professionals
Eastwood	Faye	Midwifery Practitioner	Nursing and Midwifery Registered
Ebueku	Osaretin	Specialty Doctor	Medical and Dental
Eccleshall	Helen	Occupational Therapist	Allied Health Professionals
Eddie	Rachel	Chief Operating Officer	Administrative and Clerical
Edmond	Daniel	Specialist in Emergency Care	Medical and Dental
Edwards	Geraldine	Matron	Nursing and Midwifery Registered
Eid	Galal	Specialty Doctor	Medical and Dental
Elamin	Elamin	Locum Consultant (P)	Medical and Dental
Elamin	Ghassan	Locum Consultant (T)	Medical and Dental
Elfakharany	Nazeh	Locum Consultant (P)	Medical and Dental
Elgharbawy	Mona	Specialty Doctor	Medical and Dental
Elgindy	Mostafa	Specialty Doctor	Medical and Dental
Elkadiki	Alia	Consultant Chemical Pathologist	Medical and Dental
Elleston	Debra	Macmillan Lead Nurse for End of Life Care	Nursing and Midwifery Registered
Elliott	Susan	Medical Education & Quality Manager	Administrative and Clerical
Ellis	Jane	Consultant	Medical and Dental
Ellis	Silvy	Head of Service, Flow, Capacity & Virtual Ward	Nursing and Midwifery Registered
Elmahdy	Heba	Specialty Doctor	Medical and Dental
Elsahn	Ahmad	Consultant	Medical and Dental
Else	Gary	Trainee Advanced Practitioner	Nursing and Midwifery Registered
Elsiddeg	Khider	Senior Clinical Fellow	Medical and Dental
Emmerson	Natalie	Clinical Support Worker	Additional Clinical Services
Emmott	Angela	Senior Physiotherapist	Allied Health Professionals
Evans	Paula	Senior Infection Control Nurse	Nursing and Midwifery Registered
Evans	Karen	Specialist Midwife for Diabetes	Nursing and Midwifery Registered
Everest	Lynne	Orthotic Technician	Add Prof Scientific and Technic
Exell	Daniel	Department Leader	Nursing and Midwifery Registered
Eyre	Joanne	Department Leader	Nursing and Midwifery Registered
Fagan	Cheryl	Matron	Nursing and Midwifery Registered
Fallon	Emma	IDAT Team Leader	Nursing and Midwifery Registered
Farn	Debra	Department Leader	Nursing and Midwifery Registered
Farrands	Angela	Deputy Risk and Assurance Manager	Administrative and Clerical
Farrow	Alexis	Head of Strategy and Transformation	Administrative and Clerical
Fasheloum	Hadeal	Specialist Clinical Pharmacist	Add Prof Scientific and Technic
Faulkner	Iain	Matron	Nursing and Midwifery Registered
Fazekas	Bence	Junior Doctor	Medical and Dental
Feek	Elizabeth	Sonographer	Healthcare Scientists
Feltbower	Ceri	Associate Director of Service Improvement	Administrative and Clerical
Fenn	John	Emergency Nurse Practitioner/Senior Registered Nurse	Nursing and Midwifery Registered
Fernandes-Sarr	Tyrene	Department Leader	Nursing and Midwifery Registered
Ferrier	Sharon	Sonographer	Healthcare Scientists
Ferris	Ian	Tobacco Dependence Service Lead	Administrative and Clerical
Fewkes	Judith	Project Administrator	Administrative and Clerical
Fewtrell	Ann	Service Improvement Lead	Administrative and Clerical
Fields	Kimberley	Senior Radiographer	Allied Health Professionals
Fischer-Orr	Nicola	Consultant	Medical and Dental
Fisher	Jenny	Project and Business Change Manager	Administrative and Clerical
Fitzpatrick	Rachel	Senior Registered Nurse	Nursing and Midwifery Registered
Fitzpatrick	Joanne	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Fletcher	Catherine	Specialist Clinical Pharmacist - Oncology & Nutritional Serv	Add Prof Scientific and Technic
Fletcher	Claire	Project Manager	Administrative and Clerical
Fletcher	Sally	Practice Development Matron	Nursing and Midwifery Registered
Flint	Cheryl	Extended Scope Practitioner - Hands	Allied Health Professionals
Foley	Stephen	Consultant (P)	Medical and Dental
Foster	Lisa	Matron	Nursing and Midwifery Registered
Foster	Rebecca	Consultant	Medical and Dental
Fowkes	Nichola	Professional Training and Education Support Nurse	Nursing and Midwifery Registered
Fox	Lee	Senior Hard FM Manager	Administrative and Clerical

Franklin	Elizabeth	Lead Chaplain	Add Prof Scientific and Technic
Frederick	Matthew	Senior Orthotist	Allied Health Professionals
Freeman	Joanna	Asst Chief Pharmacist Medicine Management & Clinical Risk	Add Prof Scientific and Technic
Fuller	James	Senior Orthotic Technician/Workshop Manager	Allied Health Professionals
Furneaux	Holly	Sonographer	Healthcare Scientists
Gallacher	Kevin	Deputy Director of Income and Contracts	Administrative and Clerical
Gambles	Marie	Specialist Nurse	Nursing and Midwifery Registered
Gamez-Heath	Ricardo	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Gamlin	Cheryl	Specialist Advanced Audiologist	Healthcare Scientists
Gammon	Rachel	Ward Leader	Nursing and Midwifery Registered
Garbett	Francine	Registered Nurse	Nursing and Midwifery Registered
Garley	Janet	Consultant	Medical and Dental
Garner	Claire	Digital Workforce Development Manager	Administrative and Clerical
Garratt	Ali	Department Leader	Nursing and Midwifery Registered
Garratt	Sharon	Quality Governance Lead	Nursing and Midwifery Registered
Gavai	Piyush	Specialty Doctor	Medical and Dental
Geary	Susan	Consultant Radiologist	Medical and Dental
Gelsthorpe	Gemma	Service Improvement Manager	Administrative and Clerical
Gemmill	Elizabeth	Consultant Surgeon	Medical and Dental
Ghazy	Dina	Specialty Doctor	Medical and Dental
Gibson	Fern	Sonographer	Healthcare Scientists
Gilbert	Alys	Clinical Engineer	Healthcare Scientists
Glendenning	John	Trust Lawyer	Administrative and Clerical
Glover	Susan	Lung Cancer Nurse Specialist	Nursing and Midwifery Registered
Glover	Barry	Vaccine Site Manager	Nursing and Midwifery Registered
Godber	Susan	Macmillan Cancer Information and Support Service Lead	Administrative and Clerical
Goddard	Robyn	Highly Specialist Speech & Language Therapist	Allied Health Professionals
Goldsworthy	Holly	Senior Physiotherapist	Allied Health Professionals
Goodall	Jacqueline	Senior Occupational Therapist	Allied Health Professionals
Goodwin	Camelia	Research Nurse	Nursing and Midwifery Registered
Goralik	Suzanne	Mac Gyn Cancer Nurse Specialist	Nursing and Midwifery Registered
Gouldstone	Amy	People Wellbeing Lead	Administrative and Clerical
Gowan	Lisa	Divisional General Manager	Administrative and Clerical
Goward	Julie	Practice Development Matron	Nursing and Midwifery Registered
Grainger	Jeffrey	Specialist Physiotherapist	Allied Health Professionals
Grainger	Stephen	Specialist Advanced Audiologist	Healthcare Scientists
Grainger	Alan	Registered Nurse	Nursing and Midwifery Registered
Graves	Linda	Consultant Paediatrician	Medical and Dental
Gray	Phil	Therapy Team Leader- HCOP	Allied Health Professionals
Grayson	Kathryn	Cancer Improvement Programme Manager	Administrative and Clerical
Greasley	Sandra	Corporate Assurance Manager	Administrative and Clerical
Greasley	Gemma	Specialist Physiotherapist	Allied Health Professionals
Greatorex	Melanie	Administration Assistant	Administrative and Clerical
Green	Lawrence	Chief Clinical Physiologist	Healthcare Scientists
Green	Karen	Deputy Ward Leader	Nursing and Midwifery Registered
Green	Nina	E-roster Administration Support Officer	Administrative and Clerical
Greenwood	Alison	Community Team Leader	Nursing and Midwifery Registered
Gregory	Emma	Department Leader	Nursing and Midwifery Registered
Gregory	Melanie	Locum Consultant	Medical and Dental
Griffiths	Melanie	Consultant Clinical Scientist	Healthcare Scientists
Grundy	Adam	Head Of Occupational Health/Lead Nurse	Nursing and Midwifery Registered
Gueffaf	Ahmed	Lead Clinical Pharmacist - Rheumatology	Add Prof Scientific and Technic
Gunarathne	Dhamindra	Locum Consultant Radiologist (P)	Medical and Dental
Gunton-Day	Craig	Registered Nurse	Nursing and Midwifery Registered
Gupta	Anindya	Consultant Rheumatologist	Medical and Dental
Gupta	Navneet	Locum Consultant Radiologist (P)	Medical and Dental
Guzik	Irena	Consultant	Medical and Dental
Hackett	Simon	Database Administrator	Administrative and Clerical
Hafeez	Kamran	Specialty Doctor	Medical and Dental
Hague	Alexander	Project and Business Change Manager	Administrative and Clerical
Hague	Tracy	Critical Care Outreach Nurse	Nursing and Midwifery Registered
Haider	Sarkar	Consultant	Medical and Dental
Hakeem-Habeeb	Akinbode	Consultant (P)	Medical and Dental
Hall	Alison	Specialist Pharmacist - Undergrad Med Stud't Teaching	Add Prof Scientific and Technic
Hallgarth	Emma	Governance Lead for Vaccinations	Administrative and Clerical
Halsall	Sarah	Mac Gyn Cancer Nurse Specialist	Nursing and Midwifery Registered
Hama	Shahnaz	Matron	Nursing and Midwifery Registered
Hamilton	Fiona	Safeguarding Practitioner - Think Family Safeguarding	Nursing and Midwifery Registered
Hamzpur	Shila	Lead Production and Clin Oncology Pharmacist	Add Prof Scientific and Technic
Hardy	Amber	People Operations Lead	Administrative and Clerical
Haribaskaran	Krishnaswamy	Locum Consultant (P)	Medical and Dental
Hariharan	Shankar	Associate Specialist	Medical and Dental
Haroon	Saroona	Locum Consultant (P)	Medical and Dental
Harper	Victoria	Team Leader	Administrative and Clerical
Harper	Kim	Programme Manager	Administrative and Clerical
Harriman	Colin	Surgical Care Practitioner	Add Prof Scientific and Technic
Harris	Gemma	Cardiac Physiologist	Healthcare Scientists
Harris	Sandra	Advanced Pharmacist - Education and Training	Add Prof Scientific and Technic
Harris	Emma	Head of Financial Services	Administrative and Clerical
Harris	Matthew	Specialty Registrar Year 3+	Medical and Dental
Harrison	Rachel	Business Manager	Administrative and Clerical
Harrison	James	Pre Operative Deputy Sister	Healthcare Scientists
Harrison	Heather	Specialist Clinical Pharmacist, Acute Medicine & Tng	Add Prof Scientific and Technic
Hart	Rachel	Snr Physiotherapist - Adult Inpatient Rehabilitation	Allied Health Professionals
Hartley	Mark	Highly Specialised Clinical Physiologist	Healthcare Scientists
Hartley	Mandy	Pharmacy Stores Distribution Manager	Add Prof Scientific and Technic

Harwood	Kenneth	Development Services Manager	Administrative and Clerical
Haselden	Margaret	Head of Clinical Governance	Nursing and Midwifery Registered
Hassan	Saad	Locum Consultant (P)	Medical and Dental
Hastings	Kimberley	Neonatal Specialist Nurse for Infant Feeding	Nursing and Midwifery Registered
Hastings	Richard	Consultant	Medical and Dental
Hatfield	Jennifer	Macmillan End of Life Care Clinical Nurse Specialist	Nursing and Midwifery Registered
Hatton	Jacqueline	Lead Stoma Care Nurse Specialist	Nursing and Midwifery Registered
Hawley	Angela	Head of Technical Operations	Administrative and Clerical
Hayes	Lynsay	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Haynes	Claire	Senior Divisional Finance Manager	Administrative and Clerical
Hayward	Adam	Deputy Director of Operations	Administrative and Clerical
Hayward	Georgina	Nurse Educator	Nursing and Midwifery Registered
Haywood	Clare	Ward Leader	Nursing and Midwifery Registered
Hazard	Kerry	Ward Leader	Nursing and Midwifery Registered
Heath	Louise	Midwifery Practitioner	Nursing and Midwifery Registered
Heeley	Cheryl	Research Nurse	Nursing and Midwifery Registered
Heighway	Emma	MacMillan Colorectal Nurse Specialist	Nursing and Midwifery Registered
Hemmings	Alexander	Advanced Clinical Practitioner	Allied Health Professionals
Hennell	Sarah	Specialty Doctor Anaesthetics	Medical and Dental
Henshaw	Emma	Midwifery Practitioner	Nursing and Midwifery Registered
Henshaw	Andrew	Senior Third Line Engineer - Server & Storage	Administrative and Clerical
Herath	H M Sandaruwan Chinthaka	Specialty Doctor Anaesthetics	Medical and Dental
Herrington	Helen	Clinical Lead Dietitian	Allied Health Professionals
Hewitt	Heather	Senior Radiographer	Allied Health Professionals
Hibberd	Joanne	Lead Radiographer - Nuclear Medicine	Allied Health Professionals
Hickman	Hayley	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Higgins	Elaine	Diabetes Specialist Nurse	Nursing and Midwifery Registered
Hodges	Rhonda	Higher Specialist Biomedical Scientist	Healthcare Scientists
Hodgkinson	Sarah	Paediatric Diabetes Nurse Specialist	Nursing and Midwifery Registered
Hodgkinson	Rachel	Ward Receptionist	Administrative and Clerical
Hodgson	Lucy	Haematology Manager	Healthcare Scientists
Hodgson	Mark	Respiratory Nurse Specialist	Nursing and Midwifery Registered
Hodgson	David	Consultant	Medical and Dental
Hodhod	Haitham	Specialty Doctor	Medical and Dental
Hogg	Martin	Project and Business Change Manager	Administrative and Clerical
Holland	Michele	Phlebotomist	Additional Clinical Services
Holland	Elizabeth	Deputy Divisional General Manager	Administrative and Clerical
Hollis	Kathryn	Foundation Year 1 Doctor	Medical and Dental
Hopkinson	Deborah	Community Team Leader	Nursing and Midwifery Registered
Hore	Simon	Finance Manager	Administrative and Clerical
Hostler	Leanne	Specialist Transfusion Practitioner	Nursing and Midwifery Registered
Howle	Lisa	Sonographer	Healthcare Scientists
Htoo	Myo San	Senior Clinical Fellow	Medical and Dental
Hulme	Anna	Advanced Spec Clinical Pharmacist - Antimicrobial Therapy	Add Prof Scientific and Technic
Hussain	Kashif	Consultant (P)	Medical and Dental
Hutchinson	John	Consultant	Medical and Dental
Hyde	Victoria	Sonographer	Healthcare Scientists
Hymas-Taylor	Tina	Head of Nursing	Nursing and Midwifery Registered
Idle	Richard	Named Nurse, Safeguarding Children	Nursing and Midwifery Registered
Inbasekaran	Mahesh	Consultant Radiologist	Medical and Dental
Inglesant	Kevin	Highly Specialist Divisional Lead Pharmacist - W&C	Add Prof Scientific and Technic
Ingleton	Tracy	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Innumerable	Ryan	Macmillan Clinical Nurse Specialist	Nursing and Midwifery Registered
Ip	Pikshun	Advanced Clinical Physiologist	Healthcare Scientists
Iqbal	Javed	Consultant	Medical and Dental
Isaac	Rebecca	EMCA Aspirant Cancer Nurse Specialist Dev Programme Lead	Administrative and Clerical
Jacks	Tracey	Department Leader (ODP)	Allied Health Professionals
Jackson	Susan	Registered Nurse	Nursing and Midwifery Registered
Jackson	Mark	Deputy Head of Estates and Facilities	Administrative and Clerical
Jackson	Debbie	Department Leader	Nursing and Midwifery Registered
Jacosalem	Ferly Shayne	Registered Nurse	Nursing and Midwifery Registered
Jahan	Mohammed	Consultant Surgeon	Medical and Dental
Jayakumar	Delicia	Specialty Doctor	Medical and Dental
Jeffer	Laura	Dispensary Manager	Add Prof Scientific and Technic
Jenkins	Gareth	Senior Divisional Finance Manager	Administrative and Clerical
Jenkins	Sarah	Ward Leader	Nursing and Midwifery Registered
Jenkins	Steven	Divisional General Manager	Administrative and Clerical
Jennison	Jill	Quality Control Section Leader	Add Prof Scientific and Technic
Jimenez	Lenie	Registered Nurse	Nursing and Midwifery Registered
Jogia	Paresh	Electronic Prescribing & Medicines Admin Lead Pharmacist	Add Prof Scientific and Technic
Johal	Avtar	Finance & Performance Manager	Administrative and Clerical
Joharchi	Suzanne	Lung Cancer Nurse Specialist	Nursing and Midwifery Registered
John	Rani	Clinical Nurse Specialist	Nursing and Midwifery Registered
Johnson	David	Urology Cancer Nurse Specialist	Nursing and Midwifery Registered
Johnson	Melanie	Matron	Nursing and Midwifery Registered
Johnson	Rachel	Deputy Ward Leader	Nursing and Midwifery Registered
Johnson	Linda	Advanced Clinical Physiologist	Healthcare Scientists
Johnson	Kirsten	Children and Young People Epilepsy Nurse Specialist	Nursing and Midwifery Registered
Jones	Mark	Senior Nurse Endoscopist	Nursing and Midwifery Registered
Jones	Emma	Community Paediatric Specialist Nurse	Nursing and Midwifery Registered
Jones	Francesca	Ward Leader	Nursing and Midwifery Registered
Joseph	Theresa	Consultant (P)	Medical and Dental
Kabia	Anne	Matron	Nursing and Midwifery Registered
Kadri	Muralidhar	Locum Consultant (P)	Medical and Dental
Kakkanappallil	Rachel	Deputy Ward Leader	Nursing and Midwifery Registered
Kalgeri	Charikleia	Trainee Nurse Endoscopist	Nursing and Midwifery Registered

Kalsoom	Seika	Consultant	Medical and Dental
Kay	Phaedra	Department Leader	Nursing and Midwifery Registered
Keane	Thomas	Consultant Anaesthetist (P)	Medical and Dental
Kearsley	Deborah	Deputy Director of People	Administrative and Clerical
Kearsley	Dawn	Lead EPMA Nurse	Nursing and Midwifery Registered
Keeling	Craig	Matron	Nursing and Midwifery Registered
Kellock	David	Consultant	Medical and Dental
Kelsey	Denise	Nurse Educator	Nursing and Midwifery Registered
Kelsey	Zoe	Senior Rota Co-ordinator	Administrative and Clerical
Kennedy	Adam	Orthotic Team Leader	Allied Health Professionals
Kerry	Deborah	Senior Physiotherapist	Allied Health Professionals
Key	Heather	Advanced/Expert Biomedical Scientist - Immunocytochemistry	Healthcare Scientists
Khan	Muhammad	Locum Consultant (P)	Medical and Dental
Khan	Asif	Consultant	Medical and Dental
Khan	Khalid	Consultant	Medical and Dental
Khan	Adnan	Consultant	Medical and Dental
Khan	Saqib	Specialty Doctor	Medical and Dental
Khandelwal	Puran	Consultant	Medical and Dental
Khu Khu	Sarah	Advanced Clinical Pharmacist - EPMA	Add Prof Scientific and Technic
King	Debbie	Corporate Matron - Quality Assurance	Nursing and Midwifery Registered
Kirk	Jill	Theatre Practitioner	Nursing and Midwifery Registered
Kirk	Nicola	Named Midwife Safeguarding Children	Nursing and Midwifery Registered
Kirk	Kimberley	Operational Lead for Vaccination	Administrative and Clerical
Kirkbride	Victoria	Deputy Occupational Health Manager	Nursing and Midwifery Registered
Kitchen	Corinne	Welfare and Wellbeing Specialist	Administrative and Clerical
Knight	Stephanie	Matron	Nursing and Midwifery Registered
Knight	Claire	Night Team Leader	Nursing and Midwifery Registered
Knighton	Samantha	Clinical Specialist in Mammography	Allied Health Professionals
Knox	Zoe	Trainee ACP	Additional Clinical Services
Kothari	Paresh	Consultant	Medical and Dental
Kulatunga	Aruna	Locum Consultant	Medical and Dental
Kulkarni	Sushrut	Consultant	Medical and Dental
Kumar	Yashwant	Locum Consultant (P)	Medical and Dental
Kuo	Kwilan	Specialty Doctor	Medical and Dental
Ladan	Saadatu	Specialty Doctor	Medical and Dental
Laios	Thomas	Consultant	Medical and Dental
Laiyemo	Raphael	Consultant (P)	Medical and Dental
Lake	Alan	Pathology IT Manager	Healthcare Scientists
Lakin	Hayley	Nurse Educator	Nursing and Midwifery Registered
Lamb	Andrew	Third Line Engineer (Server & Storage)	Administrative and Clerical
Lambert	Samantha	Ward Leader	Nursing and Midwifery Registered
Lanckham	Pamela	Senior Radiographer	Allied Health Professionals
Langton	Tyler	Orthotic Technician	Add Prof Scientific and Technic
Lawler	Kim	Medicines Management Technician	Add Prof Scientific and Technic
Lawrence	Kayleigh	Ward Leader	Nursing and Midwifery Registered
Lawson	Kelly	Clinical Typist	Administrative and Clerical
Lecira	Cathie	Registered Nurse	Nursing and Midwifery Registered
Lee	Peter	Consultant Scientist/Head of Service	Healthcare Scientists
Leivers	Vicki	Diabetes Specialist Nurse	Nursing and Midwifery Registered
Leung	Richard	Specialist Pharmacist - High Cost Drugs	Add Prof Scientific and Technic
Levers	Maria	Advanced Physiotherapist Practitioner	Allied Health Professionals
Lewis	Lauren	Specialist Occupational Therapist	Allied Health Professionals
Lewis	Hannah	Specialist Midwife - Clinical Governance	Nursing and Midwifery Registered
Lilley	Gillian	Ophthalmic Nurse Specialist	Nursing and Midwifery Registered
Lim	Kean	Consultant Rheumatologist	Medical and Dental
Lim	Siew Quen	Deputy Divisional Lead Pharmacist	Add Prof Scientific and Technic
Lincoln	Cornelia	Dietetics Service Manager & Clinical Lead for Diabetes	Allied Health Professionals
Ling	Jason	Deputy Divisional Lead Pharmacist - Surgery & Critical Care	Add Prof Scientific and Technic
Liptrot	Ruth	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Lissemann-Stones	Yvonne	Breast Care Nurse Specialist	Nursing and Midwifery Registered
Litchfield	Susan	Specialist Nurse - Dermatology	Nursing and Midwifery Registered
Lloyd	Louise	Clinical Supervisor - Immunisation	Nursing and Midwifery Registered
Logue	Fiona	Lead Radiographer CT	Allied Health Professionals
Lord	Lynsey	Deputy Ward Leader	Nursing and Midwifery Registered
Lott	Rebecca	Head of Medical Workforce	Administrative and Clerical
Lounds	Sarah	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Lovegrove	Wayne	Senior Operating Department Practitioner	Allied Health Professionals
Loveridge	Rebecca	Specialist Clinical Occupational Health Nurse	Nursing and Midwifery Registered
Lovett	Ian	Senior Business Insight Analyst	Administrative and Clerical
Lowe	Morgan	Senior Physio/Team Leader for Women's Health	Allied Health Professionals
Loy	Michelle	Ward Leader	Nursing and Midwifery Registered
Lu	Micole	Deputy Ward Leader	Nursing and Midwifery Registered
Luke	Alison	Lead Radiographer CT	Allied Health Professionals
Lynam	Jacqueline	PAS Manager	Administrative and Clerical
Lyons	Kathryn	Therapy Services Leader	Allied Health Professionals
Maddock Khan	Leena	Consultant (P)	Medical and Dental
Madon	Claire	Chief Nursing Information Officer	Nursing and Midwifery Registered
Magham	Srinivas	Consultant (P)	Medical and Dental
Magyar	Andrew	Procurement Business Partner	Administrative and Clerical
Maharajan	Prema	Associate Specialist	Medical and Dental
Mahmoud	Hassan	Locum Consultant Radiologist (P)	Medical and Dental
Mahmoudzadeh	Nazanin	Sonographer	Allied Health Professionals
Majumdar	Purnendu	Consultant	Medical and Dental
Makulukottunnage Dona	Ruvini	Specialty Doctor	Medical and Dental
Malaluan Balico	Armilyn	Registered Nurse	Nursing and Midwifery Registered
Malia	Victoria	Head of Culture and Engagement	Administrative and Clerical

Malik	Amna	Consultant (P)	Medical and Dental
Malik	Uzair	Specialty Doctor	Medical and Dental
Mallick	Fatima	Specialty Doctor	Medical and Dental
Maltby	Michael	Emergency Nurse Practitioner/Senior Registered Nurse	Nursing and Midwifery Registered
Mamadi	Ibrahim	Specialty Doctor	Medical and Dental
Mandac	Eleanor	Macmillan Clinical Nurse Specialist	Nursing and Midwifery Registered
Mannathukkaren	Bjorn	Consultant	Medical and Dental
Marchant	Annette	Specialist Physiotherapist	Allied Health Professionals
Markham	Kathryn	Project and Business Change Manager	Administrative and Clerical
Marriott	Stacey	Matron	Nursing and Midwifery Registered
Marriott	Sarah	Department Leader/Emergency Nurse Practitioner	Nursing and Midwifery Registered
Marsh	Helen	Paediatric Diabetes Nurse Specialist	Nursing and Midwifery Registered
Marsh	Emily	Rheumatology Specialist Nurse	Nursing and Midwifery Registered
Marshall	Nina	Specialist Nurse Parkinsons Disease	Nursing and Midwifery Registered
Marshall	Scott	Endocrine Specialist Nurse	Nursing and Midwifery Registered
Martin-Porter	Melanie	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Maskhut	Osama	Locum Consultant (P)	Medical and Dental
Mason	John	Head of Financial Business Intelligence	Administrative and Clerical
Mason	Karen	Deputy Occupational Health Manager	Nursing and Midwifery Registered
Mather	Jason	Head of Strategy and Delivery	Administrative and Clerical
Mattison	Kim	Head of Rostering Services	Administrative and Clerical
Maxfield	Robert	Sonographer	Healthcare Scientists
McCartan	Catherine	Registered Nurse	Nursing and Midwifery Registered
McCluskey	Lauren	Higher Specialist Biomedical Scientist	Healthcare Scientists
McCormack	Patrick	Head of Regulation and Patient Safety	Administrative and Clerical
McCormack	Nicola	Project and Business Change Manager	Administrative and Clerical
McCormick	Stephen	Digital Business Partner	Administrative and Clerical
McCourt	Lisa	Chief Medical Photographer	Healthcare Scientists
McCubbin	Rachel	Professional Lead Restrictive Practice & Violence Reduction	Nursing and Midwifery Registered
McFee	Tracey	Diabetic Eye Screening Programme Manager	Administrative and Clerical
McGowan	Thomas	Consultant	Medical and Dental
McKenna Favier	Siobhan	Divisional General Manager	Administrative and Clerical
McManus	Margaret	Deputy Chief Operating Officer	Administrative and Clerical
McMillan	Heidi	Lead Nurse Tissue Viability	Nursing and Midwifery Registered
Meakin	Francesca	Senior Clinical Scientist	Healthcare Scientists
Medley	Joanne	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Mee	Anne	Rheumatology Specialist Nurse	Nursing and Midwifery Registered
Meikle	Karen	Ward Leader	Nursing and Midwifery Registered
Mellers	Adrian	Senior Third Line Network and Communications Engineer	Administrative and Clerical
Mellors	Karen	Project and Business Change Manager	Administrative and Clerical
Milanova	Desislava	Lead Clinical Pharmacist - Antimicrobial Therapy	Add Prof Scientific and Technic
Miles	Shantell	Director of Nursing	Nursing and Midwifery Registered
Miles-Hammond	Christine	Resuscitation Training Manager	Nursing and Midwifery Registered
Millard	Kathleen	Laboratory Manager	Healthcare Scientists
Miller	Carl	Superintendent Radiographer	Allied Health Professionals
Millns	James	Associate Director of Transformation	Administrative and Clerical
Millward	Laura	Specialist Senior Physiotherapist	Allied Health Professionals
Minett	Leanne	Corporate Matron - Enhanced Patient Observations	Nursing and Midwifery Registered
Misra	Sharat	Consultant	Medical and Dental
Mistry	Hasmukh	Enterprise Business Analyst	Administrative and Clerical
Mitchell	Kelly	Specialist Nurse	Nursing and Midwifery Registered
Mitchell	Joy	Safeguarding Practitioner - Think Family Safeguarding	Nursing and Midwifery Registered
Mohamed	Atef	Specialty Doctor	Medical and Dental
Mohamed	Aboubakr	Specialty Doctor	Medical and Dental
Mohamed Samoon	Mohamed Zakeer	Senior Clinical Fellow	Medical and Dental
Moon	April	Specialist Biomedical Scientist	Healthcare Scientists
Moore	Christopher	Principal Technologist - Medical Engineering	Healthcare Scientists
Moore	Gail	Heart Failure Nurse Specialist	Nursing and Midwifery Registered
Morgan	Louise	Ward Leader	Nursing and Midwifery Registered
Morgan	George	Consultant	Medical and Dental
Morley	Leslie	Section Leader	Healthcare Scientists
Morley	June	Lung Cancer Nurse Specialist	Nursing and Midwifery Registered
Moroney	James	Senior Physiotherapist	Allied Health Professionals
Morrell	Lynnette	Head & Neck Cancer Nurse Specialist	Nursing and Midwifery Registered
Morris	Kerry	Deputy Ward Leader	Nursing and Midwifery Registered
Morris	Joseph	Highly Specialist Divisional Lead Pharmacist - Medicine	Add Prof Scientific and Technic
Morrison	Delrose	Department Leader	Nursing and Midwifery Registered
Morrison	Jordan	First Line Support Technician	Administrative and Clerical
Moss	Michelle	ENT Nurse Specialist	Nursing and Midwifery Registered
Mossop	Keeley	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Mubashir	Fauzia	Consultant	Medical and Dental
Mullins	Mitchell	Senior Physiotherapist	Allied Health Professionals
Mulliss	Robert	Senior Biomedical Scientist	Healthcare Scientists
Munatsi	Shereen	Consultant	Medical and Dental
Munks	Jane	Ward Leader	Nursing and Midwifery Registered
Munshi	Vineeta	Consultant	Medical and Dental
Munson	Terri-Ann	Booking Manager	Administrative and Clerical
Muntean	Brindusa	Specialty Doctor	Medical and Dental
Muraledharan	Vakkat	Consultant (P)	Medical and Dental
Murfitt	Christopher	IBD Specialist Nurse	Nursing and Midwifery Registered
Murphy	Andrea	Macmillan Cancer Information and Support Service Lead	Administrative and Clerical
Musson	Samantha	Therapy Servs Operational Manager	Allied Health Professionals
Myers	Robyn	Nurse Practitioner	Nursing and Midwifery Registered
Nanthambwe	Ruth	Maternity Ward Sister	Nursing and Midwifery Registered
Naser	Mohamed	Consultant (P)	Medical and Dental
Nawaz	Mohammed Shoaib	Senior Clinical Fellow	Medical and Dental

Newton	Jessica	Deputy Matron	Nursing and Midwifery Registered
Newton	Victoria	Chief Clinical Physiologist	Healthcare Scientists
Ngwu	Ursula	Consultant	Medical and Dental
Nigam	Keshav	Consultant	Medical and Dental
Nilan	Melissa	Radiology Clerical Services Manager	Administrative and Clerical
Nix	Dawn	Chief Clinical Physiologist	Healthcare Scientists
Nixon	Lisa	Safeguarding Lead & Names Nurse - Children & Young People	Administrative and Clerical
Nnaike	Obiora	Senior Clinical Fellow	Medical and Dental
Noor	Muhammad	Consultant	Medical and Dental
Norman	Roz	Staff Side Chair/Partnership Lead	Administrative and Clerical
North	Tracey	Programme Co-ordinator	Administrative and Clerical
Nuttall	Kathryn	Matron	Nursing and Midwifery Registered
Ogunjimi	Olufunmilola	Digital Innovation Programme Manager	Administrative and Clerical
Ojo	Temitope	Senior Clinical Fellow	Medical and Dental
Okeke	Cletus	Specialty Doctor	Medical and Dental
Okwuchi	Dumebi	Specialty Doctor	Medical and Dental
Oliver	David	Orthotic Technician	Add Prof Scientific and Technic
Oliver	Lydia	Consultant Paediatrician	Medical and Dental
Omokanye	Adenike	Consultant Paediatrician	Medical and Dental
Onyekwere	Blaise	Specialty Doctor	Medical and Dental
Orgill	Kay	Department Leader	Nursing and Midwifery Registered
Orgill	Lee	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Orme	Chloe	RIS/PACS Manager	Administrative and Clerical
Osbon	Carly	High Volume Service Users Specialist Nurse Lead	Nursing and Midwifery Registered
Overland	Amanda	Deputy Divisional Head of Nursing and Midwifery	Nursing and Midwifery Registered
Overton	Jonathan	IDAT Team Leader	Nursing and Midwifery Registered
Owen	Samantha	Assistant General Manager	Administrative and Clerical
Palissery	Raju	Specialty Doctor	Medical and Dental
Palmer	Lorraine	Acting Programme Director	Administrative and Clerical
Palmer	Thomas	Assistant Management Accountant	Administrative and Clerical
Panayi	Victoria	Head of Service	Allied Health Professionals
Panayiotou	Daisy	Sonographer	Healthcare Scientists
Parker	Sharon	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Parkes	Stephen	Data & Information Manager	Administrative and Clerical
Parnell	Rebecca	Specialist Pharmacist -Undergrad Med Stud't Teaching	Add Prof Scientific and Technic
Parnham	Laura	Practice Development Matron	Nursing and Midwifery Registered
Parsons	Jenna	Nutritional Nurse Specialist	Nursing and Midwifery Registered
Partridge	Jane	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Pashley-Smith	Jonathan	Consultant (P)	Medical and Dental
Patel	Awani	Consultant Radiologist	Medical and Dental
Patel	Roshni	Specialist Clinical Pharmacist	Add Prof Scientific and Technic
Patingo	Christine Joy	Registered Nurse	Nursing and Midwifery Registered
Patterson	Jane	Consultant	Medical and Dental
Paul	Pulak	Consultant (P)	Medical and Dental
Pears	Nicola	Costing Analyst	Administrative and Clerical
Pearson	Alison	Equality, Diversity and Inclusion Lead	Administrative and Clerical
Pearson	Megan	Hospital Out of Hours Practitioner	Nursing and Midwifery Registered
Pearson	Amanda	Medical Secretary	Administrative and Clerical
Peet	Michelle	Project and Business Change Manager	Administrative and Clerical
Pemberton	Sarah	Programme Lead Placement Development	Nursing and Midwifery Registered
Pembleton	Caroline	Consultant	Medical and Dental
Philip	Sapna	Consultant	Medical and Dental
Pickard	Nina	Senior Orthoptist	Allied Health Professionals
Pillai	Shikha	Locum Consultant Radiologist (P)	Medical and Dental
Plant	Jennifer	Assistant General Manager	Administrative and Clerical
Platts	Frances	Therapy Servs Operational Manager	Allied Health Professionals
Pleasance	Ian	Specialist Advanced Audiologist	Healthcare Scientists
Plumbe	Barbara	Deputy Ward Leader	Nursing and Midwifery Registered
Podgorzec	Kirsty	Radiography Clinical Educator	Allied Health Professionals
Poduval	Ashok	Consultant (P)	Medical and Dental
Potter	Ann	Nurse Specialist Osteoporosis	Nursing and Midwifery Registered
Potter	David	Project Manager	Administrative and Clerical
Potts	Natalie	Midwifery Practitioner	Nursing and Midwifery Registered
Powell	Michael	Head of Financial Services	Administrative and Clerical
Preite	Marc	Senior Projects Manager	Administrative and Clerical
Press	Michael	Chief Technical Officer	Administrative and Clerical
Preston	Chloe	Specialist Biomedical Scientist	Healthcare Scientists
Price	David	Estates Operations Officer	Administrative and Clerical
Pridmore	Jackie	Medical Secretary	Administrative and Clerical
Pugh	Laura	Specialty Registrar - Year 4	Medical and Dental
Purohit	Prashant	Consultant (P)	Medical and Dental
Puthu	Devanand	Associate Specialist	Medical and Dental
Quiben	Ramon Jr	Trainee ACP	Additional Clinical Services
Radford	Grace	Patient Experience Manager	Administrative and Clerical
Ragsdale	Keeley	Ward Leader	Nursing and Midwifery Registered
Rahn	Lisa	Breast Care Nurse Specialist	Nursing and Midwifery Registered
Rajendran	Rosh	Specialty Doctor	Medical and Dental
Rajeswary	Jyothi	Consultant (P)	Medical and Dental
Ramos	Ardaine Ann	Trainee Advanced Practitioner	Nursing and Midwifery Registered
Ramsay	Kerri	Specialty Doctor	Medical and Dental
Ramsdale	Carolyn	Screening Co-ordinator (Ante Natal/New Born)	Nursing and Midwifery Registered
Randall	Amanda	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Randall	Sarah	Chief Clinical Physiologist/Vasc Technologist/Sonographer	Healthcare Scientists
Randle	Jacqueline	Clinical Nurse Specialist - Swabbing Team	Nursing and Midwifery Registered
Rathi	Sanjay	Consultant	Medical and Dental
Ratnam	Kanchan	Consultant Intensivist	Medical and Dental

Read	Jacqueline	Head of People Partnering	Administrative and Clerical
Rees	Sonja	Specialty Doctor	Medical and Dental
Reeve	Lisa	Head of Elective Recovery	Administrative and Clerical
Rehan	Jahan	Consultant Stroke Physician	Medical and Dental
Revill	Jayne	Matron	Nursing and Midwifery Registered
Rhodes	Simon	Consultant	Medical and Dental
Richards	Paul	Cyber Security Manager	Administrative and Clerical
Richardson	Anne	Consultant	Medical and Dental
Richardson	Michelle	Deputy Lead Cancer Nurse	Nursing and Midwifery Registered
Richmond	Lisa	Learning Disability Specialist Nurse	Nursing and Midwifery Registered
Richmond	Jessica	Cancer Project Manager	Administrative and Clerical
Robbins	Karen	Quality Governance Facilitator	Administrative and Clerical
Roberts	Claire	Play Leader	Additional Clinical Services
Roberts	Helen	Consultant	Medical and Dental
Robinson	Georgina	Information Security Officer	Administrative and Clerical
Robinson	Wayne	Nurse Educator	Nursing and Midwifery Registered
Robinson	Caroline	Department Leader (ODP)	Allied Health Professionals
Robinson	Charlene	Hospital Out of Hours Practitioner	Nursing and Midwifery Registered
Robinson	Paul	Chief Executive	Administrative and Clerical
Robinson	Lynn	ICS Operations Centre Lead	Administrative and Clerical
Robinson	Annette	Leadership Management Training & Development Officer	Administrative and Clerical
Roddy	Rosaleen	Matron	Nursing and Midwifery Registered
Rogers	Lisa	Chief Clinical Physiologist	Healthcare Scientists
Rohun	Jason	Advanced Physiotherapist Practitioner	Allied Health Professionals
Rollinson	Carly	Head of Nursing - Medicine	Nursing and Midwifery Registered
Romanova	Victoria	Nurse Colposcopist	Nursing and Midwifery Registered
Roscoe	Hayley	Internal Medicine Trainee Year 1	Medical and Dental
Rose-Britton	Andrew	Non Executive Director	Administrative and Clerical
Rosevear	Julia	Vaccine Site Manager	Administrative and Clerical
Rousell	Maxwell	Patient Pathway Support	Administrative and Clerical
Rutter	Stephen	Consultant	Medical and Dental
Saddington	Hazel	Upper GI Nurse Specialist	Nursing and Midwifery Registered
Saeed	Mohammed	Consultant (P)	Medical and Dental
Saeed	Mohamed	Consultant	Medical and Dental
Saha	Avinandan	Specialty Doctor	Medical and Dental
Sahota	Jaskaran	Service Support Manager	Administrative and Clerical
Saigal	Raveen	Clinical Scientist	Healthcare Scientists
Salem-Saqer	Hatem	Consultant	Medical and Dental
Sallam	Tarek	Associate Specialist	Medical and Dental
Salt	Alan John	RIS/PACS Manager	Administrative and Clerical
Samson	Ma Cristina	Specialty Doctor	Medical and Dental
Sands	Rebecca	Consultant	Medical and Dental
Sankey	Joanne	Payroll & Pensions Manager	Administrative and Clerical
Sannapareddy	Divija	Locum Consultant (P)	Medical and Dental
Sarjant	Sarah	Matron	Nursing and Midwifery Registered
Saxelby	Rachel	Deputy Ward Leader	Nursing and Midwifery Registered
Seacroft	Helen	Corporate Lead for Advanced Clinical Practice	Nursing and Midwifery Registered
Searle	Kayleigh	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Sebastian	Blessy	Team Leader	Nursing and Midwifery Registered
Seneviratne	Kolitha	Consultant (P)	Medical and Dental
Sentance	Sarah	Radiography Services Manager	Allied Health Professionals
Seston	Helen	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Sewell	Terri-Ann	Research Nurse	Nursing and Midwifery Registered
Shabir	Mohammad	Medical Engineering Section Manager	Healthcare Scientists
Shacklock	Karen	Service Improvement Nurse	Nursing and Midwifery Registered
Shadab	Faisal	Locum Consultant (P)	Medical and Dental
Sharpe	Jayne	Higher Specialist Biomedical Scientist	Healthcare Scientists
Shaw	Julie	Community Team Leader	Nursing and Midwifery Registered
Shaw	Stuart	Quality Governance Lead	Nursing and Midwifery Registered
Shaw	Kayley	Health Care Support Worker	Additional Clinical Services
Shehata	Ahmed	Specialty Doctor	Medical and Dental
Sheikh	Riyad	Foundation Year 1 Doctor	Medical and Dental
Sheldon	Tracey	Diabetes Specialist Nurse	Nursing and Midwifery Registered
Sheldon	Jane	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Shelton	Sarah	Research Nurse	Nursing and Midwifery Registered
Shepherd	Jennifer	Consultant	Medical and Dental
Sheppard	Hayley	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Sheriston	Greg	Financial Accountant	Administrative and Clerical
Shipstone	Elizabeth	Matron	Nursing and Midwifery Registered
Shirt	Helen	Health Care Assistant	Additional Clinical Services
Shonde	Anthony	Consultant (P)	Medical and Dental
Shore	Paula	Divisional General Manager	Administrative and Clerical
Siddiq	Khawaja	Locum Consultant (P)	Medical and Dental
Silva	Sandaradura	Consultant	Medical and Dental
Simcox	Robert	Director of People	Administrative and Clerical
Simpson	Yvonne	Corporate Head of Nursing - Professional Development	Nursing and Midwifery Registered
Simpson	Joy	Team Leader for the Professional Training & Education Team	Nursing and Midwifery Registered
Simpson	Jackie	Practice Development Matron	Nursing and Midwifery Registered
Sims	Amy	Operational Development and Network Manager: Proud2bOps	Administrative and Clerical
Singh	Clare	Senior Physiotherapist - Amputee Service	Allied Health Professionals
Singla	Ritu	Consultant (P)	Medical and Dental
Sinkaiye	Bamidele	Specialty Doctor Anaesthetics	Medical and Dental
Sissons	Marie	Deputy Divisional Lead Nurse	Nursing and Midwifery Registered
Skelton	Lucy	Assistant General Manager	Administrative and Clerical
Slater	Jessica	Consultant Paediatrician	Medical and Dental
Slater	Scott	Resuscitation Training Officer	Nursing and Midwifery Registered

Sleightholme	Jordan	Specialist Biomedical Scientist	Healthcare Scientists
Sleney	Clair	Laboratory Manager	Healthcare Scientists
Smart	Philip	Specialist	Medical and Dental
Smiley	Kathleen	Matron	Nursing and Midwifery Registered
Smith	Mark	Server & Storage Manager	Administrative and Clerical
Smith	Josephine	Data & Information Manager	Administrative and Clerical
Smith	Daniel	Technical Liaison Digital Business Partner	Administrative and Clerical
Smith	Emma	Project and Business Change Manager	Administrative and Clerical
Smith	Julie	High Volume Service Users Specialist Nurse Lead	Nursing and Midwifery Registered
Smith	Louise	MacMillan Colorectal Nurse Specialist	Nursing and Midwifery Registered
Smith	Christopher	Vascular Access Practitioner	Add Prof Scientific and Technic
Smith	Melissa	Deputy Radiographer Services Manager	Allied Health Professionals
Smith	Elaine	Quality Governance Lead	Administrative and Clerical
Smith	Susan	Lead Radiographer CT	Allied Health Professionals
Smith	Tracy	Department Leader	Nursing and Midwifery Registered
Smith	Daryll	Lung Cancer Nurse Specialist	Nursing and Midwifery Registered
Smith	Ruth	Specialty Registrar - Year 4 LTFT Trainee	Medical and Dental
Smith	Candice	Head of Clinical Governance	Nursing and Midwifery Registered
Somes	Mark	Laboratory Manager	Healthcare Scientists
Southam	Amy	Physiotherapist Team Leader	Allied Health Professionals
Sprigg	Amy	Department Leader - Theatres	Nursing and Midwifery Registered
Squirrell	Rachel	Human Resources Business Partner	Administrative and Clerical
Srivastava	Anand	Consultant	Medical and Dental
Stanley	Micaela	Higher Specialist Biomedical Scientist	Healthcare Scientists
Stariradev	Milen Ivanov	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Starr	Liam	Network & Communications Manager	Administrative and Clerical
Staton	Barbara	Team Leader - Hand Team	Allied Health Professionals
Steel	Adele	Critical Care Outreach Sister	Nursing and Midwifery Registered
Steel	Alison	Head of Research and Innovation	Administrative and Clerical
Steele	Jane	Team Leader	Allied Health Professionals
Stevenson	Rachel	Lead Radiographer - CT & MRI	Allied Health Professionals
Stinchcombe	Penny	Lead Radiographer & Screening Programme Manager	Allied Health Professionals
Stinchcombe	Simon	Consultant Radiologist	Medical and Dental
Stone	Mark	Resilience Adviser	Administrative and Clerical
Stonehouse	Anneliese	Chief Clinical Physiologist	Healthcare Scientists
Stones	Sarah	Library and Knowledge Services Manager	Administrative and Clerical
Storry	Louise	Work Experience Co-ordinator	Administrative and Clerical
Straker	Jennifer	Senior Physiotherapist	Allied Health Professionals
Street	Emma	Highly Specialist Pharmacist - Urgent & Emergency Care	Add Prof Scientific and Technic
Street	Hilary	Community Paediatric Specialist Nurse	Nursing and Midwifery Registered
Street	Karen	Therapy Servs Operational Manager	Allied Health Professionals
Stringer	Susan	Head & Neck Cancer Nurse Specialist	Nursing and Midwifery Registered
Stuart	Rebecca	Business Manager	Administrative and Clerical
Stuart-Charlesworth	Nick	Senior Solution Developer	Administrative and Clerical
Stubbins	Melissa	Registered Nurse	Nursing and Midwifery Registered
Subramani	Deepak	Consultant (P)	Medical and Dental
Subramaniam	Srinivasan	Consultant	Medical and Dental
Summers	Katie	Specialist Therapist/Team Lead	Allied Health Professionals
Sutcliffe	Nicola	Chief Clinical Physiologist	Healthcare Scientists
Sutton	Angela	PMO - Operations Manager	Administrative and Clerical
Sutton	Timothy	Specialty Registrar Year 3+	Medical and Dental
Swaile	Heather	Advanced Clinical Practitioner	Allied Health Professionals
Swift	Olivia	COVID Site Manager	Administrative and Clerical
Symcox	Theresa	Duty Nurse Manager	Nursing and Midwifery Registered
Szoke-Balaban	Eugenia	Specialty Doctor	Medical and Dental
Tang	Pui-Shan	Senior Information Analyst	Administrative and Clerical
Tao	Sharon	Consultant (P)	Medical and Dental
Taphouse	Joanna	Head of RTT and Data Quality	Administrative and Clerical
Taylor	Jacqueline	Director of NHIS	Administrative and Clerical
Taylor	John	Senior BI Developer	Administrative and Clerical
Taylor	Jane	Head of Information	Administrative and Clerical
Taylor	Jayne	Department Leader	Nursing and Midwifery Registered
Taylor	Samantha	Chaplain	Add Prof Scientific and Technic
Taylor	Vikki	Generic Health Care Assistant	Additional Clinical Services
Taylor	Andrew	Management & Planning Accountant	Administrative and Clerical
Taylor	Sheila	Ophthalmic Nurse Specialist	Nursing and Midwifery Registered
Taylor	Sarah	Dept Leader and Clinical Nurse Specialist	Nursing and Midwifery Registered
Taylor	Diane	Deputy Ward Leader	Nursing and Midwifery Registered
Temple	Suzanne	Senior Physiotherapist	Allied Health Professionals
Tennegedara	Asanka	Specialty Doctor	Medical and Dental
Terry	Anna	Sonographer	Healthcare Scientists
Thanawala	Nehal	Consultant Paediatrician	Medical and Dental
Thant	Moe	Associate Specialist	Medical and Dental
Theaker	Kay	Head of Decontamination	Administrative and Clerical
Thodhlana	Liberty	Safeguarding Practitioner - Think Family Safeguarding	Nursing and Midwifery Registered
Thomas	Ricky	Head of Pathology Operations	Add Prof Scientific and Technic
Thompson	Debbie	Admissions/Discharge Facilitator	Nursing and Midwifery Registered
Thompson-Butler	Kerry	Senior Registered Nurse	Nursing and Midwifery Registered
Thomson	Deborah	Hospital Out of Hours Practitioner	Nursing and Midwifery Registered
Thomson	Michael	Registered Nurse	Nursing and Midwifery Registered
Thorpe	Linda	Trauma and Orthopaedic Nurse Specialist	Nursing and Midwifery Registered
Thwaites	James	Trainee Advanced Clinical Practitioner	Additional Clinical Services
Tindall	Penelope	Macmillan Lead Cancer Nurse & Cancer Services Manager	Nursing and Midwifery Registered
Tomblin	Rachael	Operations Assistant	Administrative and Clerical
Tomlinson	Leonie	Trainee Advanced Practitioner	Nursing and Midwifery Registered
Tomlinson	Chloe-Jaye	Assistant Project Manager	Administrative and Clerical

Toorabally	Zaynah	Registered Nurse	Nursing and Midwifery Registered
Toplis	Mandy	Deputy Head of Nursing and AHP	Nursing and Midwifery Registered
Toplis	Sarah	Lead Clinical Pharmacist - Antimicrobial Therapy	Add Prof Scientific and Technic
Towers	James	Third Line Network and Communications Engineer	Administrative and Clerical
Townsend	Katie	Dietetics - Advanced Clinical Practitioner	Allied Health Professionals
Travis	Dale	Head of Operations	Administrative and Clerical
Truscott	Jennifer	Emergency Nurse Practitioner/Senior Registered Nurse	Nursing and Midwifery Registered
Truswell	Robert	Strategic Head of Procurement	Administrative and Clerical
Tsirevelou	Paraskevi	Consultant	Medical and Dental
Tucker	Kirsti	Lead Digital Nurse	Nursing and Midwifery Registered
Turner	Sharon	Rheumatology Specialist Nurse	Nursing and Midwifery Registered
Turner	Karen	Ward Leader	Nursing and Midwifery Registered
Turner	Elizabeth	Nurse Clerker / Deputy Department Leader	Add Prof Scientific and Technic
Turner	Zoe	Ward Leader	Nursing and Midwifery Registered
Turner	Jessica	Duty Nurse Manager	Nursing and Midwifery Registered
Twells	Tina	Data Quality Assistant	Administrative and Clerical
Tyler	Samantha	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Ulikova	Slavka	Specialist Doctor	Medical and Dental
Ullah	Kevin	Advanced Critical Care Practitioner	Nursing and Midwifery Registered
Upton	Stephen	Deputy Director of Operations	Administrative and Clerical
Vardy	Rachel	Human Resources Business Partner	Administrative and Clerical
Varley	Elizabeth	Senior Physiotherapist	Allied Health Professionals
Verma	Poonam	Specialty Doctor	Medical and Dental
Villatoro	Eduardo	Consultant Surgeon	Medical and Dental
Viswanathan	Vaisakh	Specialty Doctor Anaesthetics	Medical and Dental
Vithanage	Bandara	Locum Consultant (P)	Medical and Dental
Vizzard	Julie	Practice Development Midwife	Nursing and Midwifery Registered
Vo	Quoc Anh	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Vyas	Abhishek	Consultant (P)	Medical and Dental
Wagstaff	Jayshree	Office Supervisor	Administrative and Clerical
Waite	Claire	Clinical Integration Manager	Administrative and Clerical
Wake	Matthew	BI Development Manager	Administrative and Clerical
Wakefield	Natalie	Specialist Advanced Audiologist	Healthcare Scientists
Walden	Jane	Biomedical Scientist	Healthcare Scientists
Walker	Lisa	Deputy General Manager	Administrative and Clerical
Walker	Victoria	Consultant Paediatrician	Medical and Dental
Walker	Richard	Chief Digital Information Officer	Administrative and Clerical
Wallace	Amy	Deputy Ward Leader	Nursing and Midwifery Registered
Walton	Ashley	Ward Leader	Nursing and Midwifery Registered
Ward	Maria	Integrated Sexual Health Services Matron	Nursing and Midwifery Registered
Ward	Natalie	Radiographer	Allied Health Professionals
Ward	Louisa	Head of FM Operational Services	Administrative and Clerical
Ward	Karen	Diabetes Specialist Nurse	Nursing and Midwifery Registered
Ward	Lesley	Practice Development Matron	Nursing and Midwifery Registered
Waring	Neil	Project and Business Change Manager	Administrative and Clerical
Warren	Natalie	Duty Nurse Manager	Nursing and Midwifery Registered
Warren	Zillah	Deputy Ward Leader	Nursing and Midwifery Registered
Warren	Julian	Consultant (P)	Medical and Dental
Wass	Jessica	Ward Receptionist	Administrative and Clerical
Waterfield	Lisa	Call Centre Clerk	Administrative and Clerical
Watson	Nicholas	Consultant	Medical and Dental
Watson	Martin	MCA,Dols,LPS Lead Practitioner	Nursing and Midwifery Registered
Watts	Paul	Head of Project Communications	Administrative and Clerical
Weaver	Kaye	Community Team Leader	Nursing and Midwifery Registered
Websdale	Louise	Health Care Support Worker	Additional Clinical Services
Webster	Rachel	Deputy Ward Leader	Nursing and Midwifery Registered
Webster	Laura	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Welsh	Alan	Business Support Manager	Administrative and Clerical
Welsh	Rebecca	Midwifery Practitioner	Nursing and Midwifery Registered
West	Hannah	Ward Leader	Nursing and Midwifery Registered
West	Carmel	Lead Medical Examiner Officer & Bereavement Manager	Administrative and Clerical
Westwell	Helen	Department Leader	Nursing and Midwifery Registered
Wharmby	Denise	Matron	Nursing and Midwifery Registered
Whetstone	Mary	Clinical Business Analyst	Administrative and Clerical
White	Julie	Decontamination Services Manager	Administrative and Clerical
White	Clair	Head of Procurement	Administrative and Clerical
Whitehead	Peter	Specialty Doctor Anaesthetics	Medical and Dental
Whitehead	Joanne	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Whitney	Michelle	Histopathology Biomedical Scientific Supervisor	Healthcare Scientists
Whittlestone	Sally	Senior Registered Nurse	Nursing and Midwifery Registered
Whitworth	Vicky	Administration Assistant	Administrative and Clerical
Whysall	Kimberley	Outpatient Antibiotic Treatment Lead Nurse (OPAT)	Nursing and Midwifery Registered
Widdowson	Jacqueline	Information Governance Manager	Administrative and Clerical
Wigglesworth	Katy	RIS/PACS Manager	Administrative and Clerical
Wight	Nicholas	Consultant	Medical and Dental
Wildgoose	Anne	Specialist Physiotherapist	Allied Health Professionals
Wile	Alyson	Outreach Physiotherapist	Allied Health Professionals
Wilkinson	Neil	Risk & Assurance Manager	Administrative and Clerical
Wilkinson	Clare	Consultant Rheumatologist	Medical and Dental
Willey	Caroline	Senior Occupational Therapist	Allied Health Professionals
Williams	Patience	Sonographer	Healthcare Scientists
Williams	Christopher	Senior Physiotherapist	Allied Health Professionals
Williams	Beverley	Cardiac Rehab Specialist Nurse	Nursing and Midwifery Registered
Williams	Rachel	Paediatric Diabetes Nurse Specialist	Nursing and Midwifery Registered
Williams	Megan	Clinical Data Capture Coder	Administrative and Clerical
Williams	Nicola	Cardiac Specialist Nurse	Nursing and Midwifery Registered

Williams	Samantha	Team Leader - Paediatrics	Allied Health Professionals
Wilson	Emma	Matron	Nursing and Midwifery Registered
Wilson	Rebecca	Highly Specialist Speech & Language Therapist	Allied Health Professionals
Wood	Julie	Cardiac Rehab Specialist Nurse	Nursing and Midwifery Registered
Wood	Katie	Foundation Year 2 Doctor	Medical and Dental
Wood	Louise	Tissue Viability Nurse Specialist	Nursing and Midwifery Registered
Woodhead	Jill	Consultant	Medical and Dental
Woodhouse	Amanda	Hospital Out of Hours Practitioner	Nursing and Midwifery Registered
Woodward	Simon	PMO Senior Insights Analyst	Administrative and Clerical
Woolley	Yasmin	Thrombolysis Specialist Nurse	Nursing and Midwifery Registered
Wooltorton	Andrea	Specialist Nurse	Nursing and Midwifery Registered
Worboys	Tina	Moving and Handling Co-ordinator	Nursing and Midwifery Registered
Wray	Diane	Quality Governance Lead	Nursing and Midwifery Registered
Wren	Joanne	Blood Transfusion Manager	Healthcare Scientists
Wright	Katharine	Therapy Servs Operational Manager	Allied Health Professionals
Wright	Tina	Department Leader	Nursing and Midwifery Registered
Wright	Stephen	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Wright	Joanne	Divisional General Manager	Administrative and Clerical
Wyatt	Justin	Virtual Ward Leader	Nursing and Midwifery Registered
Wynter	Inez	Research Nurse	Nursing and Midwifery Registered
Wythes-Liddle	Claire	Registered Nurse	Nursing and Midwifery Registered
Yanney	Michael	Consultant	Medical and Dental
Yap	Yew	Consultant	Medical and Dental
Yates	Donna	Night Team Leader	Nursing and Midwifery Registered
Yates	Fiona	Transformation and Engagement Lead	Administrative and Clerical
Yates	Joanne	Department Leader	Nursing and Midwifery Registered
Yemm	Julia	Superintendent Radiographer	Allied Health Professionals
Young	Rachel	Clinical Governance Co-ordinator	Nursing and Midwifery Registered
Younger	Holly	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Yousef	Pierce	Locum Consultant (P)	Medical and Dental

Band 7+ Non-compliance Report as of 09/03/23

Last name	First name	Position name	Division	Department	Job staff group
Bains	Kirandeep	Specialty Doctor	214 Women & Childrens Division - L2	214 WP17261 Medical Staff - Paediatrics - L6	Medical and Dental
Dewar	Amy	Specialist Midwife - Bereavement	214 Women & Childrens Division - L2	214 WM27358 Specialist Midwives - L6	Nursing and Midwifery Registered
Eastwood	Faye	Practice Development Midwife	214 Women & Childrens Division - L2	214 WM27358 Specialist Midwives - L6	Nursing and Midwifery Registered
Johnson	Gilda	Nurse Specialist in ASD/ADHD	214 Women & Childrens Division - L2	214 WP02401 PPC Community Paediatrics - L6	Nursing and Midwifery Registered
Wallace	Sheena	Specialty Doctor	214 Women & Childrens Division - L2	214 WP17401 Medical Staff Comm Paeds - L6	Medical and Dental
Wickremasinghe	Indumini	Specialty Doctor	214 Women & Childrens Division - L2	214 WP17401 Medical Staff Comm Paeds - L6	Medical and Dental
Wright	Nicola	Maternity Ward Sister	214 Women & Childrens Division - L2	214 WM34216 Maternity - L6	Nursing and Midwifery Registered
Zulkifli	Muhammad	Consultant	214 Women & Childrens Division - L2	214 WP17261 Medical Staff - Paediatrics - L6	Medical and Dental
Waterhouse	Jessica	Vaccine Site Manager	214 Vaccination Programme - L2	214 VS16170 Vaccination SFH Staff - L6	Nursing and Midwifery Registered
Adesokan	Adedapo	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Ahmed	Mohammed	Consultant	214 Urgent & Emergency Care Division - L2	214 UE17063 Acute Physicians - L6	Medical and Dental
Alshinnawy	Mohamed	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Chinwuko	Nneka	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Eche	Eric	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Eltawagny	Mahmoud	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Exell	Terri	Department Leader	214 Urgent & Emergency Care Division - L2	214 UE01098 KMH - A & E - L6	Nursing and Midwifery Registered
Fuller	Laura	Department Leader	214 Urgent & Emergency Care Division - L2	214 UE01098 KMH - A & E - L6	Nursing and Midwifery Registered
Haikal	Sara	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Handagala	Rangani Kamanitha	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Hashmat	Muhammad Zubair	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Hussain	Saghir	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Jevons	Sarah	Trainee Advanced Practitioner	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Nursing and Midwifery Registered
Khan	Ahmad Jawad Ali	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17061 NWK - Urgent Care Centre Medical - L6	Medical and Dental
Miller	Ayanna	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Nama Kodhandram	Anushka	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Olukinni	Olumide	Specialist in Emergency Care	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Phillips	Charlette	Lead Nurse - Quality, Safety and Improvement	214 Urgent & Emergency Care Division - L2	214 US16160 Division Management - L6	Nursing and Midwifery Registered
Rogers	Samuel	Lead Nurse - Quality, Safety and Improvement	214 Urgent & Emergency Care Division - L2	214 US16160 Division Management - L6	Nursing and Midwifery Registered
Sanusi	Mutiat	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Syed	Kamran	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Uwagboe	Omoruyi Ayodeji	Specialty Doctor	214 Urgent & Emergency Care Division - L2	214 UE17060 KMH A & E Medical - L6	Medical and Dental
Abdallah	Mahmoud	Specialty Doctor	214 Surgery Division - L2	214 PO17273 Medical Staff - T&O - L6	Medical and Dental
Abdul Hafeez	Muhammad	Specialty Doctor	214 Surgery Division - L2	214 PA17260 Medical Staff Anaesthetics KMH- L6	Medical and Dental
Alkhwalka	Mohammad	Specialty Doctor	214 Surgery Division - L2	214 PG17263 Medical Staff - Urology - L6	Medical and Dental
Bass	Nicola	Specialty Doctor Anaesthetics	214 Surgery Division - L2	214 PA17260 Medical Staff Anaesthetics KMH- L6	Medical and Dental
Birdi	Surinder	Specialty Doctor	214 Surgery Division - L2	214 PH17268 ENT - Medical Staff - L6	Medical and Dental
Clifford	Leanne	Operations Manager	214 Surgery Division - L2	214 PS16370 Planned Care Div Management - L6	Administrative and Clerical
De Soysa	Jeewana	Specialty Doctor Anaesthetics	214 Surgery Division - L2	214 PA17260 Medical Staff Anaesthetics KMH- L6	Medical and Dental
Elkhabiry	Mohab	Specialty Doctor	214 Surgery Division - L2	214 PH17270 Medical Staff - Ophthalmology - L6	Medical and Dental
Elkhoully	Heba	Specialty Doctor	214 Surgery Division - L2	214 PG17267 Medical Staff Breast Surgery KMH - L6	Medical and Dental
Elsayed	Hatem	Specialty Doctor	214 Surgery Division - L2	214 PO17273 Medical Staff - T&O - L6	Medical and Dental
Farag	Mohammed	Specialty Doctor	214 Surgery Division - L2	214 PH17270 Medical Staff - Ophthalmology - L6	Medical and Dental
Fleming	Robert	Specialty Doctor Anaesthetics	214 Surgery Division - L2	214 PA17260 Medical Staff Anaesthetics KMH- L6	Medical and Dental
Fort	Joanna	Divisional General Manager	214 Surgery Division - L2	214 PS16370 Planned Care Div Management - L6	Administrative and Clerical
Kamatchi	Dhamotharan	Specialty Doctor	214 Surgery Division - L2	214 PO17273 Medical Staff - T&O - L6	Medical and Dental
Kiran	Asha	Specialty Doctor	214 Surgery Division - L2	214 PA17260 Medical Staff Anaesthetics KMH- L6	Medical and Dental
Lwin	Nyi	Specialty Doctor	214 Surgery Division - L2	214 PO17273 Medical Staff - T&O - L6	Medical and Dental
Mahbub Abir	Q M	Specialty Doctor	214 Surgery Division - L2	214 PO17273 Medical Staff - T&O - L6	Medical and Dental
Malik	Aditya	Specialty Doctor	214 Surgery Division - L2	214 PO17273 Medical Staff - T&O - L6	Medical and Dental
Mudiam	Gnaneshwar	Specialty Doctor	214 Surgery Division - L2	214 PA17260 Medical Staff Anaesthetics KMH- L6	Medical and Dental
Munir	Mubashar	Specialty Doctor	214 Surgery Division - L2	214 PH17270 Medical Staff - Ophthalmology - L6	Medical and Dental
Natarajan	Manjunath	Specialty Doctor	214 Surgery Division - L2	214 PH17270 Medical Staff - Ophthalmology - L6	Medical and Dental
Patange Subba Rao	Sheethal	Consultant	214 Surgery Division - L2	214 PO17273 Medical Staff - T&O - L6	Medical and Dental
Peddireddy	Jyothi	Specialty Doctor	214 Surgery Division - L2	214 PH17268 ENT - Medical Staff - L6	Medical and Dental
Pekhale	Parikshit	Specialty Doctor	214 Surgery Division - L2	214 PO17273 Medical Staff - T&O - L6	Medical and Dental

Ready	Steven	Locum Specialty Doctor	214 Surgery Division - L2	214 PA17260 Medical Staff Anaesthetics KMH- L6	Medical and Dental
Sadassivame	Dinesh	Specialty Doctor	214 Surgery Division - L2	214 PA17260 Medical Staff Anaesthetics KMH- L6	Medical and Dental
Sapre	Dimple	Specialty Doctor	214 Surgery Division - L2	214 PG17262 General Surgery - Medical Staff - L6	Medical and Dental
Siyal	Anisha	Locum Consultant (P)	214 Surgery Division - L2	214 PA17261 Medical Pay - ACCU - L6	Medical and Dental
Sukumaran	Dhanya	Specialty Doctor	214 Surgery Division - L2	214 PH17270 Medical Staff - Ophthalmology - L6	Medical and Dental
Warren	Rebecca	Breast Care Nurse Specialist	214 Surgery Division - L2	214 PG27290 Specialist Nurses Breastcare - L6	Nursing and Midwifery Registered
Williams	Kristoffer	Specialty Doctor	214 Surgery Division - L2	214 PA17260 Medical Staff Anaesthetics KMH- L6	Medical and Dental
Smeeton	Christopher	Senior Third Line Network and Communications Engineer	214 NHS - L2	214 NI00300 Networking and Telephony - L6	Administrative and Clerical
Abah	Godwin	Specialty Doctor	214 Medicine Division - L2	214 EN17066 Dermatology Medical Staff - L6	Medical and Dental
Al-Asadi	Mazin	Specialty Doctor	214 Medicine Division - L2	214 EN17071 Haematology Medical - L6	Medical and Dental
Armstrong	Rebecca	Ward Leader	214 Medicine Division - L2	214 EG34042 Ward 42 Respiratory - L6	Nursing and Midwifery Registered
Enguell	Hannah	Specialist	214 Medicine Division - L2	214 EG17062 Diabetics Medical - L6	Medical and Dental
Goodwin	Jordan	Clinical Nurse Endoscopist	214 Medicine Division - L2	214 EG17063 Gastroenterology Medical - L6	Nursing and Midwifery Registered
Kathaluwa Liyana Kankanamge	Pradeepa	Specialty Doctor	214 Medicine Division - L2	214 EN17071 Haematology Medical - L6	Medical and Dental
Kothari	Ritu	Specialist	214 Medicine Division - L2	214 EN17066 Dermatology Medical Staff - L6	Medical and Dental
Mohamed Junaideen	Mohamed Nawshad	Specialty Doctor	214 Medicine Division - L2	214 EC17057 Cardiology Medical - L6	Medical and Dental
Mohankumar	Kayalvizhi	Specialty Doctor	214 Medicine Division - L2	214 EN17066 Dermatology Medical Staff - L6	Medical and Dental
Qazi	Umer	Specialty Doctor	214 Medicine Division - L2	214 EG17062 Diabetics Medical - L6	Medical and Dental
Roberts	Chloe	Trainee Advanced Clinical Practitioner	214 Medicine Division - L2	214 EG17063 Gastroenterology Medical - L6	Additional Clinical Services
Ashwell	Helen	People Development Lead	214 Corporate - L2	214 TH32708 People Development - L6	Administrative and Clerical
Challans	Emma	Director of Organisational Development, Culture & Talent	214 Corporate - L2	214 TC05633 Executive Directors - L6	Administrative and Clerical
Chari	Raymond	Consultant	214 Corporate - L2	214 TH32710 Education Centre - L6	Medical and Dental
Ford	Rebecca	Recruitment Manager	214 Corporate - L2	214 TH15663 Recruitment - L6	Administrative and Clerical
Gosling	Chelsie	Information Manager	214 Corporate - L2	214 TM19657 Information Services - L6	Administrative and Clerical
Makani	Irvine	Duty Nurse Manager	214 Corporate - L2	214 TS27094 Duty Nurse Managers - L6	Nursing and Midwifery Registered
Ruffle	Luke	Head of Medical Education	214 Corporate - L2	214 TH32710 Education Centre - L6	Administrative and Clerical
Thomas	William	Senior Business Insight Analyst	214 Corporate - L2	214 TM19654 Information Services & ICT - L6	Administrative and Clerical
Braithwaite	Lynne	Higher Specialist BMS Histopathology Advanced Dissector	214 Clinical Support, Therapies and Outpatients - L2	214 CP22400 Histopathology - L6	Healthcare Scientists
Brown	Hannah	Therapy Services Leader	214 Clinical Support, Therapies and Outpatients - L2	214 CT31495 Therapy Services Newark - L6	Allied Health Professionals
Fansa	Nisreen	Highly Specialist Speech & Language Therapist	214 Clinical Support, Therapies and Outpatients - L2	214 CT31498 ITA - Speech & Lang Therapy- L6	Allied Health Professionals
Gibson	Jennifer	Reporting Radiographer	214 Clinical Support, Therapies and Outpatients - L2	214 CR24418 KMH - Generic Radiology - L6	Allied Health Professionals
Higashi	Yutaro	Consultant Radiologist	214 Clinical Support, Therapies and Outpatients - L2	214 CR17415 Consultant Radiologists - L6	Medical and Dental
Kemp	Claire	Histopathology Biomedical Scientific Supervisor	214 Clinical Support, Therapies and Outpatients - L2	214 CP22400 Histopathology - L6	Healthcare Scientists
Kuczynska	Agnieszka	Team Lead Occupational Therapist	214 Clinical Support, Therapies and Outpatients - L2	214 CT31405 KMH - Ortho Inpatients - L6	Allied Health Professionals
Qazi	Sumera	Specialty Doctor (MC46)	214 Clinical Support, Therapies and Outpatients - L2	214 CP17400 Consultants Histopathology - L6	Medical and Dental
Sadrani	Payal	Deputy Divisional Lead Pharmacist	214 Clinical Support, Therapies and Outpatients - L2	214 CS35480 Pharmacy SFH - L6	Add Prof Scientific and Technic
Samways	Eleanor	Assistant General Manager	214 Clinical Support, Therapies and Outpatients - L2	214 CS16436 Diagnostic & Rehab Div Mgmt - L6	Administrative and Clerical
Taylor Mesa	Danna	Reporting Radiographer	214 Clinical Support, Therapies and Outpatients - L2	214 CR24418 KMH - Generic Radiology - L6	Allied Health Professionals
Weerakoon	Dharunee	Specialty Doctor	214 Clinical Support, Therapies and Outpatients - L2	214 CP17403 Consultants Microbiology - L6	Medical and Dental
Weinbren	Michael	Consultant (P)	214 Clinical Support, Therapies and Outpatients - L2	214 CP17403 Consultants Microbiology - L6	Medical and Dental
Zaitoun	Abdul	Consultant	214 Clinical Support, Therapies and Outpatients - L2	214 CP17400 Consultants Histopathology - L6	Medical and Dental

Board of Directors Meeting in Public - Cover Sheet


Subject:	Conflict of Interests Report		Date: 6 th April 2023	
Prepared By:	Laura Webster – Corporate PA			
Approved By:	Shirley Higginbotham – Director of Corporate Affairs			
Presented By:	Graham Ward, Chair of Audit and Assurance Committee			
Purpose				
To provide an update of the status of the Trust's Conflicts of Interests Register declarations.			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
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				
Audit and Assurance Committee 16 th March 2023				
Acronyms				
ESR – Electronic Staff Record				
Executive Summary				
<p>All staff are required to submit a declaration of interest if they have a conflict, in line with the Trusts Conflict of Interests Policy. This must be made upon appointment with the Trust or when a conflict arises during their employment. The ESR integration of the Declaration of Interests system was established 18th March 2019. This has ensured data is updated on a real-time basis and allows new staff members to declare an interest / submit their nil return as soon as they commence work with the Trust. Staff leaving the Trust are automatically be removed from the Trust's register after the mandatory six-month period, archive arrangements are in place.</p> <p>All staff band 7 and above are required to complete an annual declaration. A nil declaration must be submitted if there is no conflict to declare.</p> <p>From April 2022 to date, various methods of employee communication have been used including:-</p> <ul style="list-style-type: none"> • Weekly Bulletin x5. • Screen Splash – Intermittent appearance since April 2022. • Targeted emails – Monthly from April 2022. • Divisional Triumvirates have been emailed with all staff from the division who are non-compliant. • Line Managers have been notified of relevant staff declarations for review. • The Declaration of Interests system is available to staff working from home, who do not have VPN access, via the internet. 				

- Inclusion of Medical & Dental compliance figures in the Medical Workforce article.
- Updates made to all appraisal documents to include a 'tick box' to confirm the individual is compliant.
- Continued focus of the Audit and Assurance Committee – inviting non-compliant staff to committee meeting


Dashboard as of 16th March 2023

Overview (Band 7+ Staff)

1088
Staff on ESR


Declared
126


Nil Return
866


Non-compliant
96

As of 16th March 2023, **96** employees within the Trust who are band 7+ remain non-compliant; this is an increase from **50** employees who were non-compliant in January 2023 due to an increase in the number of band 7+ colleagues being employed. New starters have been contacted to ask that they complete their declaration of interests.

The documents associated with this report details the associated individuals.

Arrangements have been made to communicate to all staff with regards to reviewing their Conflict of Interests declaration in April 2023, this will include a daily screen splash upon login, weekly messages within the Staff Bulletin and a monthly message within colleague's payslips.

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

- Register of Interests for the prior financial year (2022/23).
- List of submitted nil-returns (2022/23).
- List of decision-making staff (Band 7+) who are currently non-compliant (2022/23).

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

Dashboard as of 16th March 2023



Most recent actions taken:

Data report of non-compliant staff band 7 and above was filtered down by division and emailed to the relevant Divisional Triumvirates to pursue individuals.

Non-compliant staff within the Corporate Division have been emailed by the Corporate Secretariat requesting that they submit a declaration or nil return.

Declaration Compliance Report by Division:-

Division	↑↓ ⓘ Active Staff	↑↓ Declared	↑↓ Nil Returns	↑↓ Non-compliant Staff	↑↓ Staff Compliance (%)
214 Clinical Support, Therapies and Outpatients - L2	208	25	168	15	92.8%
214 Corporate - L2	198	24	166	8	96%
214 Medicine Division - L2	180	22	147	11	93.9%
214 MSK - L2	4	1	3	0	100%
214 NHIS - L2	42	2	39	1	97.6%
214 Surgery Division - L2	215	39	144	32	85.1%
214 Urgent & Emergency Care Division - L2	127	5	100	22	82.7%
214 Vaccination Programme - L2	10	1	8	1	90%
214 Women & Childrens Division - L2	102	6	88	8	92.2%

Declaration Compliance Report by Staff Group:-

Division	↑↓ ⓘ Active Staff	↑↓ Declared	↑↓ Nil Returns	↑↓ Non-compliant Staff	↑↓ Staff Compliance (%)
Add Prof Scientific and Technic	38	6	31	1	97.4%
Additional Clinical Services	6	1	4	1	83.3%
Administrative and Clerical	199	21	168	10	95%
Allied Health Professionals	90	12	72	6	93.3%
Healthcare Scientists	72	6	64	2	97.2%
Medical and Dental	346	66	216	64	81.5%
Nursing and Midwifery Registered	336	13	309	14	95.8%

Declaration of Interests as of 09/03/23

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
03/06/2020	03/06/2022	Bennett	Kaytie	Senior Registered Nurse	Gifts & Hospitality	Kurt Geiger	Kurt Geiger gift voucher, value of £100, provided by Tina Wright, Ward Sister Critical Care Unit on 3/6/20	£100
25/07/2022	02/04/2023	Robinson	Laura	Clinical Lead Dietitian	Sponsorship	Novo Nordisk UK Research Foundation	Novo nordisk research foundation part funding award for the MSc Diabetes I am studying through the University of Leicester. Application for Novo nordisk grant was agreed by my line manager Cornelia Lincoln. From: ukresearchfoundation Sent: 29 March 2022 13:07 To: Robinson, Laura J. Subject: Fund Application 2022 - course Dear Laura, Novo Nordisk UK Research Foundation The Fund Award 2022 Further to your application for funding, I can confirm that the Board have met and are pleased to award you £2000.00 towards MSc Diabetes course. Once you have completed this module I would be grateful if you could send a report, template attached. In the event of your not attending this course, the cost of which has been funded by the Foundation, to the extent that the cost of your attending has not yet been paid by yourself or your institution to the organisers of the meeting, such amount is immediately repayable to the Foundation, or if funding is obtained from elsewhere the award must be returned to the Foundation. This will be the responsibility of the signatories on your application form. Thank you for your interest in the Research Foundation and we look forward to hearing from you. Yours sincerely Rita Forde Chairperson Nurses & Allied Healthcare Professional Selection Committee The Novo Nordisk UK Research Foundation The sole donor for the Novo Nordisk UK Research Foundation is Novo Nordisk Ltd. Jackie Shuttlewood On behalf of Novo Nordisk UK Research Foundation Registered charity 1056410 01293 762009 07764 958938 www.novonordiskfoundation.org.uk	£2,000.00
2022/23	2022/23	Kennedy	Sally	Team Leader	Outside Employment	DCC Adult Ed	Yoga Tutor for Derbyshire County Council Adult Education Service, also occasional self-employed tutoring. No conflict with current role as physiotherapist.	£0-200
2022/23	2022/23	Srinivasan	Sreebala	Consultant	Clinical Private Practice	BMI Park hospital	Friday am alternate weeks and once month on Monday, I work at Park hospital. I provide clinical services for patients with ' Hip pathology 'There are no conflicts to my NHS practise due to this	NA
2022/23	2022/23	Srinivasan	Sreebala	Consultant	Clinical Private Practice	Glanso / MHS insourcing	I perform Adhoc elective list during weekends/ non working day at KMH as WLI	NA
2022/23	2022/23	Tilley	Helena	Consultant	Shareholdings and Ownership Interests	Hockerton Housing Project Trading LTD	Director of Hockerton Housing Project Trading LTDThis is a not for profit organisation. I am a director but do not do paid work for the company. We provide consultancy, tours and education to a range of businesses, universities and the general public related to low carbon housing, renewable energy and sustainable living. We have meeting space which can hire out including to NHS organisations if asked. Occasionally we have provided courses for NHS organisations related to holistic health. My husband is also a Director of the company and it is his primary employer.	N/A
2022/23	2022/23	Bhojwani	Ashok	Consultant	Clinical Private Practice	Park Hospital/ Nottingham Road Clinic	Do Private Practice(See NHS and Private patients) at Park Hospital and Nottingham Road clinic on Tuesday (1st week : 2 to 8 pm). Thursday 6 to 8 pm, clinics. Do ad hoc operating sessions for the trust patients at Park Hospital. Similar to previous years private practice is done as part of a company (Nottinghamshire Urology Limited)	N/A
2022/23	2022/23	Bhojwani	Ashok	Consultant	Clinical Private Practice	Ramsay healthcare UK	ad hoc sessions at wood Thorpe hospital (evenings and weekend) to start soon (as part of company Nottinghamshire urology limited)	N/A
2022/23	2022/23	Bhojwani	Ashok	Consultant	Clinical Private Practice	Rosewood PCN c/o Primary Integrated community services limited	supervision of community nurse for PSA surveillance in community in Mansfield primary care (again as part of company : Nottinghamshire urology limited)	N/A

2022/23	2022/23	Parry-Payne	Hannah	Nottinghamshire ICS Talent Academy Co-ordinator	Outside Employment	Healthwatch Derbyshire	Director of Healthwatch Derbyshire from 18th Oct 2021 for 3 year tenure	n/a voluntary position
2022/23	2022/23	Pearce	Martin	Registered Health Care Professional - Immunisation	Shareholdings and Ownership Interests	Emergency Response Training Solutions Ltd	Shareholder and director of Emergency Response Training solutions LTD. company has never worked for the trust, but has purchased small amounts of training manuals (under £300) over the last 3-4 years	0
2022/23	2022/23	Sathi	Navtej	Consultant	Outside Employment	LVL Health	I am doing Clinical Trials with this company	N/A
2022/23	2022/23	Sathi	Navtej	Consultant	Outside Employment	Maine Peak Consulting	I am director of this company	N/A
2022/23	2022/23	Reuter	Simone	Consultant	Outside Employment	CPPE	Undertaking external teaching under CPPE (Univ. Manchester) affiliation. So far single episode booked for End April 22. No conflict of interest as all in line with national guidance	£150 (before tax)
2022/23	2022/23	Desai	Vikram	Consultant	Clinical Private Practice	BMI The Park Hospital	I do Private practice at The BMI Park hospital on my days off from the hospital and outside my NHS time	N/A
2022/23	2022/23	Wilson	Deborah	Registered Health Care Professional - Immunisation	Loyalty Interests	Mansfield Hospital Theatre Troupe (MHTT)	I am the chairperson of Mansfield Hospital Theatre Troupe, (MHTT) we are a local theatre group that meet weekly from August to January, we rehearse and then we put together a PANTO at the Palace theatre Mansfield at the end of January each year and raise money for local Mansfield and Ashfield charities. I hold a position in the troupe where I am responsible for the over all well being of the Troupe members, I chair committee meetings and the yearly AGM. I look after any under age members of the Troupe and act as chaperone, I hold a chaperone licence from NCC. As chair I attend the Palace theatre user group meeting and work along side other ammeter theatre groups to provide a high standard of theatre at local level. I no longer take part in the PANTO myself, I use the time looking after the Troupe members making sure we order costumes , sets, in a timely manner, assisting other troupe members with their roles, directing the show, producing the show. I do not get paid for this role, it is voluntary. The time I spend has no effect on my role at SFH. This role is ongoing , we have no show this year due to COVID therefore there is no activity, I will arrange a committee meeting end of 2021 to review plans for 2022 also to review guidance and look at if it would be possible to plan a show for 2022. Deborah Wilson, I am a specialist Nurse at SFH. If I can be of any further assistance please do contact me directly	N/A
2022/23	2022/23	Desai	Vikram	Consultant	Clinical Private Practice	Glanco / Managed Health Care	I have signed up with Glanco / Managed Health Care to provide clinical work at Kings Mill Hospital. If this is a valid option for the Hospital	N/A
2022/23	2022/23	Badhe	Sachin	Consultant	Outside Employment	Woodthorpe hospital and Park hospital	as before, I also work at the Woodthorpe Hospital and the Park Hospital Outside Trust hours	Ad hoc
2022/23	2022/23	Clarke	Rachel	Highly Specialist Speech & Language Therapist	Outside Employment	Leicestershire Partnership NHS Trust	I work part time (18.75 hrs) for Leicestershire Partnership NHS Trust as a band 6 Speech and Language Therapist	N/A
2022/23	2022/23	Haigh	Steven	COVID Pharmacist	Shareholdings and Ownership Interests	Hospital Pharmacy Software	Supply software to 3 hospital sites via Hospital Pharmacy Software	£1000pa
2022/23	2022/23	Gopinathan	Vinodkumar	Consultant	Clinical Private Practice	BMI healthcare	I practice in the private sector in two different hospitals during my non NHS time I offer anaesthetic services at Wood Thorpe hospital, BMI Park Nottingham on an adhoc basis when required.On an average its about 6 sessions a month including the weekends. I also offer my services as a trained "Crowd Doctor" for the Mansfield town Football club when needed - one Saturday a month or less.	N/A
2022/23	2022/23	Sarkar	Som	ACCOTS Consultant	Outside Employment	N/A	Expert witness medicolegal work.	N/A

2022/23	2022/23	Palmer	Sally	Nurse Consultant - Infection Prevention & Control	Loyalty Interests	Infection Prevention Society, Company Reg No: 6273843. Charity Reg No: 1120063	I am the Communications Officer (Secretary) for the Trent Branch of the Infection Prevention Society, this is a voluntary position that lasts until July 2023. As part of this role I am required to attend the National 3 day Infection Prevention Society Annual Conference for which a place is provided by the society for all Branch Officers. As part of this role I am required to arrange 4 annual educational meetings and assist with the arrangements for the Trent Branch one day annual Conference.	£1,000
2022/23	2022/23	Kurian	Jomy	Consultant	Clinical Private Practice	No benefits or gifts.	I do private practice on Mondays which is shown and agreed in annual job planning.	BMI the park hospital on Monday mornings and Woodthorpe hospital Monday afternoon twice a month.
2022/23	2022/23	Harwood	Beverley	Registered Nurse	Outside Employment	NHS Professionals	NHS Professionals ad hoc shifts at Nottingham University Hospitals	NA
2022/23	2022/23	Saxena	Rohit	Consultant	Clinical Private Practice	Caesar Healthcare Ltd.	Consultant Ophthalmology at BMI The Lincoln Hospital and for Newmedica.	N/A
2022/23	2022/23	Fernando	Devaka	Consultant	Outside Employment	University of Sheffield	I have an honorary contract as this is part of the position advertised and to which I have been recruited. I am not paid by the university but have PAs for research funded by the Trust	none it is an honorary title but I attend MDT meetings where SFH patients are discussed
2022/23	2022/23	Fernando	Devaka	Consultant	Outside Employment	Royal College of Physicians	I am a PACES examiner for the Royal College of Physicians and the nominated external examiner of the RCP fir overseas exams	Honorary but expenses paid
2022/23	2022/23	Milton	Joanne	Therapy Team Leader- HCOP	Outside Employment	Derby Rugby Football Club	Joanne Milton: Therapy Team Leader for Elderly Care at KMH: Outside employment: Working with Derby Rugby Football Club as club physiotherapist covering match day game cover and injury management with players during the rugby season September-April.	N/A
2022/23	2022/23	Veemaranjan	Balasubramanian	Consultant	Clinical Private Practice	None	BMI Park hospital - ad hocNottingham woodthorpe hospital - ad hocSpire Hospital Nottingham - ad hocPICS community pain clinic - ad hoc. Private practice through a limited company in which I am one of the directors.	None
2022/23	2022/23	Thompson	Owain	Consultant (P)	Clinical Private Practice	OCJT Anaesthetic Services Ltd.	Changed private practice from sole trader to limited company as of 1st April 2017 (I am one of the company directors).My line manager is Mr Bala Srinivasan (Clinical Director, Surgical Division).	N/A
2022/23	2022/23	Thompson	Owain	Consultant (P)	Outside Employment	Glanco	Working for Glanco in-sourcing company at King's Mill Hospital.	Unknown
2022/23	2022/23	Haughton	Melanie	Chief Clinical Physiologist/Vasc Technologist/Sonographer	Outside Employment	UNIVERSITY HOSPITAL NORTH MIDLANDS	I have a zero hours contract set up with my previous employment within the NHS. I work at The University Hospital North Midlands on an ad hoc basis on my days off to maintain my Electrophysiology Skills and to help out when the department in short staffed in Electrophysiology and Ablation. This enables me to maintain professional accreditation in this area as this is not part of my current role. This is on a yearly agreement which commenced in June 2019 and is renewed annually if required.	Band 7 Bank
2022/23	2022/23	Haughton	Melanie	Chief Clinical Physiologist/Vasc Technologist/Sonographer	Clinical Private Practice	The Spire Nottingham Hospital	I have a contract as a Bank Cardiac Physiologist on an ad hoc basis to cover Cardiac Catheter Lab work, Cardiac Device Implants and Follow-up, EP and Ablation. Contract commenced end of March 2021 beginning of April 2021.	N/A
2022/23	2022/23	Haughton	Melanie	Chief Clinical Physiologist/Vasc Technologist/Sonographer	Outside Employment	The Park Hospital, Nottingham	I have a contract as a Bank Cardiac Physiologist on an ad hoc basis to cover Cardiac Catheter Lab work, Cardiac Device Implants and Follow-up, EP and Ablation. Contract commenced end of January 2022.	N/A
2022/23	2022/23	Herring	Rebecca	Lead Nurse for Safe Staffing	Shareholdings and Ownership Interests	Inspire Medical Services Ltd	Silent Partner in business. Husband also a partner. He works as an ACP and Aesthetics Practitioner	NA
2022/23	2022/23	Roberts	Mark	Consultant	Loyalty Interests	British Thoracic Society	BTS Pleural Guideline lead.	N/A

2022/23	2022/23	Roberts	Mark	Consultant	Loyalty Interests	UK Pleural Society	UK Pleural Society founder member. Runs sponsored courses. No personal gain.	N/A
2022/23	2022/23	Van der Heijden	Ludovicus	Specialist	Outside Employment	MSV	Ad Hock earnings as motorsport and or crowd doctor	variable due to ad hock nature. will only be able to determine in retrospect after end of tax year
2022/23	2022/23	Arnold	Paula	Quality Governance Lead	Outside Employment	MA Motor Company LTD	Husband owns M A Motor Company Limited to which I am the company secretary- no financial payment receivedLowMoor Court Vehicles repairs LTD is a dormant company and operates in name only and is part of M A Motor Company LTD.M A Motor Company LTD does not have any contracts with any NHS organisations	NA
2022/23	2022/23	Ahmad	Saqib	Consultant	Outside Employment	endocare	registered with endocare endoscopy service might do outside endoscopy at weekends	na
2022/23	2022/23	Curtis	Sherri	Senior Registered Nurse	Outside Employment	The Park Hospital	The Park Hospital - as and when needed	N/A
2022/23	2022/23	Widdowson	Ben	Associate Director of Estates & Facilities	Shareholdings and Ownership Interests	WHSmith (Group) plc	Private shareholder since 2000. Not deemed a conflict of interest as per Trust policy.	N/A
2022/23	2022/23	Widdowson	Ben	Associate Director of Estates & Facilities	Shareholdings and Ownership Interests	WHSmith News plc	Private shareholder since the news wholesale divisions demerger from the WHSmith (Group) plc in 2006. Not deemed a conflict of interest as per Trust policy.	N/A
2022/23	2022/23	Widdowson	Ben	Associate Director of Estates & Facilities	Shareholdings and Ownership Interests	John Menzies (GB) plc	Private shareholder since 2000. Not deemed a conflict of interest as per Trust policy.	N/A
2022/23	2022/23	Gill	Manjit	Non Executive Director	Outside Employment	CQC	Role with the organisation: CQC Executive Reviewer. Carry out assessments of Trusts, two to three times a year for 2 to 3 days since June 2019	Nil
2022/23	2022/23	Gill	Manjit	Non Executive Director	Outside Employment	CQC	Role with the organisation: CQC Executive Reviewer. Carry out assessments of Trusts, two to three times a year for 2 to 3 days since June 2019. report to Director of Executive reviews. Unpaid with expenses paid.	Nil
2022/23	2022/23	Gill	Manjit	Non Executive Director	Loyalty Interests	Chameleon Commercial Services Ltd. Coaching Services	six to eight days a month, coaching and consultancy advisor to government and local government.	N/A
2022/23	2022/23	Ward	Graham	Non Executive Director	Shareholdings and Ownership Interests	GLJ Consulting Limited	50% shareholder and director	N/A
2022/23	2022/23	Ward	Graham	Non Executive Director	Outside Employment	Acis Group Limited	Board Member/Mon Executive Director of this Housing Association	N/A
2022/23	2022/23	Ward	Graham	Non Executive Director	Shareholdings and Ownership Interests	Mission Room Limited	5% shareholder and director	N/A
2022/23	2022/23	Ward	Graham	Non Executive Director	Outside Employment	Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Acting Chair	N/A
2022/23	2022/23	Higginbotham	Shirley	Director of Corporate Affairs	Loyalty Interests	N/A	My Husband Sean Higginbotham works as an IT project manager for Nottinghamshire County Council, which includes IT projects across the ICS	N/A
2022/23	2022/23	Higginbotham	Shirley	Director of Corporate Affairs	Loyalty Interests	Nottinghamshire Healthcare NHS Foundation Trust	Director of Corporate Affairs for Nottinghamshire Healthcare NHS Foundation Trust, joint post with Sherwood Forest Hospitals NHS Foundation Trust. Equal time commitments relevant Director checks undertaken.	N/A
2022/23	2022/23	Rashid	Aly	Non Executive Director	Outside Employment	NHS England and NHS Improvement	Aly Rashid - Employed as Medical Director, System Improvement and Professional Standards, NHS England and NHS Improvement. Three days per week.	N/A
2022/23	2022/23	Henton	David	Lead Cardiac Physiologist	Outside Employment	Abbott	Advisory Board meeting Lecturing on courses	N/A
2022/23	2022/23	Buckley	Arthur	Outreach Physiotherapist	Clinical Private Practice	Saltergate Physiotherapy Ltd. Chesterfield.	Self Employed physiotherapist in a private practice 2 days per week on the days I don't work for the NHS.	N/A

2022/23	2022/23	Buckley	Arthur	Outreach Physiotherapist	Clinical Private Practice	Saltergate Physiotherapy Ltd. Chesterfield.	Self Employed physiotherapist in a private practice 2 days per week on the days I don't work for the NHS.	N/A
2022/23	2022/23	Chapman	Louise	Roving Clinical Supervisor - Immunisation	Outside Employment	Nottinghamshire Health Care Trust	Street Triage Bank Nurse with Nottinghamshire Police. This is a bank post and just on a ad-hoc basis with approximately 2-4 7.5 hours per month if and when required. This is my old role and I am staying on bank with them so I can keep my mental health nursing skills upto date. I cannot identify any conflict of interest between this and my substantive post with SFH.	£16.00 ph
2022/23	2022/23	Torr	Elaine	Divisional Director - DRD	Loyalty Interests	Ashwood Church	Elaine Torr Director and Chair of Trustees for charity, Ashwood Church from 01.07.2009. Voluntary role, I cannot envisage any circumstances where this role could influence or impact on my paid role at SFHT as a Divisional General Manager for Diagnostics and Outpatients	N/A
2022/23	2022/23	Awan	Sana	Operational Services Manager/Assistant Chief Pharmacist	Outside Employment	DeMontfort University	Sana Awan, Lead Rheumatology Pharmacist. I will be reviewing a module for DeMontfort University. Module to be used for postgraduate distance learning MSc in Clinical Pharmacy for pharmacists. 10 hours of work, to be completed before July 2021	N/A
2022/23	2022/23	Blacknall	James	Extended Scope Practitioner	Clinical Private Practice	farnsfield physiotherapy clinic	I do a small amount of physiotherapy private practice work for non-NHS patients. These amounts to about 1 hour per week.	n/a
2022/23	2022/23	Bonser	Ian	Deputy General Manager	Outside Employment	HM Forces & Clifton and Meadows PCN	Ian Bonser - Deputy Divisional General Manager - Diagnostics and Outpatients.1.Armed Forces Reservist - Royal Air Force - up to 90 days per FY. Any work would be carried out on my days off from SFHFT.2.Clifton & Meadows Primary Care Network (PCN) - Business Development Manager - upto 10 hours per week. Administrative support to the PCN Clinical Director and Deputy Clinical Director and the practices within the network. Any conflict of interest that may occur (very small chance of conflict) I would declare to both parties. Any work would be carried out on my days off from SFHFT.	N/A
2022/23	2022/23	Randall	Jason	Medical Photographer	Outside Employment	I trade under my own name.	Jason Randall - Medical Photographer. Prior to taking on a permanent position at the trust, I operated in a capacity of a schools photographer. I intend to use a small amount of my annual leave to undertake some of my previous diary bookings. The dates always fall in the late spring (May-June) and autumn (October-November). I will only conduct this business during my free time out of SFH Trust hours.	n/a
2022/23	2022/23	Gale	Michael	Consultant	Shareholdings and Ownership Interests	A & M Gale Medical Ltd	Own Ltd co through which I do private and NHS C&B work	n/a
2022/23	2022/23	Gale	Michael	Consultant	Clinical Private Practice	Ramsay Healthcare, CIGNA Health Insurance, BUPA, AXA	I see NHS C&B, and private, patients on alternate Thursdays at the Nottingham Woodthorpe Hospital. 2 Sessions per day.	n/a
2022/23	2022/23	Thomas	James	Administration Officer	Shareholdings and Ownership Interests	Warsop Youth and Community	Trustee of Warsop Youth and Community, a registered charity operating in the Mansfield and Derbyshire area.	N/A
2022/23	2022/23	Thomas	James	Administration Officer	Outside Employment	Nottinghamshire County Council	James Thomas - Youth Support Worker - 5 Hours p/w - split 2.5 hours Tuesday and Wednesday	N/A
2022/23	2022/23	Hammond	Trevor	Head of Nursing - Surgery	Shareholdings and Ownership Interests	The Physio	My wife owns and runs a Private Physio clinic in Grantham	0
2022/23	2022/23	Kathirgamanathan	Aravindan	Consultant	Loyalty Interests	parkrun UK and Colwick parkrun	I hold two unpaid voluntary positions: 1) member of parkrun UK Safety Committee.2) teach first aid and safe defibrillation to parkrunners at Colwick parkrun.	0
2022/23	2022/23	Marshall	Nigel	Medical Examiner	Loyalty Interests	N/A	Resident within Newark and Sherwood (Non Financial Professional Interest)	N/A
2022/23	2022/23	Marshall	Nigel	Medical Examiner	Loyalty Interests	N/A	Registered patient of Southwell Medical Centre (Non-Financial Professional Interest)	N/A
2022/23	2022/23	Marshall	Nigel	Medical Examiner	Loyalty Interests	N/A	Previous GP Partner - Lombard Medical Centre, Newark (Surgery within catchment of SFHT) 2004-2012	N/A
2022/23	2022/23	Marshall	Nigel	Medical Examiner	Loyalty Interests	N/A	Mansfield GP Vocational Training Scheme (VTS)- trainee and course organiser (SFHT as base hospital) 2001-2004	N/A
2022/23	2022/23	Marshall	Nigel	Medical Examiner	Loyalty Interests	N/A	Brother in Law is Plastic Surgeon (Consultant) working at Leeds Hospitals NHS Trust and also has a Private Practice. Sister is a named director of the Private Company concerned.(Family / Indirect Interest)	N/A
2022/23	2022/23	Marshall	Nigel	Medical Examiner	Loyalty Interests	N/A	Wife is a Teaching Assistant at local Secondary School (The Minster School, Southwell, Notts).	N/A

2022/23	2022/23	Marshall	Nigel	Medical Examiner	Loyalty Interests	N/A	Youth Leader- Riverside Church, Southwell, Notts	N/A
2022/23	2022/23	Selwyn	David	Medical Director	Outside Employment	Royal College of Anaesthetists	Director of Centre for Perioperative Care, Royal College of Anaesthetists. Co-opted to College Council, Royal College of Anaesthetists.	Backfil of 2 PA's
2022/23	2022/23	Selwyn	David	Medical Director	Loyalty Interests	N/A	Sister is retired Nottinghamshire GP. Wife is Head of Safeguarding, Nottingham University Hospitals. Daughter is member of NHS Graduate Management Training Scheme	Nil
2022/23	2022/23	Pearson	Charlotte	Senior Physiotherapist	Clinical Private Practice	Hallamshire physiotherapy	Charlotte Pearson - Senior pelvic health physiotherapist Working privately as the womens health physiotherapy every Tuesday evening at Hallamshire physiotherapy practice in Sheffield.	N/A
2022/23	2022/23	Dudill	William	Consultant	Loyalty Interests	Royal College of Obststericians and Gynaecologists	Member of Council of the Royal College of Obstetricians and Gynaecologists	nil
2022/23	2022/23	Dowen	Claire	Project Manager	Loyalty Interests	Ada Health	Since 01 July 2021 my husband has worked for Ada Health, a company specialising in AI for diagnosis	N/A
2022/23	2022/23	Chidambaram	Alagappan	Consultant	Clinical Private Practice	AC ENT SERVICES LIMITED	I continue to do Clinical Private Practice at The Park Hospital in Nottingham and treat occasionally private patients at KMH.	N/A
2022/23	2022/23	Leah	Jennifer	Deputy Chief Financial Officer	Outside Employment	Nottingham CityCare Partnership CIC	Currently on secondment from Nottingham CityCare Partnership CIC with a substantive role as Assistant Director of Finance. The only payment I receive currently is in relation to my tax code whilst with Sherwood Forest Hospitals.	NA
2022/23	2022/23	Hannan	Giuseppina	Advanced Practitioner (CT)	Outside Employment	Chesterfield Royal Hospital	Chesterfield Royal Hospital employed as a Bank CT Head Reporting Advanced Practitioner. Haven't worked at this hospital since middle of January 2020 and will probably not be needed now that their staffing situation has improved.	Nil at present
2022/23	2022/23	Hannan	Giuseppina	Advanced Practitioner (CT)	Outside Employment	N/A	Self employed swimming teacher around 8 hours per week school term time only.	N/A
2022/23	2022/23	Clark	Andrew	Senior Physiotherapist	Clinical Private Practice	Andy Clark Physiotherapy Limited	Andy Clark is the sole Physiotherapist for this organisation, working 3 days per week, treating private patients with Musculoskeletal disorders in a clinical setting.	N/A
2022/23	2022/23	Lidstone	Nicola	Clinical Researcher	Loyalty Interests	Nottingham University NHS Trust	Nicola Lidstone. Occupational Health Physiotherapist .I will be working part time at Sherwood Forest Hospitals Foundation Trust as an occupational health physio and part time seconded as a clinical researcher at Nottingham University Hospitals from 19.7.21 to 19.1.23. I will maintain a high standard of confidentiality for both posts	N/A
2022/23	2022/23	Narra	Srikant	Consultant (P)	Clinical Private Practice	N/A	I am registered with various private hospitals and organisations. These include BMI the Park, Nottingham Woodthorpe, Spire and Glanso. I provide these services through an intermediary, although my provision of such activity has been absent since 2019.	N/A
2022/23	2022/23	Narra	Srikant	Consultant (P)	Shareholdings and Ownership Interests	N/A	In November 2020 I took an active leadership interest in Glanso UK as their Northern Lead to expand their services to Trusts beyond SFH (Glanso UK was already working with SFH since November 2019). The intermediary company through which this is done will have theoretical share options valued up to 25% if the northern division of Glanso UK does well. There is no monetary value related to these shares. Whilst working with Glanso U.K. has a proven benefit to patients, the Trust and all involved staff groups, neither myself nor the intermediary company, have any control on decisions made by Glanso UK. Equally, I am not in a decision making role at SFH and have maintained that for the entire time to mitigate against any perceived conflict.	N/A

2022/23	2022/23	Anantharamakrishnan	Krishnan	Consultant Urological Surgeon	Clinical Private Practice	Nottingham Ramsay Woodthorpe Hospital	Nottingham Ramsay Woodthorpe Hospitals - Consultant Urological Surgeon - Attends outpatients clinics, Conduct theatres, for both Choose and Book patients and private patients - Practice on Mondays, Tuesdays, Saturdays and Sundays - Mondays variable slated to be all day between 9.00 am and 4.00 pm; Tuesdays variable slated to be between 9.00 am and 4.00 pm. Saturdays variable 9.00 am and 1.00pm for cystoscopy lists and outpatients; Sundays operating variable days - 8.00 am and 1.00 pm - depends on patient case loads; Action taken to avoid conflict is to ensure this appears as NON-NHS days - I am a part time NHS on Wednesdays, Thursdays and Fridays; so, complete avoidance of conflict of interest; During hot week on-calls, complete cessation of the clinical private practice - careful forward monitoring to prevent any overlaps, and always put priority to the NHS work;	N/A
2022/23	2022/23	Anantharamakrishnan	Krishnan	Consultant Urological Surgeon	Outside Employment	N/A	Health Research Authority - Monthly Pro-bono activity - Jan 202 to Jann 2021 Ongoing -	N/A
2022/23	2022/23	Anantharamakrishnan	Krishnan	Consultant Urological Surgeon	Outside Employment	N/A	General Medical Council - GMC activity - Associate - attends ad-hoc arrangement - paid per session approximately £ 310, usually use annual leaves but might use study leaves with the departmental guidance	N/A
2022/23	2022/23	Menon	Achyuth	Consultant - General Surgery	Shareholdings and Ownership Interests	Menon LTD	I have a limited company and I am the co director.	N/A
2022/23	2022/23	Menon	Achyuth	Consultant - General Surgery	Shareholdings and Ownership Interests	Menon LTD	I have a limited company and I am the co director.	N/A
2022/23	2022/23	Menon	Achyuth	Consultant - General Surgery	Clinical Private Practice	BMI the park hospital	registered at the park hospital. Do sessions as per job plan and when it does not affect clinical or management commitments out of hours	N/A
2022/23	2022/23	Menon	Achyuth	Consultant - General Surgery	Clinical Private Practice	Circle healthcare and Nottingham road clinic	Do occasional clinics at Nottingham road occasionally see private patients at Nottingham road clinic	n/a
2022/23	2022/23	Dulson	Harriet	Senior Physiotherapist	Outside Employment	Harriet Alicia Physiotherapy	Harriet Dulson -Private physiotherapy appointments, sports massage and 1:1 pilates classes.	n/a
2022/23	2022/23	Thomson	Julie	Consultant	Shareholdings and Ownership Interests	GlaxoSmithKline	Julie ThomsonConsultant Ophthalmologist Shareholder for approximately 4 years	N/A
2022/23	2022/23	Tansley	John	Consultant (P)	Outside Employment	HC-UK Conferences Ltd	I have ongoing engagements to speak at online conferences hosted by HC-Conferences UK Ltd. about subjects within my areas of expertise- Healthcare investigation, learning from deaths and healthcare leadership. I do not believe this represents a conflict of interest and discussed it with the Medical Director before accepting	Payment is either £100 per lecture or a free place on an event hosted by the company. I have opted for the latter.
2022/23	2022/23	Prabu	Bhama	Associate Specialist	Outside Employment	Kirkby Health Centre	Existing outside employment - Non clinical partner at Kirkby Health Centre and one clinical session (Community gynaecology clinic) every fortnightly at Kirkby Health Centre.	N/A
2022/23	2022/23	Carlin	Elizabeth	Consultant	Loyalty Interests	British Association for Sexual Health and HIV (BASHH)	I am a past president of BASHH and provide advice and support to the current president and officers. The system is not allowing me to enter dates but I anticipate this work continuing throughout the year. BASHH is an incorporated organisation which is also a charity and is registered with the Charity Commission. It has a remit in education and training, setting standards and producing guidelines, championing good sexual health and public education. I separate clearly my work within BASHH and those within the NHS and make it clear when I advise or act publicly in which capacity I am acting.	N/A

2022/23	2022/23	Carlin	Elizabeth	Consultant	Outside Employment	Nottingham University Hospitals NHS Trust	My contract of employment is held by my main employer Sherwood Forest Hospitals NHS Foundation Trust (SFHT) but 3.5 PAs of my time is sub-contracted via SFHT to Nottingham University Hospitals NHS Trust (NUH). I have worked in this split way since my appointment as a consultant in 1995 and will do so until 30 June 2022. The system is not allowing me to enter dates. I undertake sexual health/HIV clinical work at SFHT with budgetary and management responsibilities. I perform mainly HIV outpatient clinics at NUH. I do not hold a management role or have budgetary responsibilities at NUH. I ensure that I separate my work at both of the NHS Trusts and maintain confidentiality both with patients and with commercially sensitive information.	N/A
2022/23	2022/23	Carlin	Elizabeth	Consultant	Loyalty Interests	Royal College of Physicians (RCP)	I am a member of the RCP Advisory Committee on Health Inequalities. This committee is focussed in identifying and seeking to reduce health inequalities in society. I am also a member of the RCP Clinically Extremely Vulnerable (CEV) Group, which seeks to address issues related to CEV individuals. I am involved in all aspects of the work but have a particular remit in relation to Sexual Health and HIV. The system is not allowing me to enter dates but I anticipate this work continuing throughout the year. I separate my activities and roles within this committee and the RCP with my roles and duties within the NHS. I make it clear when I advise or act publicly in which capacity I am acting.	N/A
2022/23	2022/23	Seddon	Sarah	Pharmacist	Loyalty Interests	Bradford Institute for Health Research	I am a member of the Patient and Family Advisory Group for the NIHR PFI-SII Study (Involving Patients and Families in Serious Incident Investigations). I participate in this group as a patient rather than as a healthcare professional and get paid the standard NIHR patient involvement rate for my time.	N/A
2022/23	2022/23	Seddon	Sarah	Pharmacist	Loyalty Interests	N/A	I sit on the advisory group for the Harmed Patients Alliance (a campaign working to increase understanding of the impact of healthcare harm on patients and families). I give my time voluntarily for this role and participate as a patient rather than as a healthcare professional	N/A
2022/23	2022/23	Seddon	Sarah	Pharmacist	Outside Employment	General Pharmaceutical Council	I have given training on 'person-centred regulation' / 'Duty of Candour' for staff at the GPhC on an ad-hoc basis. This training is from the perspective of a patient who has been a witness in FtP proceedings and consists of talking through my personal experiences and answering questions. Some of the training has been on a voluntary basis and more recently, I have been paid for the time involved.	N/A
2022/23	2022/23	Seddon	Sarah	Pharmacist	Loyalty Interests	Open University / Manchester Metropolitan University	I sit on the patient and family advisory group for the 'Witness to Harm, holding to account' study in my capacity as a patient. I give my time voluntarily and am occasionally paid for attending a meeting.	N/A
2022/23	2022/23	Ward	Claire	Chairman	Shareholdings and Ownership Interests	Capewells limited	Owner of consultancy company in which I act for a number of pharmacy and pharmaceutical companies and organisations. This includes providing public affairs advice to the Pharmacists Defence Association which has members across hospital, primary and community pharmacy. These roles are not connected to my position at Sherwood Forest but the clients I work with may supply the Trust or act for staff within it.	N/A
2022/23	2022/23	Ward	Claire	Chairman	Outside Employment	Institute for Collaborative Working	Non Executive Director of Institute for Collaborative Working. This is a not for profit , membership organisation and professional business institute working across a number of different sectors to promote collaborative working and the implementation of ISO 44001. Members of the ICW include a number of companies that may do business with SFHT but I have no interactions with them on this basis.	N/A

2022/23	2022/23	Ward	Claire	Chairman	Loyalty Interests	University of Hertfordshire	Governor on the Board of the University of Hertfordshire	No payment received
2022/23	2022/23	Yusuf	Fatima	Consultant	Outside Employment	Nottingham University hospital	I am registered with external bank at Nottingham University hospitals as of April 2020. I am doing sporadic locum work when my schedule allows.	N/A
2022/23	2022/23	Fazal	Iftikhar	Consultant	Shareholdings and Ownership Interests	IAF Medical Ltd	Director of IAF Medical Ltd	N/A
2022/23	2022/23	Fazal	Iftikhar	Consultant	Clinical Private Practice	Nottingham Road Clinic	Ad hoc private practice at Nottingham Road Clinic, Mansfield	N/A
2022/23	2022/23	Fazal	Iftikhar	Consultant	Clinical Private Practice	Spire Nottingham Hospital	Private practice at Spire Nottingham Hospital	N/A
2022/23	2022/23	Fazal	Iftikhar	Consultant	Clinical Private Practice	BMI The Park Hospital	Private practice at BMI Park Hospital, Arnold, Nottingham	N/A
2022/23	2022/23	Southgate	Andrew	Specialist MSK Physiotherapist-Hydrotherapy Team Lead	Outside Employment	Enablement Care / Innova House	I (Andrew Southgate) provide physiotherapy to residents at a care home in Sutton-in-Ashfield and Mansfield. I visit once a week, for 1 hour. Duties include gentle joint, muscle stretching and mobility work to help maintain the residents function and mobility.	N/A
2022/23	2022/23	Haydock	Catharine	Senior Physiotherapist	Clinical Private Practice	Southwell Physiotherapy and Sports Injury Clinic	Treat patients as required on ad hoc basis	N/A
2022/23	2022/23	Marshall	Nigel	Medical Examiner	Loyalty Interests	National Medical Examiner Service	Part of my role within SFHT is as a Medical Examiner- This role is seen as "independent" and covers scrutiny of deaths within the hospital and community. The ME office is hosted by SFHT but is subject to the regulations and guidance set out by the National Medical Examiner Service (NME). Medical Examiners, if clinically working at the trust, do not scrutinise cases where they have been involved with clinical care (and includes further reviews of clinical cases where they have carried out first stage scrutiny as a Medical Examiner). Meeting between MD and Lead ME (Nov 2022) to support mitigation for areas with potential conflict, with specific reference to trust mortality.	0
2022/23	2022/23	Tilbrook	Sean	Lead Physiologist	Clinical Private Practice	The Nottingham Road Clinic	I see private patients at The Nottingham Road Clinic, in my capacity as a sleep physiologist. I typically set patients up with either home sleep studies, or trials of treatment with CPAP. I am paid a set fee for each patient I see and this is entirely separate to my role as a clinical physiologist at SFH, where I see NHS patients.	N/A
2022/23	2022/23	Tilbrook	Sean	Lead Physiologist	Clinical Private Practice	occupational health departments and / or insurance companies	I am from time to time approached by various external entities (occupational health departments and / or insurance companies) to provide medical reports for patients under the care of my NHS sleep clinic. I prepare these reports in my own time (outside my usual NHS working hours).	N/A
2022/23	2022/23	Tilbrook	Sean	Lead Physiologist	Clinical Private Practice	The Nottingham Road Clinic	I perform Spirometry at The Nottingham Road Clinic. I am paid on a per patient basis and this is entirely separate to my role as a clinical physiologist at SFH.	N/A
2022/23	2022/23	Tilbrook	Sean	Lead Physiologist	Clinical Private Practice	DVLA	I complete forms on behalf of the DVLA regarding patients fitness to drive. These forms are completed in my own time and I am compensated on a per form basis by direct payment from the DVLA to my trust salary,N/A	N/A
2022/23	2022/23	Sarmad	Ambreen	Consultant	Outside Employment	Operose	I work with a NHS independent provider once a week.	na
2022/23	2022/23	Anthony	Deborah	Specialist Clinical Lead for Ortho Inpatients & Outpatients	Clinical Private Practice	The Nottingham Road Clinic	Private Physiotherapy at the Nottingham Road Clinic Mansfield. I see self pay and patients from BUPA/AXA and other private healthcare companies. 7 hours per week maximum	N/A

09/04/2022	12/04/2022	Ferreira	Jane	Head of MSK	Gifts & Hospitality	Swiss NRP 74	I was asked to speak at the Wennberg Collaboration conference on the 10th April and Swiss National Research Programme 74 conference on the 11th April. The conference was in Lucerne, Switzerland, and my flight to Zurich, subsequent rail transfer to Lucerne and 3 nights accommodation was paid for by the conference organisers. Food was available free of charge on conference days and there was a group meal paid for both nights for all conference attendees. The Wennberg conference covered healthcare variation and I co-presented work on variation and value in Mid-Notts with Prof G Bevan from LSE and was part of the Q&A panel session. The Swiss NRP was a synthesis conference where various research projects were presented around integrated care and improving population health in Switzerland as part of the programme priorities. I was invited as 'commentary from abroad' to focus on 'co-ordination of care models' from my experience of work we are doing in MSK. I was introduced to the Swiss NRP and Wennberg collaborative organisers by Prof Bevan from LSE who has been supporting the economic evaluation of the MSK back pain pathway. This was discussed with my manager Lorraine Palmer who approved my attendance and supported the declaration to be made.	Estimated £700 for the total cost of the travel and accommodation.
04/04/2022	06/04/2022	Ferreira	Jane	Head of MSK	Gifts & Hospitality	Back to Back and KHALO research meeting	I was asked to join a research meeting in Oxford University to discuss potential research collaborations in back pain and also present on the integrated value based back pain model we are delivering in Mid-Notts. Travel was not funded but accommodation was funded for 2 nights at St Anne's College accommodation block and meals were also included for 2 lunches and one evening meal. This was discussed and approved by my manager Lorraine Palmer.	Estimated £150
2022/23	2022/23	Jacklin	Andrew	Consultant	Outside Employment	Nottingham University Hospitals	Hold a bank contract at Queen's Medical Centre A&E. Currently have no shifts booked with them, but may do so in future. Currently all bank consultant A&E shifts at King's Mill are filled with no gaps.	0
2022/23	2022/23	Jacklin	Andrew	Consultant	Outside Employment	Messily	Am registered with Messly (locum agency). Currently no shifts booked with them and all KMH Consultant A&E shifts filled by colleagues with no gaps.	0
2022/23	2022/23	Mills	Richard	Chief Finance Officer	Loyalty Interests	N/A	Partner Michelle Lee works for NHS England & NHS Improvement as a Retention Lead in the People Directorate. This shouldn't cause any direct conflict of interest.	N/A
2022/23	2022/23	Hudson	Sharon	Lead Nurse Endoscopist	Outside Employment	Remedy Healthcare Solutions	Agency work	N/A
2022/23	2022/23	Sakariya	Rinku	Clinical Coding Manager	Shareholdings and Ownership Interests	Code Right Ltd	I have my own Ltd company and on occasions provide the independent clinical coding audit and training service to other NHS and non NHS organisations.	N/A
2022/23	2022/23	Sathi	Navtej	Consultant	Outside Employment	Intersource Medical Services paid to my company Maine Peak Consulting	Dr. Navtej Sathi Clinical Lead for the Rheumatology Service (Locum) This job will be done in my non NHS time	N/A
2022/23	2022/23	Rahman	Mohamed	COVID Pharmacist	Loyalty Interests	United Kingdom Clinical Pharmacy Association	Mohamed Rahman. One of the Directors on the United Kingdom Clinical Pharmacy Association Board (I am also Chair of this Board). The UKCPA Board of Directors is responsible for the strategic management and direction of UKCPA. It is held accountable for all that is done in the Association's name. The Board of Directors is strategic, focusing mainly on the following years but also monitoring progress in the current year.	n/a
2022/23	2022/23	Smith	Amber	Senior Physiotherapist	Clinical Private Practice	Amber Melita Smith Physiotherapy Health and Fitness	Amber Smith Role in Organisation - Senior Physiotherapist Part time Self- Employed Private Predominantly Sports Massage Therapy / Physiotherapy Located in Newark Nottinghamshire - working from home and mobile	N/A
2022/23	2022/23	Vindla	Srinivas	Consultant	Outside Employment	Grow	I get a consultation fee for providing advice for a medical cannabis company	£1500 per month

2022/23	2022/23	Goddard	Jason	AHP Placement Project Manager	Loyalty Interests	N/A	Lucy Goddard - Enhanced Surgical First Assistant. Can work for Theatres as a scrub nurse. As a due diligence measure I am not involved in the allocation of, or approval of, Lucy's shifts.	N/A
27/10/2021	31/03/2023	Lidstone	Nicola	Clinical Researcher	Gifts & Hospitality	University of Bristol	Nicola Lidstone Occupational Health Physiotherapist. Monies towards travel and accommodation / sponsorship as required for Artist work from the University of Bristol towards 'Sensing spaces of health care: Rethinking the NHS Hospital.' 27.10.21 £126 petrol, 23.1.22 £83.90 train, £58.50 accommodation Authorising manager Adam Grundy Occupational Health	268.4
2022/23	2022/23	Lidstone	Nicola	Clinical Researcher	Patents	University of Bristol , Greentree Therapy	Nicola Lidstone Occupational Health Physiotherapist. Joint foreground IP and individual IP (owned by myself) from artworks created as part of my Artist work with the University of Bristol towards 'Sensing spaces of health care: Rethinking the NHS Hospital.' 1.9.21 to date . Joint foreground IP from one off artwork created with Greentree Therapy August 2021 Authorising manager Adam Grundy	N/A
2022/23	2022/23	Fawcett	Jonathan	Chief Clinical Physiologist	Loyalty Interests	British Heart Foundation	My wife works (part time) at the British Heart Foundation (BHF) "Furniture & Electrical" shop in Mansfield. We sell small items of a nominal value (£1) for the BHF, to help raise funds. I have asked permission from the departmental manager to place these items on reception for patients to make donations in exchange for these goods, e.g. badges / pens / trolley tokens / diaries, etc. The monies are collected & collated in my own time outside of my own working hours.	Minimal
2022/23	2022/23	Bahl	Remy	Medical Examiner	Outside Employment	County Durham and Darlington Foundation NHS Trust (CDDFT)	I work as a Forensic Physician on the Staff Bank as a Consultant Grade doctor providing clinical forensic care with County Durham and Darlington Foundation NHS Trust (CDDFT). I pick and chose Bank shifts on an ad hoc basis.	Variable(around £20000--£30000 per annum--not fixed)-- This is on an ad hoc basis and I would generally pick Bank shifts on an ad hoc basis.
2022/23	2022/23	Al-Samarrai	Susanna	Consultant (P)	Outside Employment	NHS England/Improvement	Employed by NHS England/Improvement as Regional Lead Obstetrician for the Midlands 2 PAs per week from October 2021- March 2022 4 PAs per week from April 2022 - date	N/A
2022/23	2022/23	Bahl	Remy	Medical Examiner	Clinical Private Practice	All my private practice work is through my Limited Company---Remy Bahl Ltd.	1) Most of my work for County Durham and Darlington Foundation NHS Trust (CDDFT) is providing Clinical care at Consultant Grade level and working on an ad hoc basis as Bank Staff. However there are aspects of my work here (eg to attend Court to provide medical expert evidence for which I may be paid on a private basis.) 2) All my work for LCH(Leeds Trust) is working as a Forensic Physician on a sessional basis and is classed as an on call arrangement. All my work here is classed as private practice. 3) My Forensic work has no conflict of interest with my Medical Examiner work here at SFH.	£30,000
2022/23	2022/23	Ahmad	Naeem	Consultant	Clinical Private Practice	Carter Brown, Medical Foresight, Forensic Access, Carter Brown, Medical Foresight & Forensic Access - I get work as described above from them	See patients privately at Nottingham Road Clinic, Mansfield. I have arrangements with 2 companies Carter Brown, Medical Foresight & Forensic Access - they send patients to me and pay me for their assessments. I also do Expert Witness work for Courts. Some of the Expert Witness work comes from companies, Carter Brown, Medical Foresight & Forensic Access	N/A
2022/23	2022/23	Oxley	Fay	Patient Pathway Coordinator	Outside Employment	MOED Consulting and Wireko Ltd	Fay Oxley, PPC Gastroenterology Typing private consultation letters for Dr Shonde and Dr Wireko. This is varying dates and times. The work is undertaken outside of my NHS working hours at my home. Private patients have contacts to call at the hospitals they are seen in.	Variable

2022/23	2022/23	Bentley	Joanne	Senior Physiotherapist	Outside Employment	The Health and Care Professions Council (HCPC)	3 Partner roles for the Health and Care Professions Council (HCPC):1. CPD assessor - assessing a proportion of CPD profiles every 2 years at re-registration2. Registrations Appeal Panel Member - to sit as an independent panel member on a panel to assess and make decisions regarding appeals.3. Fitness to Practice Panel Member usually commit to one HCPC activity per month. Assessing cases for a case to answer, preparatory reading for each case, discussing cases with other panel members to reach decisions and helping to compile detailed reports to justify decision making. Sitting on an independent panel for final hearings involving Physiotherapists misconduct, lack of competence or health.	N/A
2022/23	2022/23	Street	Adam	Registered Health Care Professional - Immunisation	Outside Employment	See above.	I work for Nottingham Trent University as a Hourly paid Lecturer on an ad-hoc basis and I work on BANK within the trust.	N/A
2022/23	2022/23	Knibbs	Simon	Exercise Physiologist for Cardiac Rehabilitation	Outside Employment	Self employment	Self employed Pilates class (approx. 2hrs/wk).	Variable
2022/23	2022/23	Andrew	Julia	Community Midwife	Outside Employment	Birth rights	I have recently become an Associate Trainer for the charity Birth rights. I will be invited to lead 2 or 3 training sessions per year. I can choose to accept payment and/or expenses. I have yet to provide any training on behalf of Birth rights I plan on taking annual leave for the commitment unless the dates fall on my day off.	Payment is £125 half day session or £250 for a full day.
2022/23	2022/23	Andrew	Julia	Community Midwife	Shareholdings and Ownership Interests	See above	I have set up a Not-for-profit organisation in my home town Newark. The organisation is a support and social group for parents who wish to learn about/already using/experiencing problems with using Reusable Nappies. I have set up a nappy library within this organisation. I hold reusable nappy demos within the group. I fundraise and apply for local community funds or sponsorship I have public liability insurance I take no income from the organisation. I have so far received £250 from Newark Roundtable, approx. 175 in fundraising, 100 from local eco company as a sponsor. The money has been used to pay for the insurance, the nappy hire kits, the venue hire and promotional material. I have a volunteer who oversees the fundraising.	n/a
2022/23	2022/23	Banks	Stephen	Non Executive Director	Outside Employment	The Tinnitus Clinic Ltd	Chair of The Tinnitus Clinic Ltd, private provider of hearing care services	N/A
2022/23	2022/23	Banks	Stephen	Non Executive Director	Outside Employment	Zenobia Partners LTD.	Director	N/A
2022/23	2022/23	Banks	Stephen	Non Executive Director	Outside Employment	Nottingham High School	Chair of Governors	N/A
2022/23	2022/23	Fergie	Neil	Consultant	Clinical Private Practice	N/A	Private practice at Park Hospital and Spire Hospital as detailed in my job plan. Practice reflects my NHS practice	N/A
2022/23	2022/23	Molyneux	Andrew	Consultant	Outside Employment	National Institute for Health and Care Excellence	Co-Chair for NICE/BTS/SIGN Asthma Guideline Update Committee from January 2022 to date. I receive travel expenses, but no other payments currently. Honoraria are directed into the Trust Respiratory Study/Training fund to pay for team members to attend educational events. I have just completed Chair of the NICE Melanoma Guideline Update Committee, for which the same approach to expenses and honoraria apply.	£3500 estimated
2022/23	2022/23	Tomsett	Natalie	Stroke Rehabilitation Assistant	Outside Employment	Usborne Books	Natalie Tomsett - band 3 rehab support worker for Early Supported Discharge team. Out of work I do Usborne Books. I spend a couple of hours on this a week on my days off and at weekends. I attend events and fayres on my days off and at weekends.	N/A
2022/23	2022/23	Tomsett	Natalie	Stroke Rehabilitation Assistant	Outside Employment	Avon	Natalie Tomsett band 3 rehab support worker (ESD) once a month I place an Avon order. I do this on my days off and at weekends.	N/A
2022/23	2022/23	Tekle	Solomon	Consultant	Shareholdings and Ownership Interests	Solomon Tekle Ltd	Although the company is open it has not made any income over the last nearly 2 year.	N/A
2022/23	2022/23	Pearce	James	Lead Radiographer - Nuclear Medicine	Outside Employment	Circle Healthcare (The Park Hospital)	I have recently started bank work at the Park Hospital (Circle Healthcare) My duties in this role will be as a cardiac radiographer in the cardiac catheter laboratory. The time commitment of this role is approximately 2-3 hours per week.	N/A

2022/23	2022/23	Racey	Rosemary	Orthopaedic Practitioner	Outside Employment	T.E.A.C.H.	Rosemary Racey: Orthopaedic Practitioner. Ad hoc trainer support with T.E.A.C.H (Musculo-Skeletal, Splinting and Casting Training Specialists) Support given outside of normal working hours or during periods of leave on an "as and when required basis"	N/A
2022/23	2022/23	Duffy	John	Lead Optometrist - Retinopathy Screening Programme	Shareholdings and Ownership Interests	Duffy Optometrists Ltd	I am founder of the independent optometry practice and now director and senior shareholder.	NA
2022/23	2022/23	Duffy	John	Lead Optometrist - Retinopathy Screening Programme	Clinical Private Practice	East Midlands Medical Services Ltd	Director and shareholder EMMS Healthcare Ltd, providing community NHS commissioned eye care services	NA
2022/23	2022/23	Clymer	Mark	COVID Pharmacist	Outside Employment	Centre for Pharmacy Postgraduate Education (CPPE)	Mark Clymer - Assistant Chief Pharmacist - Clinical services manager. Honorary contract with CPPE (via University of Manchester) - expert advice/review and professional development. Ad hoc commitment in own time.	N/A
2022/23	2022/23	May	Stephen	Pharmacist	Shareholdings and Ownership Interests	Hospital Pharmacy Software	Provide software to 2 hospital sites via Hospital Pharmacy Software.	c. £900 per annum
2022/23	2022/23	Neilson	Richard	Pharmacist Vaccination Manager	Outside Employment	South Axholme Practice	I work as a clinical practitioner and responsible person at a GP practice that is outside the Nottinghamshire region.	N/A
2022/23	2022/23	Ashton	Steven	Sonographer	Outside Employment	APC	Private clinic performing ultrasound scans on patients Saturday and Sunday. This work is carried out in Barnsley/Sheffield and therefore is outside this Trusts area.	N/A
2022/23	2022/23	Thanigasalam	Morgan	Clinical Lead: Digital Innovation and Transformation	Outside Employment	Health and Care Professions Council (HCPC)	Ad Hoc work as a Registered Operating Department Practitioner panel member. Fitness to practice is an essential part of maintaining robust healthcare professional registers to ensure public confidence, public protection and professional reputation. Each panel across all professional bodies requires a member who is on the same part of the relevant register. Work is all carried out in my own time.	£206 per day
2022/23	2022/23	Nasr	Mohamed	Consultant	Clinical Private Practice	East Midland Radiology Consortium AKA EMRAD	Insourcing reporting for EMRADRadiologists employed by one of the Trusts in the emrad consortium who provide a remote reporting service for their Trust or on behalf of another emrad Trust.	Payment According to contract
2022/23	2022/23	Gambell	Emma	AHP Clinical Fellow	Outside Employment	Alder Hey Children's Hospital NHS Foundation Trust	Emma Gambell Alder Hey Children's Hospital NHS Foundation Trust Band 5 Bank role in Radiology, carrying out generic duties in x-ray, theatre and fluoroscopy. Completion of approximately 16-24hours per month commencing 15/06/2022.	£110 gross pay per 8 hour shift
2022/23	2022/23	Tatham	Richard	Medical Photographer	Outside Employment	mission studio	I have my own photography company mission studio	N/A
2022/23	2022/23	Grzelak	Rachel	Head Orthoptist	Outside Employment	Health and Care Professions Council (HCPC)	I work as a registration assessor for the Health Care Professions Council, reviewing applications from overseas orthoptists on a freelance basis.	N/A
2022/23	2022/23	Govindarajan	Arivan	Consultant	Clinical Private Practice	BMI/Circle , Ramsay (Woodthorpe) and Glanso	I M REGISTERED to work as an consultant anaesthetist in the following private hospitals in the year 2021-2022 1) BMI Park, Nottingham 2) BMI Lincoln 3) Woodthorpe Hospital Nottingham 4) Treatment Centre Nottingham. My work in all the above hospitals are ad hoc sessions on some week days or weekends. I have signed a contract with Glanso in August 2020 to anaesthetise NHS patients in the trust, so far I have done one elective orthopaedic list in Kingsmill Hospital through this contract. I also work as a crowd doctor for Mansfield Town Football club occasionally.	n/a
2022/23	2022/23	Govindarajan	Arivan	Consultant	Shareholdings and Ownership Interests	Not applicable	I am a Joint director for a private limited company Amritanjali limited. My private clinical work earns income for this limited company. I don't get pay or dividends from the company.	Not applicable
2022/23	2022/23	Vanjari	Jayant	Consultant	Clinical Private Practice	4Ways Tele Diagnostics	Radiology reporting services for 4ways Tele Diagnostics started since August 2021, provided during hours outside those of NHS commitment	N/A
2022/23	2022/23	Ward	Susan	Consultant	Outside Employment	Cambridge University Press	I get royalties from a textbook I wrote called the DRCOG Revision Guide which is now in its third edition	£450
2022/23	2022/23	Ward	Susan	Consultant	Clinical Private Practice	Susan Ward	Consulting and operating at The Park Hospital	26,000 gross
2022/23	2022/23	Sharma	Priyanka	Consultant	Clinical Private Practice	British Medical Expert	Medicolegal expert witness	N/A

2022/23	2022/23	Aladin	Abizar	Consultant	Outside Employment	BMI park	Type of Benefit: Clinical Private Practice Comments: Twice monthly evening clinics at The BMI Park hospital and ad hoc sessions beyond that. Value: N/A Copy to Current Period	N/A
2022/23	2022/23	Aladin	Abizar	Consultant	Clinical Private Practice	Nottingham Road Clinic	NHS vasectomies. Occasional Private patient, Hayfever injections	N/A
2022/23	2022/23	John	Joby	Consultant	Clinical Private Practice	BMI Park Hospital	clinic & adhoc theatre sessions	NA
2022/23	2022/23	John	Joby	Consultant	Clinical Private Practice	One health	Adhoc list and clinic	na
2022/23	2022/23	John	Joby	Consultant	Clinical Private Practice	Woodthorpe Hospital	Adhoc clinic & theatre	na
2022/23	2022/23	John	Joby	Consultant	Clinical Private Practice	premex & Mobile doctors	medicolegal	na
2022/23	2022/23	Schreuder	Maria	Consultant	Clinical Private Practice	The Park and Woodthorpe Hospitals	Clinical Private and NHS practice outside SFH:The Park Hospital Woodthorpe HospitalClinical work as T&O Consultant Half day sessions on Thursday pm's and Saturday am's.	N/A
2022/23	2022/23	Schreuder	Maria	Consultant	Outside Employment	Independent Health Group	Minor hand surgery procedures clinic and theatre.	N/A
2022/23	2022/23	Jagdale	Ranjeet	Consultant	Clinical Private Practice	4WAYS	I undertake Telereporting for a private company outside my routine NHS working hours.	N/A
2022/23	2022/23	Jagdale	Ranjeet	Consultant	Shareholdings and Ownership Interests	Aarav Healthcare Pvt Ltd	I am a shareholder and owner of a small private company	N/A
2022/23	2022/23	Jarvis	Cally	Administration Officer	Outside Employment	Sirona Medical	Cally Jarvis. Consultancy weekend work of reviewing tender applications for Endoscopy Contracts. The work would be ad-hoc and undertaken at weekends. No work would be undertaken that is associated with the Trust or within our catchment area to ensure no conflict.	n/a
2022/23	2022/23	Reza	Mostafa	Bank Higher Specialty Trainee and SAS Rota	Clinical Private Practice	J & R Dental Practice, Mansfield	I work in a Dental Practice in Mansfield on sessional basis Wednesday PM and some Saturdays	N/A
2022/23	2022/23	Batterham	Jason	Medical Photographer	Outside Employment	Jason Batterham Photography (Self-employed sole-trader)	Small passive income from photos/videos I have lodged with stock libraries.	N/A
2022/23	2022/23	Gettings	Jessica	Midwife	Clinical Private Practice	Lucina Mama Antenatal Classes	Jessica Gettings -Community Midwife, Newark, Sherwood Forest Hospitals NHS Trust Myself and two of my colleagues are in the process of setting up private antenatal classes for local women. We aim to have got this up and running in the next few months. We aim that the classes will run weekly and in blocks of 5 weeks at a time. They will be ran at a local community hall. We will advertise these solely on social media and are fully aware that we are under no circumstances to advertise this during work time/ during our employment with SFH NHS Trust. We aim for the sessions to cover a variety of topics such as antenatal wellbeing, labour, postnatal period. We will clarify with women who attend that we are not providing these antenatal education sessions as NHS midwives, and that we are working completely separate to our NHS role, and are also considering having women sign a declaration form when they sign up for classes, to ensure they understand this information.	N/A
2022/23	2022/23	James	Deborah	Specialist Clinical Occupational Health Nurse	Outside Employment	GEM OH Services	D James - OH Practitioner - Manager Adam Grundy (Head of Occ Health) (commenced with SFH trust July 2021) Since January 2022 I have provided OH Nurse support via a company called GEM OH Services. This support took the form of 1 or occasionally 2 days per month covering a OH clinic for a local District Council. I currently work part time hours of 18hrs a week over 2 x days for the NHS and in the first few months of this year requested an increase of my NHS hours which my manager is considering. Any extra work carried out for the local council was always on my days off and in no way impacted on my NHS work. I will no longer be providing the above support for GEM OH services from mid August 2022 as the contract for the local council has ended. Please do not hesitate to contact me should you require any further information	N/A

2022/23	2022/23	Bishop	John	Trust Senior Legal Advisor	Shareholdings and Ownership Interests	n/a	I hold two directorships in non-trading companies: J P Bishop Ltd and Brightmans Professional Development Ltd. J P Bishop Ltd has not actively traded since, to my recall, 2016, which was prior to the date of my employment in October 2017. Brightmans Professional Development Ltd has never actively traded. There is absolutely no conflict of interest that meets the reporting criteria set out by the Trust so this is not a declarable COI, therefore I have correctly submitted nil returns in the past, however I have now been directed to declare it.	n/a
2022/23	2022/23	Thomas	James	Consultant Radiologist	Clinical Private Practice	Spire Hospital Tollerton	Spire Hospital Nottingham, once weekly	N/A
2022/23	2022/23	Thomas	James	Consultant Radiologist	Outside Employment	Oxford University Press	Book Royalties - Oxford Handbook of Clinical Examination	NA
2022/23	2022/23	Owens	Benjamin	Consultant	Outside Employment	NHSI and ECIST	working for NHSI and ECIST on secondment 3 days a month annualised agreed in job plan on contract with them visiting sites, on national committee and assisting with policy	expenses only - trust paid for time
2022/23	2022/23	Widdowson	Ben	Associate Director of Estates & Facilities	Outside Employment	Brighter Futures	Non-Executive Board member with the Brighter Futures Housing Association in Stoke on Trent for a 3 year term from September 2022. With agreement from my line manager and time commitment of c. 2 hours per month to attend Board meetings with no impact on my SFHT commitments.	n/a
2022/23	2022/23	Jaiswal	Amit	Consultant (P)	Outside Employment	emauk.org (emergency medicine association of UK)	Organising training course for junior doctors- Ultrasound course. The course is organised in my own time which requires arranging the ultrasound machine, inviting faculty and registering trainees. Preparing certificates, presentation, feedback. Presentation requires power point presentation and delivering the talk. These duties are done on my off days or once I finish my shift.	NA
2022/23	2022/23	Mounsey	Theresa	Midwife	Clinical Private Practice	Tree of life - Not yet registered with companies house . Start up business at present.	Theresa Mounsey- currently setting up a practice for Hypnobirthing taught sessions . Face to face on a part time basis. Practice from clients home/ or rented building/ own property. Fully insured. Offering Doula support- No clinical practice involvement with any birth. Support capacity only. Antenatal classes Antenatal and postnatal private packages.- Insured through RCN as private practice.	N/A
2022/23	2022/23	Horsley	Leanne	Senior Programme Manager	Outside Employment	Sheffield hallam University/University of Lincoln/University of Central Birmingham	Leanne Horsley - Clinical Educator in Respiratory Physiotherapists. Works 'casually' for local universities to provide education to the physiotherapy students. This is very variable, there can be many months with no work done and all and then occasionally there will be a few days all together. Time in lieu or annual leave always taken from the trust if any of the work is to be completed inside of normal working hours. Occasionally, flexible working is used to allow for travel time to a site etc.	NA
2022/23	2022/23	Akhtar	Irfan	Consultant	Shareholdings and Ownership Interests	The Professional Medical Services	I am a Director in company The Professional Medical Services Ltd.	63,798.00 31/01/2021
2022/23	2022/23	Ambalkar	Shrikant	Consultant Microbiologist & Head of Service for Microbiology	Outside Employment	King's College Hospitals NHS Trust	I am working as a locum consultant microbiologist at department of Infection /Microbiology , King's College Hospitals NHS Trust on a temporary contract (16hrs a week , Thursdays/Fridays) since 9th June 2022 . I have informed about this to Dr Selwyn (Medical Director), Dr.James Thomas (Clinical Chair) , Dr.Noor 9 Associate Medical Director) & Dr. Gill (Pathology Service Director) . The reason I took this temporary appointment is to gain some experience in complex subspecialities in Infection Service (like Transplant Infections , Neurosurgical Infections etc) . I am doing this work in my own time .	N/A
2022/23	2022/23	Brady	Barbara	Registered Nurse	Loyalty Interests	Integrated Care Board	As a result of being a NED at SFHT and chairing the SFHT Quality Committee I am now a member of the ICB Quality and People committee	N/A
14/08/2022	14/08/2022	Jaiswal	Amit	Consultant (P)	Gifts & Hospitality	RCFEM	Contributed as a faculty at train the trainer Ultrasound course organised by RCFEM	£301.00
2022/23	2022/23	Lloyd	Ruth	Head of Corporate and Business Support	Loyalty Interests	N/A	Indirect interest - close family member works in Theatres Recovery for Sherwood Forest Hospitals	N/A
2022/23	2022/23	Bidwai	Amit		Clinical Private Practice	na	Private Medical Services provided for BMI healthcare	na
2022/23	2022/23	Milligan	Lisa	Consultant	Clinical Private Practice	Variable - private practice	Small amount of Private Practice at The Park Hospital, Nottingham. Approximately one half-day per month in own time (Saturdays or Tuesday or Friday mornings)	N/A

2022/23	2022/23	Whitford	Hazel	Registered Nurse	Outside Employment	Thornbury and Altrix	Thornbury Nursing Agency Altrix Nursing agency Working both ward and ICU shifts on occasion - working within my limitations as a band 5 nurse	N/A
2022/23	2022/23	Gettings	Jessica	Midwife	Outside Employment	Bumps Afloat Aquanatal	Own business running aquanatal classes Business name - Bumps Afloat Aquanatal Classes each week on a Wednesday evening completely separately to my employment with NHS	N/A
2022/23	2022/23	Kathirgamanathan	Aravindan	Consultant	Loyalty Interests	parkrun UK and Colwick parkrun	I hold two unpaid voluntary positions: 1) member of parkrun UK Safety Committee.2) teach first aid and safe defibrillation to park runners at Colwick parkrun.	0
2022/23	2022/23	Morgan	Montio	Consultant	Outside Employment	Medinet	I do weekend outsourcing clinics with Medinet. I do this on one weekend a month and this does not affect my ability to do my substantive work at SFH. I do not undertake any clinical work outside of what I would do in my regular job.	n/a
2022/23	2022/23	Mukhtar	Muhammad	Locum Consultant (P)	Outside Employment	GTD Healthcare	Sometimes I do some locum shifts outside SFH/KMH.	Variable
2022/23	2022/23	Tilley	Helena	Consultant	Shareholdings and Ownership Interests	Hockerton Housing Project Trading LTD	Director of Hockerton Housing Project Trading LTDThis is a not for profit organisation. I am a director but do not do paid work for the company. We provide consultancy, tours and education to a range of businesses, universities and the general public related to low carbon housing, renewable energy and sustainable living. We have meeting space which can hire out including to NHS organisations if asked. Occasionally we have provided courses for NHS organisations related to holistic health. My husband is also a Director of the company and it is his primary employer.	N/A
2022/23	2022/23	Mitra	Aveek	Consultant	Outside Employment	Castlecoble Race club	medical event cover: Castlecoble Race circuit, potential 10 days a year (weekends/ bank holidays)Separate indemnity for this event and MSUK registered doctor.	£150 a day when event covered (inclusive of everything) + lunch (sandwich, crisp, drink, fruit)
2022/23	2022/23	Mitra	Aveek	Consultant	Outside Employment	Jockey club	Blenheim palace horse trials: medical event cover	£420
2022/23	2022/23	Lobo	Benjamin	Consultant	Outside Employment	NHS E	This is an update to the last declaration. The new 2nd employment with NHS E has been taken with the explicit knowledge of the Trust. A proportionate reduction of hours and my salary has been made. The appropriate job planning process as discussed and overseen by HR.	Executive and Senior Manager pay scale
2022/23	2022/23	Barnett	Alison	Chief Cardiac Physiologist	Outside Employment	Sheffield Hallam University.	27/7/2022 Worked as examiner for End Point Assessment for Healthcare Science Apprenticeship degree. This involved travelling to Sheffield Hallam University for one day, marking exam papers and conducting assessments of research presentations and professional discussion. There was a fee payable for this and it is being paid to SFH for my time.	£504 paid to Trust
27/07/2022	27/07/2022	Barnett	Alison	Chief Cardiac Physiologist	Gifts & Hospitality	Sheffield Hallam University	Worked as examiner for End Point Assessment for Healthcare Science Apprenticeship degree. This involved travelling to Sheffield Hallam University for one day, marking exam papers and conducting assessments of research presentations and professional discussion. Lunch was provided for me and travelling expenses were reimbursed to me.	£40
2022/23	2022/23	Barnett	Alison	Chief Cardiac Physiologist	Outside Employment	British Society of Echocardiography	Examiner for British Society of Echocardiography - practical examination in Oxford University Hospital. This was held on a weekend outside mu NHS contracted hours. It is a voluntary position.	N/A
21/05/2022	22/05/2022	Barnett	Alison	Chief Cardiac Physiologist	Gifts & Hospitality	British Society of Echocardiography	Examiner for British Society of Echocardiography - practical examination in Oxford University Hospital. This was held on a weekend outside mu NHS contracted hours. It is a voluntary position. Overnight accommodation including dinner provided the night before the examination as examiners are required to be onsite prior to 8am. Lunch during the examination day was provided.	£200
14/10/2022	15/10/2022	Launders-Wheatley	Ann	Specialist Nurse - Dermatology	Gifts & Hospitality	UCB Pharma Limited	2 day study with travel, accommodation and hospitality - entitled 'Dermatology Nurse Academy 2022'.	£85.00 train travel, £189.00 accommodation, unknown value of 2 day study sessions
2022/23	2022/23	Beeby	Jessica	Midwife	Outside Employment	Lucina Mama Antenatal classes	Jessica Beeby (midwife) outside work as antenatal educator, conducting antenatal classes which run every Thursday evening in 5 week blocks.	n/a
2022/23	2022/23	MacGregor	Aimi	Midwife	Outside Employment	Lucina Mama Antenatal	Antenatal educator. One hour per week at present.	N/A

14/10/2022	15/10/2022	Parkinson	Elaine	Specialist Nurse - Dermatology	Gifts & Hospitality	UCB Nurse Academy	2 day study day dermatology nurse academy with regards to patients with psoriasis. Overnight accommodation with food and transport provided	£266
2022/23	2022/23	Vanjari	Jayant	Consultant	Clinical Private Practice	Heart Lung Health	Radiology (Chest) reporting services for Heart and Lung Health started since October 2022 provided during hours outside those of NHS commitment	N/A
2022/23	2022/23	Gill	Muhammad	Consultant	Clinical Private Practice	BMI, Nottingham road clinic, Source Bioscience, other providers	Clinical diagnostic reporting for Non-NHS private work and other providers carried out on-site, random, through the year.	N/A
01/01/2022	31/12/2023	Gill	Muhammad	Consultant	Gifts & Hospitality	Various health related organisations	I am an invited speaker at various organisations in Pakistan and other countries 2-3 time a year which also sometimes provide hospitality	Not Applicable
01/01/2022	31/12/2023	Gill	Muhammad	Consultant	Gifts & Hospitality	Various pharmaceutical organisations	Attend educational events sponsored by pharmaceutical companies which also sometimes provide hospitality	Not Applicable
2022/23	2022/23	Gill	Muhammad	Consultant	Clinical Private Practice	Other NHS organisations	Post-mortem work with other NHS hospitals	Not Applicable
2022/23	2022/23	Girio-Fragkoulakis	Constantine	Consultant	Clinical Private Practice	AXON diagnostics	Reporting Radiologist as required. I do not report any SFH studies.	N/A
2022/23	2022/23	Girio-Fragkoulakis	Constantine	Consultant	Clinical Private Practice	Charterhouse medical	Breast work - clinics and screening	N/A
2022/23	2022/23	Girio-Fragkoulakis	Constantine	Consultant	Clinical Private Practice	BMI Thornbury and others	Breast work - Clinics in private hospital Updated today 7/3/23 after meeting with MD to ensure declaration is completely up to date as breast clinics are undertaken at various hospitals.	N/A
2022/23	2022/23	Van der Heijden	Ludovicus	Specialist	Outside Employment	MSV	Ad Hock earnings as motorsport and or crowd doctor	variable due to ad hock nature. will only be able to determine in retrospect after end of tax year
2022/23	2022/23	Abdul Nabi	Mohammed	Consultant Radiologist	Clinical Private Practice	The park Hospital	The park Hospital Consultant Radiologist During my time off from the NHS.	N/A
2022/23	2022/23	Watson	Katharine	Senior Physiotherapist	Clinical Private Practice	Kate Dixon Physiotherapy	Katharine Watson I will be started to see some private patients at my home based clinic in Normanton-on-Trent- Woodside House, South Street NG23 6RQ. This will be on a Tuesday or Friday and I will see approximately four patients a week. I will not be leaving the NHS, as this will remain my primary and much loved employment.	up to £200 a week dependent on whether I get any patients
2022/23	2022/23	Byrne	Madeleine	Chief Clinical Physiologist	Clinical Private Practice	Spire Hospital	Maddie Byrne, occasional work performing echo's at Spire Hospital, Nottingham, outside contracted NHS hours.	NA
2022/23	2022/23	Garment	Donna	Consultant Radiographer	Outside Employment	United Lincolnshire Hospitals NHS Trust	Bank role as Consultant Mammographer at United Lincolnshire Hospitals NHS Trust on days off or during annual leave.	N/A
2022/23	2022/23	Smith	Daniel	Consultant	Outside Employment	NHS England	I am seconded to NHS England for 2 PAs per week.	n/a
16/12/2022	16/12/2022	Anantharamakrishnan	Krishnan	Consultant Urological Surgeon	Gifts & Hospitality	Patient Only - Not a Company	Received a pen/pencil set given by a patient on 16/12/2022 - estimate the value to be less than £ 25 - apparently the set had been made by the patient himself - explained this to the HR - Rebecca Freeman	less than £ 25
2022/23	2022/23	Wright	Kelvin	Bank Higher Specialty Trainee and SAS Rota	Outside Employment	Army reserve	I am colonel in the army reserve. This is a command role and I maintain a clinical role in the background. There should be no conflict of interest with my NHS work, indeed the two compliment each other.	0
16/06/2022	17/06/2022	Sarmad	Ambreen	Consultant	Gifts & Hospitality	Bayer	I attended a meeting arranged by Bayer. It was a Medical retina meeting in Ophthalmology in London, where accommodation was arranged and travel miles were paid.	40
2022/23	2022/23	Ainsworth	David	Director of Strategy and Partnerships	Outside Employment	Erewash Borough Council	Chair of Independent Remuneration Committee - Erewash Borough Council Evening Meetings - can vary from 1-5 a year	NA
2022/23	2022/23	Ainsworth	David	Director of Strategy and Partnerships	Loyalty Interests	Vision West Notts College	Professional Governor at Vision West Notts College Evening Meetings throughout the year	Zero
2022/23	2022/23	Bull	Joanne	Registered Nurse	Loyalty Interests	Chesterfield Care group	I am currently a Trustee for the Chesterfield Care Group charity. They provide day centres for people in Chesterfield who live with dementia.	n/a
2022/23	2022/23	Chiwera	Lilian	Matron	Outside Employment	Becton & Dickinson	Surgical Site Infection Surveillance and Prevention consultancy	457
2022/23	2022/23	Chiwera	Lilian	Matron	Outside Employment	Molnlycke Health care	Surgical site infection surveillance and prevention consultancy services - Produced SSI quality improvement toolkit with other SSI Prevention key opinion leaders	495

25/11/2022	26/11/2022	Dhar-Munshi	Sushma	Consultant	Sponsorship	ROCHE	I was invited to attend the nationwide launch meeting of a new drug in Medical Retina called Faricimab, which is now NICE approved. This was a meeting attended by several Medical Retina Consultants from all over the country and some of the prominent medical Retina Consultants were the speakers	£200
2022/23	2022/23	Van der Heijden	Ludovicus	Specialist	Outside Employment	MSV	Ad Hock earnings as motorsport and or crowd doctor	variable due to ad hock nature. will only be able to determine in retrospect after end of tax year
2022/23	2022/23	Ward	Claire	Chairman	Outside Employment	Groupe Eurocom Ltd	Non Executive Director	N/A
2022/23	2022/23	Toth	Jozsef	Medical Director/Lead GP	Outside Employment	Holt Doctors Ltd	T&O Registrar on call or assisting in theatre and A&E Minor Injuries Unit (ENP backlog) locum shifts on weekends in Doncaster and Bassetlaw Teaching Hospitals since September 2020. Last shift was worked on Saturday 28/01/23.	£65-£80/ hour before tax
2022/23	2022/23	Milligan	Lisa	Consultant	Clinical Private Practice	N/A	Very occasional private practice in anaesthetics at The Park Hospital, less than one half day per month. No fixed time or day but not in NHS job-planned time.	N/A
2022/23	2022/23	Haynes	Andrew	Specialist Adviser to the Board	Outside Employment	FMLM and AHS	Consultancy advice to Faculty of Leadership and Management (FMLM) Applied Consultancy advice to Academic Health Solutions (AHS) No involvement in work in the Nottinghamshire system	N/A
2022/23	2022/23	Owens	Benjamin	Consultant	Outside Employment	Academic Health Solutions	Working for consultancy firm Academic Health Solutions doing work appraising UEC pathways, and estates	N/A
2022/23	2022/23	Belshaw	Elaine	Clinical Governance Lead	Loyalty Interests	Nottingham University Hospital	No declarations to note other than my secondment from NUH to SFH has been extended until March 2023, supporting with the COVID Vaccination Programme. Role at SFH: Clinical Governance Lead Manager: Meg Haselden, Head of Clinical Governance	N/A
2022/23	2022/23	Robinson	Lynn	ICS Operations Centre Lead	Loyalty Interests	Blackdog Outdoors	Volunteer trustee of a registered charity – Blackdog Outdoors Approximately 3 hours / week – in the evenings and weekend	N/A
2022/23	2022/23	Walsh	David	Professor of Rheumatology	Outside Employment	University of Nottingham	Since 2020 DAW has undertaken consultancy through the University of Nottingham to GlaxoSmithKline plc, AbbVie Ltd, Pfizer Ltd, Eli Lilly and Company, AKL Research & Development Limited, Galapagos, and Reckitt Benckiser Health Limited (each non-personal, pecuniary). He has contributed to educational materials through the University of Nottingham, supported by Medscape Education, New York, International Association for the Study of Pain and Osteoarthritis Research Society International (OARSI), each of which received financial support from commercial and non-commercial entities (each non-personal, pecuniary). He has been responsible for research funded by Pfizer Ltd, Eli Lilly and UCB Pharma (non-personal, pecuniary). Professor Walsh receives salary from the University of Nottingham, who have received funding for that purpose directly or indirectly from Sherwood Forest Hospitals NHS Foundation Trust, and UKRI/Versus Arthritis (personal, pecuniary).	N/A

Gender Pay Gap Report

1. Introduction

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

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

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

The information aims to establish the pay gap between male and female employees as at 31st March the previous year. For example, 31st March 2022 pay information must be published by 30th March 2023 on the employer's website.

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

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

2. Our Workforce

Every job at the Trust is evaluated through a national NHS job evaluation scheme. Panels of colleagues conduct job evaluations through the review of a job description and person specification; the post holder is not evaluated and there is no reference to gender or any other personal characteristics of existing or potential job holders.

Once evaluated, a role is placed within a band, each of which varies depending upon levels of responsibility and/or specialism. Bandings enable clinical and non-clinical staff to progress through the grades of pay within the band as they develop their careers and their years of service in the NHS.

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

Analysis of our data within the Trust indicates that 78.4% of our workforce are women and 21.6% are men.

3. Our Gender Pay Gap

Table 1: Overall Gender Pay Gap

As 31 st March 2022	Mean Hourly Rate	Median Hourly Rate
Male	£23.08	£18.47
Female	£16.44	£15.91
Difference	£6.65	£2.56
Pay Gap %	28.8%	13.8%

The mean average and median hourly rate of pay is calculated from a specific pay period, in this case it is March 2022. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

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

The percentage variance for the mean average hourly rate of pay is 28.8%, a decrease of 5.4% from 2021. This calculation is based on the average hourly rate of 5,620 female staff compared to 1,213 male staff; because the average is calculated over different numbers of staff and pay bands, some variance can be expected.

The percentage variance for the median hourly rate of pay is 13.8%, a decrease of 6.7% from 2021. For our organisation this is more indicative than the average hourly rate of pay as it is impacted less by the female to male ratio. When looking at the variance some consideration will need to be given to the variety of roles within the organisation.

4. Why do we have a gender pay gap?

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

Table 2: Proportion of men & women in each quartile of the organisations pay structure

As 31 st March 2022	Female	Male	Female %	Male %
1 - Lower	1,499	234	86.5	13.5
2 – Lower Middle	1,412	195	87.9	12.1
3 – Upper Middle	1,500	260	85.2	14.8
4 - Upper	1,209	524	69.8	30.2

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

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

In 2022, we saw an increase in the number of female staff in the Upper Middle and Upper quartiles whilst numbers of male staff has remained broadly the same; increasing the number of females in the higher quartiles has resulted in an overall decrease in our gender pay gap (as shown in table. i)

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

The upper quartile has a lower proportion of female staff than the other quartiles because of different gender splits in medical staffing and senior managerial roles in the Trust although the gap here is closing.

5. Bonus gap

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

In 2022 the continued unprecedented pressure in our hospitals prevented the Trust from holding the Clinical Excellence Awards. As directed by NHS Employers, and in agreement with the British Medical Association, as in previous years, the financial envelope for the awards was distributed evenly between eligible consultants.

In 2022, the criteria for eligibility changed to include fixed-term consultants and those consultants working part-time who had been working for us for at least one year or more; broadening the criteria for this year has resulted in a larger number of consultants receiving bonus pay (176 consultants in 2022 compared to 74 in 2021).

For 2022, and that year only, part-time consultants received the same amount as full-time consultants. This change in criteria means that more employees were considered eligible and received a bonus payment:

Table 3: Employees receiving bonus payment

As 31 st March 2022	Employees Paid Bonus	Total Employees	%
Male	122	1,764	6.91%

Female	54	6,391	0.84%
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Table 4: Bonus pay for eligible Trust consultants

As 31st March 2022	Mean Pay	Median Pay
Male	£11,841.85	£8,526.47
Female	£10,719.16	£6,032.04
Difference	£1,122.69	£2,494.43
Pay Gap %	9.48%	29.26%

The percentage variance for the mean bonus pay has reduced by 1.42% from 2021.

The percentage variance for the median bonus pay gap has reduced for the first time since 2019 which is testament to our efforts to reduce the gender pay gap within our medical workforce (in 2018, the first year of the awards, the gap was 66.6%).

Whilst distributing the money available for the Clinical Excellence Awards equally between those who are eligible awards ensures equality, the amount of an award can be impacted by individual circumstances, for example; length of service, part-time working, absence due to maternity, paternity, adoption or shared parental leave or other absence from work which may impact pay (i.e. sickness).

6. Closing the gap 2021 to 2022

Annually, we identify areas for improvement for the following 12-18 months from our gender pay gap data and the following are the highlights of our achievements from our Closing the Gap Action Plan from 2021:

Action identified	Update
Introduction of a women's network	We launched our brand-new Women in Sherwood staff network in the Summer of 2022 and have recently appointed a Chair for the network. In the short time since it's launch, the network already has 50 members across the Trust. Our 2022 report will be shared with the network in order to identify any areas for network action.
Identify an Executive Lead for gender equality	Our Chief Nurse, Phil Bolton has been appointed as the Executive Lead for our Women in Sherwood network. Phil is an active Exec and we are confident that his leadership will support our efforts in closing the gap on gender pay.
Flexible and/or agile working in senior and leadership roles	We continue to support colleagues to work flexibly and in new and innovative ways (for example working from home) since the Covid-19 pandemic. This enables us to provide more options for colleagues (in particular females as our predominant gender in the Trust) who are balancing their career alongside parenting or caring outside of the work

	<p>environment.</p> <p>We also have our Carers network within Sherwood which seeks to support unpaid carers in the workplace further strengthening our support to female colleagues.</p> <p>Notes:</p> <p>There are approximately 4.7m unpaid cares in England and Wales. The percentage of people providing care is higher in females than males [Census 2021].</p> <p>It is estimated that 1 in 3 NHS colleagues are providing unpaid care [HR news].</p>
Review training offer to ensure colleagues are empowered to challenge gender inequality	<p>Allyship training was launched in the Trust in August 2022 with an aspiration to train 50 colleagues by the end of March 2022. At the time of writing, more than 50 colleagues have attended the training including all Ward Leaders in the Trust. Whilst this training is not focussed specifically on gender, it aims to help colleagues to identify their own bias, recognise it in others and challenge bias and discrimination at work.</p>

7. Closing the gap 2023 to 2024

The following actions are identified to support our efforts to close the gender pay gap in the coming 12-18 months:

- Ensure gender balance on recruitment panels are in place
- Continued approach to identify and address the gap in the female medical workforce
- Address gender pay gaps in Divisions where gaps are evident
- Actively promote leadership development opportunities to those identified through our talent management programme

The above actions will be underpinned by our People Strategy 2023-2025. The strategy aims to empower and support all our colleagues in being the very best they can be through four pillars; looking after our people, belonging in the NHS, growing for the future and new ways of working and delivering care. Our People Strategy links to our Trust Strategy and our CARE values. The actions herein are part of the belonging in the NHS pillar.

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

Board of Directors Cover Sheet

Subject:	Gender Pay Gap Report		Date: 6 th April 2023	
Prepared By:	Ali Pearson – People EDI Lead			
Approved By:	Jacqueline Read – Head of People Partnering			
Presented By:	Rob Simcox – Director of People			
Purpose				
This document provides an overview of work undertaken associated with the Trusts requirements in accordance with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.			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			
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			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				
People Cabinet on 21 st March 2023 Paper to People, Culture and Improvement Committee on 28 th March 2023				
Acronyms				
None				
Executive Summary				
Background				
In accordance with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, employers with 250 or more employees are required to publish statutory calculations no later than 30 th March each year.				
The enclosed Gender Pay Gap Data Summary will be published on 30 th March 2023 and the data is captured for a specific time period; in this case, 31 st March 2022.				

Report highlights:

- Slight difference in the female to male split across the Trust (1.5% reduction in females, therefore the same percentage increase in males)
- The percentage for the average hourly rate of pay has reduced by 5.4% and the median hourly rate has reduced by 6.7% from 2021.
- We have seen an increase from 2021 to 2022 in the number of female colleagues in the Upper Middle and Upper quartiles. This increase in female employees in more senior roles has contributed to the reduction in our overall gender pay gap
- Criteria for bonus payments for consultants was broadened this year resulting in more consultants receiving an equal share of the Clinical Excellence Awards funds.
- The median pay gap for consultants has reduced for the first time since 2019 and is currently at 29.26%. It is worth noting that when the awards began in 2018 the gap was 66.6%

Actions

The following actions were discussed and agreed at the trusts People forums in March:

- Ensure gender balance on recruitment panels are in place
- Continued approach to identify and address the gap in the female medical workforce
- Address gender pay gaps in Divisions where gaps are evident
- Actively promote leadership development opportunities to those identified through our talent management programme

Recommendation

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

Board of Directors Meeting in Public

Subject:	Provider Collaborative		Date: 6 th April 2023	
Prepared By:	Claire Culverhouse, Managing Director Provider Collaborative			
Approved By:	Paul Robinson, Chief Executive Officer			
Presented By:	Paul Robinson, Chief Executive Officer			
Purpose				
To update Trust Boards on the current position of the Collaborative, its priorities for 2023/24 and next steps.			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			X	
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				
Provider Collaborative Chairs and Chief Executives meeting				
Acronyms				
ICB = Integrated Care Board SRO = Senior Responsible Owner COO = Chief Operating Officer				
Executive Summary				
<p>The purpose of this paper is to update Trust Boards on the current position of the Collaborative, its priorities for 2023/24 and next steps. It is a 'Paper in Common' going to all Provider Collaborative Boards during March and April 2023.</p> <p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. note the next steps on our collaborative journey and 2. consider what the Provider Collaborative could take responsibility for delivering in the ICB 5-year joint forward plan. 				

Update on Nottingham and Nottinghamshire Provider Collaborative at Scale Common Paper for Trust Boards

1. Background

While collaboration across NHS providers has existed for many years; in summer 2021, NHS England formalised the move to collaborative working and set out guidance for how providers should work together at scale in provider collaboratives.

The Nottingham and Nottinghamshire Provider Collaborative at Scale has been operating for just over a year. The focus has been on building relationships and agreeing a vision, objectives and principles of working. A conscious decision was made early last year that the Provider Collaborative's 'form will follow function' so decisions about our operating structure are still to be made.

Having done the preliminary work; in the second year of our Provider Collaborative (2023/24), the focus will be on delivering change at pace. We are planning to:

- deliver care improvements for our patients as they 'flow' through our urgent and emergency care services,
- consider options around workforce passporting, a shared bank, a leadership programme for our colleagues and strengthen talent management across organisations,
- decide our form and mobilise our governance arrangements with the aim of creating improvements in care, adding value plus instilling better control and legitimacy and,
- further engage with our colleagues and wider partners about what we are doing and what we might want to do in future years.

2. Main Report Details

3.1 Visioning Session

A visioning session for the Provider Collaborative took place on 30 January 2023, including executive directors and chairs of the five providers involved in the collaborative. The intention throughout the session was to build on existing work and take people through the work that had previously been undertaken.

Attendees voted on their level of appetite for collaboration against each previously identified priority and were also asked to rank the potential priorities to determine whether the focus was still on the right things. The priorities receiving the highest votes were:

- (i) Urgent and Emergency Care including Clinically Ready for Discharge
- (ii) Workforce including Leadership Development and Talent Management.

It was also agreed that a 'prospectus' would be developed for the collaborative, setting out what the collaborative is and is not, why we exist, what our priorities are, how we will operate, what governance forms we will consider and how we will work and communicate with our partners.

Throughout the visioning session there were some clear themes:

- **Ambition:** All organisations demonstrated a commitment and an appetite for collaboration and wanted an injection of pace or a ‘supercharge’ of this work. Members understood that this collaborative was collectively owned and wanted to be a part of it.
- **Understanding each other:** Consideration was given to whether we really know what each member organisation’s priorities are and how they align with ours. It was felt that there was more work to do to understand other member organisation’s positions on topics. We also identified that although it happens in part, leaders from across our organisations do not routinely connect with their counterparts to build relationships, share work programmes and identify strategic opportunities for collaboration.
- **Priorities:** We discussed how our priorities need to have a relevance for all member organisations. We agreed that we should be able to clearly articulate the answer to the ‘what is in this for me?’ question when we consider our work programmes.
- **Governance/Operating Model:** We discussed how form follows function but also highlighted the need to wrap some governance around members to bind us together around our priorities. How we govern the collaborative as a whole was discussed but also how the programmes of work will need clear governance arrangements. This discussion highlighted the need to ensure that the resource for the collaborative and our work programmes, was commensurate with the ambition.
- **Partnerships:** Although the collaborative is about how member organisations come together, the need to continue to remain close to our wider partners e.g., City Care, ICB, Local Authorities, Place Based Partnerships, Primary Care was also highlighted. We discussed how the collaborative should focus on its unique value - doing what only we can do - as a group of NHS providers. On this basis, some of our work will likely be feeding into wider system structures, and could even act on behalf of them, so that connection to and clear communication with wider partners will be vital.

2.1. Next Steps

2.1.1. Mobilising our Priorities

A Chief Executive Officer has taken on the role of SRO for each of the priorities, supported by an Executive Director(s) and a project manager to help drive the detailed content of the programme.

- Anthony May (Nottingham Universities Hospitals) will lead on the overall development of the collaborative, which in the first instance, would include development of the prospectus and establishment of a suitable governance structure to enable delivery.
- Paul Robinson (Sherwood Forest Hospitals) will be the SRO for the Urgent and Emergency Care Programme.
- Ifti Majid (Nottinghamshire Healthcare Trust) will be the SRO for the Workforce Programme.

Work has started in these three areas and includes scoping the work programme, finalising the anticipated outcomes and added value, plus identifying risks.

The ICB is currently writing a 5-year joint forward plan to be published in June 2023 and discussions have started about the role of the Provider Collaborative during this timeframe. As a Collaborative, we will want to decide what we will take responsibility for delivering.

2.1.2. Operating Model

Setting out how the Collaborative will operate will be a core component of our prospectus and will include governance arrangements and leadership / delivery arrangements.

At the visioning event, there was widespread support that we should consider a model of governance that binds member organisations into the collaborative. The Directors of Corporate Affairs from all partners will lead on the development of the options for governance which will subsequently be debated by Boards. The intent is to hold joint Board development sessions to work through the options being considered, e.g. joint committees / committees in common plus update on progress, agree risks and mitigations plus agree a shared position on priorities for maturing our Collaborative.

2.1.3. Leadership / Delivery arrangements

There was a commitment at the visioning session for a model of distributed leadership. The Provider Collaborative Executive Team is being expanded to engage a broader range of Executive Directors from across our partner organisations in order to reflect the progress of Collaborative. Other groups are also being explored such as a Medical Director or COO group. The objective is to add value through these groups, not add additional layers of structure.

2.1.4. Finances and Resourcing

An interim financial plan has been agreed and is being mobilised that supports the programme management element of the two priorities and the development of the prospectus. It includes dedicated communication support. The intention of this interim plan is to get pace and deliver some 'quick wins' on the agreed priorities as the detailed design work for governance arrangements and the longer-term resourcing decisions take place.

The current funding methodology includes partners providing resources into the Collaborative either in terms of funding or 'in kind' staffing. There is also support that contributions will be proportional to scale of the organisation and the intend impact of the work being done.

2.1.5. Communication and Engagement

A communications and engagement plan for the collaborative is in draft and sets out how we will engage with our colleagues and wider partners about what we are doing and what we might want to do in future years.

It was also agreed at the visioning session that the collaborative needs an identity and with that, it will need a new name and branding.

3. Recommendations

The Board are asked to:

- note the next steps on our collaborative journey and
- consider what the Provider Collaborative could take responsibility for delivering in the ICB 5-year joint forward plan.

Board of Directors Meeting in Public - Cover Sheet

All reports **MUST** have a cover sheet

Subject:	Maternity and Neonatal Safety Champions Report		Date: April 2023	
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			
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				
Acronyms				
CQC – Care Quality Commission LMNS – Local Maternity & Neonatal System MAC - Maternity Assurance Committee Mat/ NeoSIP – Maternity and Neonatal Service Improvement Programme MIS – Maternity Incentive Scheme MNSC – Maternity & Neonatal Safety Champions MTP – Maternity Transformation Programme SBLCB – Saving Babies Lives Care Bundle SCORE – Safety Communication Operational Reliability and Engagement W&C – Women & Children's				
Executive Summary				
<p>The role of the maternity provider safety champions is to support the regional and national maternity safety champions as local champions for delivering safer outcomes for pregnant women and babies. At provider level, local champions should:</p> <ul style="list-style-type: none"> • 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.

Summary of Maternity and Neonatal Safety Champion (MNSC) work for March 2022

1. Service User Voice

We have previously highlighted the “What Good Maternity Care Looks Like: An appreciative analysis of conversations with you. This document captures the views of 186 women/birthing people who were cared for by Sherwood Forest Hospitals NHS Foundation Trust (SFHFT). This document was due to be discussed through the MNSC meeting in March 2023. Sadly, due to planned industrial action and adverse weather conditions the meeting was cancelled. The report and wider action plan will be reviewed at the next Maternity Assurance Committee in April 2023.

2. Staff Engagement

The MNSC walk round was completed on the 7 March 2023. Although the activity had increased from previous walk rounds, staff were reporting a palpable difference due to the introduction of the elective caesarean section lists and staffing level adjustments to reflect activity. Teams were assured that planning was in place for the upcoming Industrial Actions planned by the Junior Doctors and that clear communication will be sent from both the Division and the Trust.

The Maternity Forum was held on 6 March 2023, with staff joining from across the Division. The teams spoke about the recent extension of the Midwifery bank rates of pay and how this had been positively received by the team. Our Recruitment and Retention Midwife updated on the recent survey of the team which looked at more flexible working/ shorter shifts. The members of staff who want to trial this new way of working will be supported on the new roster cycle starting at the beginning of May 2023. Further updates were provided around the Triage plans and the recent secondment opportunities and appointments within the teams.

3. Governance Summary

Ockenden:

On 20 March 2023 the Director of Midwifery and Consultant Midwife attended the national Maternity and Neonatal Summit. Here a breakout session focused on the single delivery plan prior to wider launch. Through the LMNS Ockenden Assurance Meeting, we are working on the three elements of the East Kent Report to focus on as a system until the single delivery plan is available. Once the details have been finalised these will be reviewed through both the MNSC meeting and Maternity Assurance Committee (MAC). Attendance from SFHFT continues at both the monthly and quarterly Ockenden Assurance Panel.

The outstanding action required for full compliance sits with the development of the website at SFHFT. A team from within Maternity services, digital services and Service User have met to review the immediate actions and next steps.

NHSR:

The NHSR team have contacted SFHFT to submit a bid to support the quality improvement work around the non-complaint safety action to secure some funding. The year 5 MIS has yet to be launched nationally but it is anticipated that an announcement will be made in Q1 2023/24.

Saving Babies Lives Care Bundle (SBLCB):

SFH has continued to monitor its compliance with all elements of the Saving Babies' Lives Care Bundle v2. Ongoing progress is reported externally quarterly to NHSE via the Midlands Maternity Clinical Network. This matter is discussed at MNSC and also shared, as part of the reading room,

for today's Board of Directors meeting is the monthly data for the SBLCB taken from Badgernet. This document indicates an improving position and is being used for governance papers through the W&C division. We remain on track for the compliance for the two areas who currently have agreed divergence against with support from both the LMNS and regional team.

CQC:

Following the "Good" rating from the planned 3-day visit from the Care Quality Commission (CQC) an action plan has been approved and submitted back to the CQC in regards our Must Do and Should Do actions. These will be tracked through the division and cited at the next Quality Committee meeting.

4. Quality Improvement

Detailed below are the updates from the Maternity and Neonatal Service Improvement Programme (Mat/Neo SIP). The focus below is the work surrounding the maternal early breastmilk which will be presented nationally.

The project launched just over a month ago and is showing signs of improvement. As well as the posters, below, key messages have gone out within the Division through "tea trolley training" to reinforce the aim of the project.



5. Safety Culture

The National Staff Survey Results were made available on 9 March 2023. Plans have been made to share within the Division and triangulating these with the SCORE cultural survey. Due to pressures within the Trust's OD team, the original date will require revision.

Maternity Perinatal Quality Surveillance model for April 2023



Sherwood Forest Hospitals
NHS Foundation Trust

CQC Maternity Ratings- assessed 2023	Overall	Safe	Effective	Caring	Responsive	Well led
	Good	Requires Improvement	Good	Outstanding	Good	Good
Unit on the Maternity Improvement Programme				No		
2019						
Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (reported annually)						72%
Proportion of speciality trainees in O&G responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (reported annually)						89.29%

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

Massive Obstetric Haemorrhage (Feb 2.0%)	Stillbirth rate Q3 (4.2/1000 births)		Staffing red flags (Feb 2022)	
<ul style="list-style-type: none"> Improve position this month ICB request for system to review cases/ plan improvement trajectory through system quality and safety meeting given the regional position 	<ul style="list-style-type: none"> SFH stillbirth rate, for year to date now returned and remains below the national ambition of 4.4/1000 birth No reportable cases for February 		<ul style="list-style-type: none"> 10 staffing incident reported in the month. No harm related <p>Suspension of Maternity Services</p> <ul style="list-style-type: none"> One suspension of services in February for high acuity, total time of 5 hours and 33 minutes. No harm and two women re-directed to supporting unit. <p>Home Birth Service</p> <ul style="list-style-type: none"> 15 Homebirth conducted since re-launch 	
Elective Care	Maternity Assurance Divisional Working Group		Incidents reported Feb 2023 (70 no/low harm, 0 moderate or above)	
<ul style="list-style-type: none"> Elective Caesarean section working groups continues to review plan for the beginning of May to embed the next step of plan- looking at increasing the number of lists (am Tue-Fri) Induction of Labour, delays noted through daily sit rep due to high periods of capacity- no harm reported. 	NHSR	Ockenden	Most reported	Comments
	<ul style="list-style-type: none"> Request from NHSR to bid for part funding to support QI work for safety action 1 No dates yet for Year 5- working group on pause until confirmed. 	<ul style="list-style-type: none"> Initial 7 IEA- final IEA is 91% compliant following evidence review at LMNS panel. Awaiting single delivery plan for further Ockenden update 	Other (Labour & delivery)	No themes identified
			Triggers x 16	Themes includes Category 1 LSCS, PPH and 3 rd degree tears
No incidents reported as 'moderate'				

Other

- No incidents reported as Moderate or above in February. Noted higher days of unpredicted activity but overall birth-rate comparable with previous February data.
- 3rd and 4th Degree tears red this month, no cases reported with harm.
- Term admission- rates improved following data quality and case review.
- Regional OPEL scoring tool now live, feedback ongoing. SFH aligning local policy to system.

Maternity Perinatal Quality Surveillance scorecard

Maternity Quality Dashboard 2022/2023	Alert	Running Total/ avg	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Quality Metric									
1:1 care in labour	>95%	99.81%	100%	100%	100%	100%	100%	100%	100%
Spontaneous Vaginal Birth			58%	55%	55%	54%	43%	56%	56%
3rd/4th degree tear overall rate	>3.5%	2.18%	6.30%	2.40%	4.30%	2.80%	1.80%	3.10%	5.60%
3rd/4th degree tear overall rate		46	12	4	8	6	2	5	9
Obstetric haemorrhage >1.5L	Actual	116	3	9	9	14	14	5	5
Obstetric haemorrhage >1.5L	>3.5%	3.24%	1.10%	3.20%	3.90%	4.60%	4.80%	3.90%	2.00%
Term admissions to NNU	<6%	3.62%	3.70%	3.1%	1.30%	2.00%	3.20%	5.40%	3.40%
Stillbirth number	Actual	11	0	2	0	2	2	2	0
Stillbirth number/rate	0	4.63		3.300			3.240		
Rostered consultant cover on SBU - hours per week	hours	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 (in post)	>1:30		1:29	1:29	1:29	1:29	1:29	1:29	1:29
Number of compliments (PET)		0	1	2	2	2	3	2	3
Number of concerns (PET)		9	0	1	2	1	1	1	1
Complaints		11	0	0	0	0	0	0	0
FFT recommendation rate	>93%		91%	91%	89%	90%	90%	89%	91%
Saving Babies Lives									
Element 1- Smoke Free Pregnancy									
Element 2- Fetal Growth Restriction									
Element 3- Reduced Fetal Movement									
Element 4- Fetal Monitoring									
Element 5- Reducing preterm births									
MDT Training									
PROMPT/Emergency skills all staff groups									
K2/CTG training all staff groups									
CTG competency assessment all staff groups									
Core competency framework compliance									
External Reporting									
Progress against NHSR 10 Steps to Safety	<4 <7 7 & above								
Maternity incidents no harm/low harm	Actual	0	72	96	72	80	79	64	70
Maternity incidents moderate harm & above	Actual	0	0	0	0	0	0	0	0
Coroner Reg 28 made directly to the Trust	Y/N	0	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	N	N

(Quality Committee (November 2022)) – Cover Sheet

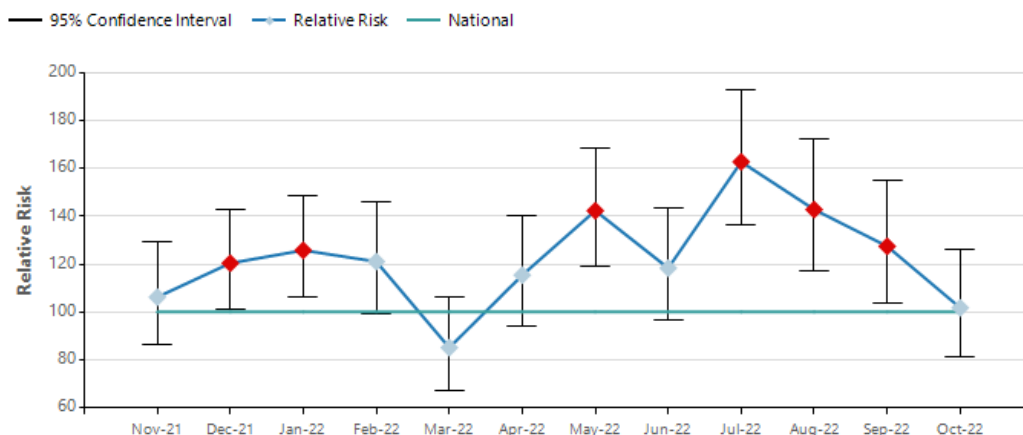
Subject:	Hospital Standardised Mortality Ratio (HSMR) Update		Date: 16th March 2023	
Prepared By:	Nigel Marshall (Advisor to the Medical Director), John Tansley (Chair- Learning from Deaths)			
Approved By:	David Selwyn (Medical Director)			
Presented By:	David Selwyn / Nigel Marshall			
Purpose				
To provide Quality Committee with an update on the Hospital Standardised Mortality Ratio (HSMR) and schedule of work and to provide assurance around the quality of patient care			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			X	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
			X	
Risks/Issues				
Financial	Potential litigation, on-going internal and external investigative costs			
Patient Impact	Potentially, dependent on implications			
Staff Impact	Limited			
Services	Limited			
Reputational	Significant, with external regulator interest			
Committees/groups where this item has been presented before				
Original paper presented to Quality Committee (November 2020) with subsequent regular updates (previous update 19th November 2022).				
Executive Summary				
<p>Summary:</p> <ul style="list-style-type: none"> The Trust has seen a marginal improvement of the HSMR figure (compared to the previous month) although the current position remains that of “significantly higher than expected”. The Standardised Hospital Mortality Index (SHMI) remains “as expected”, although above 100. We continue to work closely with Dr Foster to ensure best use of data in supporting review of the overall picture, trends and outlier areas (both historical and current). This allows the Trust to focus on any perceived or actual hotspots or areas of concern. Actions have been commenced in several areas, through Learning from Deaths and a specifically designated working group, with particular focus on documentation, effective and accurate coding and specialist palliative care. <p>The Quality Committee is asked to:</p> <ul style="list-style-type: none"> Acknowledge the challenge to reporting and interpretation of metrics and perceived trends. Recognise HSMR remains one of a number of metrics to support improvement. Note the 12-month rolling HSMR will likely show an increase in HSMR until the 12-month impact of any remedial actions to data quality, coding and other actions are realised. Support ongoing collaboration with Dr Foster data / reporting alongside use of Learning from Deaths in providing challenge, scrutiny and monitoring improvement. Note the actions and ongoing work related to identified drift and causation 				

SFH HSMR Highlights:

- **HSMR formal monthly reporting covers the 12-month period Nov 2021 – Oct 2022**
 - **HSMR 122.1 (117.2 ex-covid)- Above Expected (previous report 124.2 (120.4))**
 - **HSMR for October 2022 = *101.75 (within expected) but 12.3% R69 codes**
 - **SMR 128.5 (122.1 ex-covid)- High (previous report 130.4 (123.1))**
 - **SMR for October 2022 = 118.2 (within expected)**
 - **SHMI (Aug 2022) = 102.73- As Expected (July 2022 = 101.91)**
- **HSMR Trends:**
 - Slight improvement in HSMR is thought to be due to the crude and expected rates converging (although both remain close to their 3-year peak and trough respectively)
 - The improvement in HSMR does appear to “buck” the national trend.
 - Trust remains higher than the peer, regional or national average.
 - Comparison with peers having the lowest palliative care coding (nationally) identifies SFHT to sit within the “funnel plot” and not statistically significant.
- **CUSUM alerts:**
 - 24 diagnosis groups breaching the 99% threshold (alert) over the 12-month period (to Oct-22), 3 diagnosis groups breaching 99.9%.
 - 3 CUSUM alerts at the 99% threshold for October -22
 - Liver disease (alcohol),
 - Other infections (incl. parasitic),
 - Residual codes (unclassified)
- **Coding Trends:**
 - An increase in residual codes has been identified, indicating a large amount of “Uncoded activity”; it is felt this is having a significant impact on HSMR.
 - Recommendation to monitor and if continues, apply a lag in data and analysis.
- **Co-morbidity coding:**
 - Felt to be a key area of HSMR influence; current evidence suggests SFHT have improved depth-of-coding for co-morbidity coding compared to previous month.
- **Palliative coding (Specialist Palliative Care- Z51.5):**
 - Continues to show a low rate with both HSMR and across all activity. There is a continued marked difference between Trust and regional / national peers.
 - Highlighted as a key influencer on HSMR but not SHMI.
 - 2022/23 – SFHT = 0.94%, Peer = 1.99%, National = 2.26%

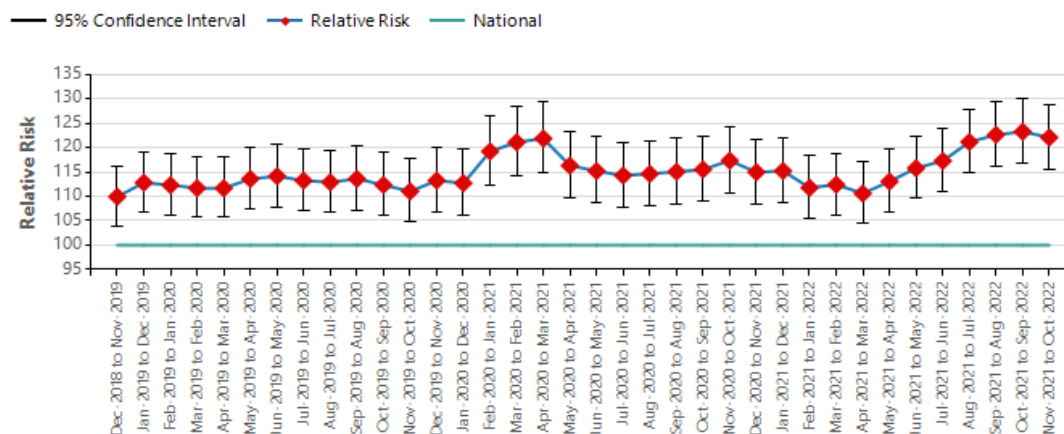
HSMR Monthly Trend (Nov 2021 – Oct 2022)

Diagnoses - HSMR | Mortality (in-hospital) | Nov 2021 - Oct 2022 | Trend (month)



HSMR 12 month Rolling Trend (3-year comparison)

Diagnoses - HSMR | Mortality (in-hospital) | Nov 2019 - Oct 2022 | Trend (rolling 12 months)



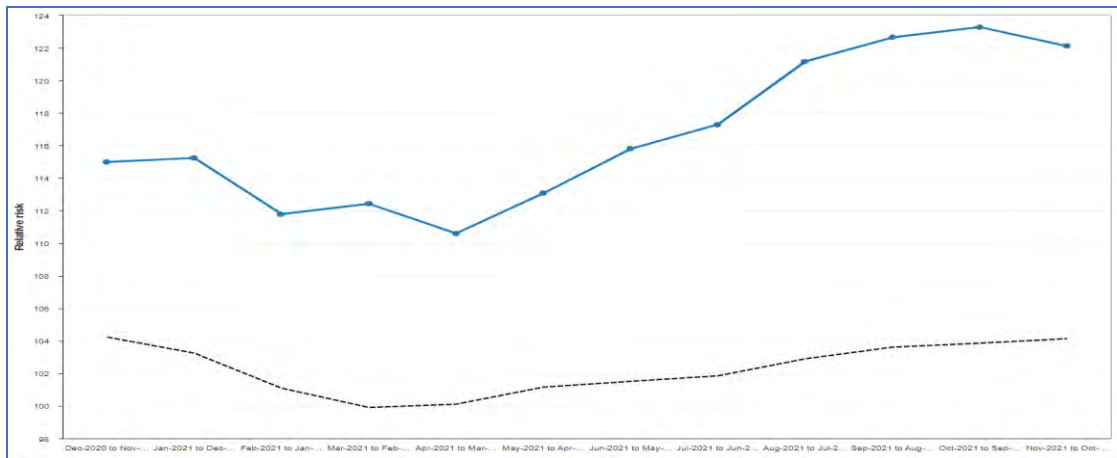
HSMR Crude rate comparison:

Sherwood Forest HSMR Crude Rate (blue) vs. Expected Rate (red) (Last 36 Months | Rolling Trend)



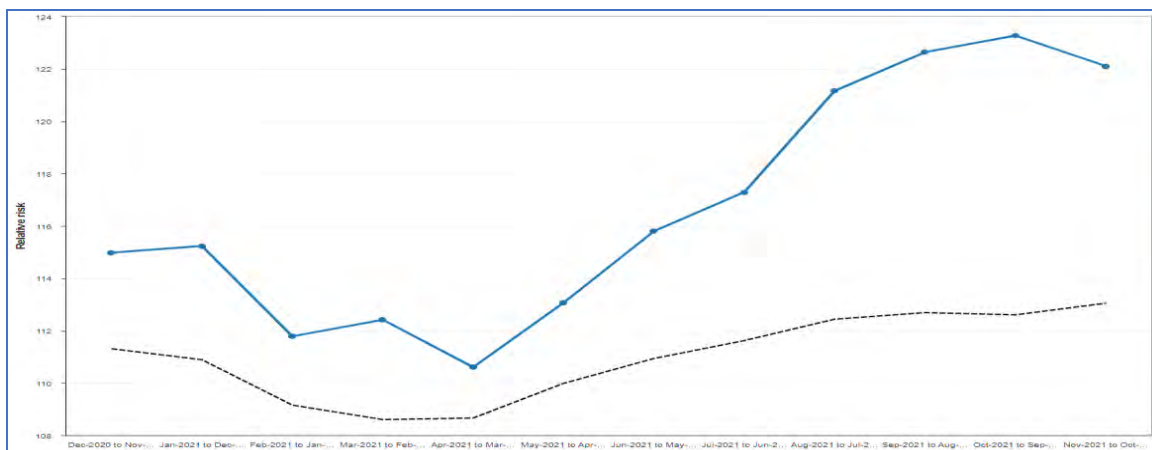
HSMR 12-month Peer Comparison:

Sherwood Forest (blue) vs. Peer Group (dashed black) (Last 12 Months | Rolling Trend)



HSMR Peer Comparison (Palliative):

Sherwood Forest (blue) vs. Palliative Peer Group (dashed black) (Last 12 Months | Rolling Trend)



Considered Root Causation and Actions to date:

HSMR outlier areas:

Learning from Deaths have instigated a process whereby diagnoses triggering in HSMR, CUSUM and SHMI, or other identified escalation, undergo focussed clinical case-note review in attempt to understand causation or separate signal from “noise”. This has been undertaken in collaboration with Dr Foster reporting.

Current ongoing areas:

- Fractured Neck of Femur (#NOF)
- Liver disease (alcohol / other)
- Pleurisy, pneumothorax, pulmonary collapse

Initial feedback has indicated a need for clearer documentation of diagnosis and recognition / documentation of cases related to Palliative care / EOL.

An alert for “infections group” (non-HSMR group) was highlighted and provisional review undertaken through Dr Foster. Initial indications are that out-of-hospital deaths recorded for this group have triggered the alert and may benefit from a case-note review; this has been escalated through Learning for Deaths.

Diagnosis group “Other infections” have seen a rise, thought to be due to deaths occurring later in the clinical pathway and in higher risk groups (ie from sepsis, pneumonia and UTI).

Actions:

This area has been raised in Learning from Deaths and actioned for highlighting to the documentation working group as it is felt there may be a relationship with nomenclature and recording of uncertain diagnoses within the Primary Diagnosis field.

Palliative Care

Specialist Palliative Care (SPC) coding continues to show a low rate, regionally and nationally.

Actions:

- A coding standards review has been undertaken to establish accuracy and alignment with activity undertaken by Specialist Palliative Care; it is understood there is strong correlation of activity with coded documentation.
- Use of ICE (pathology requesting / reporting) to capture referrals and activity with a month-on-month increase being observed in SPC activity recording.
- There is reported variation amongst specialty areas for uptake of SPC involvement; latest approaches to improve support and take-up include:
 - Inclusion within induction programme
 - Presentation at Med Managers (April 2023)- understanding SPC, offer of support and identification of opportunities (this will improve SPC coding)
 - Improvement to documentation- emphasis on clarity, designated SPC sticker use
 - Recording of telephone consultation / advice

Further work is being planned around:

- Identification of patients at the “Front door”, including frequent attenders (indicator of potential EOL or need for targeted palliative support)
- Patients with non-cancer diagnoses
- Advice booklet

Update from an external quality control coding audit is awaited.

A ReSPECT (**RE**commended **S**ummary **P**lan for **E**scalation and **T**reatment) training package has been developed, intranet page established and wider communication undertaken relating to End of Life.

Co-morbidity capture (missing coded activity or diagnoses):

Subsequent to an initial offer of review from an external source, internal work has been undertaken, in collaboration with the coding team, Chief Digital Information Officer and Data / Information Analytics teams, to identify “missed co-morbidity coding”.

Missed co-morbidities, as identified through Charlson Index, can be associated with potential reduced perceived mortality risk and resulting lower expected value. As a result, the Relative Risk (observed: expected) can increase disproportionately and felt not to be reflective of true case-mix and HSMR.

Initial reflection of latest 1 month data:

- 25% co-morbidities (19000 / 79000) missed, involving up to 30% episodes of care (4500/15000)
- Potential financial impact as a result of codes being aligned to activity tariff
- Missed diagnosis leads to discrepancies in quality of data

Opportunities for accurate coding are being considered with regard to local pathways and how these may lead to additional Finished Consultant Episodes (FCE) and earlier “first” FCE / primary diagnosis.

Actions:

- Continue review of monthly data and report into Learning from Deaths
- Use of Medical Managers / Grand Round to communicate importance of documentation in addition to supporting identification and recording of co-morbidities
- Documentation working group and engagement with Primary Care to work towards improving communication and consistency of information.

Documentation Working \Group:

Documentation related to health records, including effective communication and clear documentation, is reported to be amongst the top areas for incidents.

A working party has been established, under the direction of the Deputy MD, to support identification of improvement and drive change.

Actions:

- Areas of focus include:
 - Review of issues related to documentation
 - Simplification of documentation, with particular reference to admission
 - Review of medical admission- “hybrid” (SFH / NUH) clerking to ensure consistency but relevant information captured and remains usable.

Specific points, under review by members, are awaiting further discussion with, hopeful, incorporation of ideas in an amended admissions clerking book.

The group is mindful of other sources of information (EPMA, Nerve-centre, SystmOne) and ability to capture this within the relevant documentation material.

Primary / Secondary Care Interface:

It is recognised there is a need to work across the whole pathway of patient care.

Actions:

- Further engagement is being undertaken towards improving relationships and impact at the interface between the Acute Trust (SFHT) and stakeholders (Primary Care / Community)
- This includes improvements in communication, development of local pathways, referral / discharge information (consistency and accuracy).

Summary of Actions:

- Deep-dive analysis and review undertaken via learning from deaths and HSMR sub-group. Coding review and “look backs” in progress, alongside engagement discussions with clinical teams around coding diagnosis, co-morbidities and admission documentation completion
- Discussions between external palliative care service around service delivery whilst ensuring contacts with specialist palliative care and End of Life (EOL) services are recorded and subsequently coded
- Clinically led task and finish group to review admission documentation under DMD. Focussed clinical reviews requested
- Report into “missed coding” due to non-documentation of chronic disease / other co-morbidities
- Continued triangulation with other quality markers to ensure earlier identification of potential or actual patient harm

Timescale:

- Targeted reviews are agreed to report into Learning from Deaths the following month (Ongoing)
- Documentation working party (T&F group) established with good initial engagement from clinical areas.
- Rolling 12m HSMR negates any immediate impact and project work is anticipated to take 12m
- Although service changes are intended to see more immediate “on the ground” impact, it is likely this will not reflect in HSMR trends for up to 12 months.

Other information / points for consideration:

- Learning from Deaths continues to act as the conduit for information and intelligence feeds from different modalities and is the forum whereby specialty and divisional learning is collated and shared.

- The Working group, led by the Deputy Medical Director, is intended to be a resource by which senior level discussion can lead to effective turnaround of ideas and resulting action.

Quality Committee is asked to:

- Acknowledge the ongoing challenge and work being undertaken as described above
- **Review the additional presentation** from Dr Foster on the wide variation in palliative care coding and implications potentially for SFH (**Appendix 1- PowerPoint**)

Palliative Care in the HSMR Discussion

December 2022

HSMR Methodology Update



This palliative care review is part of a wider HSMR methodology update. In this methodology update, we are reviewing and updating the HSMR based on a number of areas, such as:

- Updating the diagnosis groups included in the model
- Reviewing how we will include palliative care in model
- Updating deprivation quintiles from Carstairs to IMD
- Updating comorbidity groups and weights from Charlson to Elixhauser

This is not an exhaustive list of changes, but we will publish guidance and documentation once the changes and updates have been made.

Palliative Care – Current Picture

In the HSMR model currently, palliative care is defined as follows:

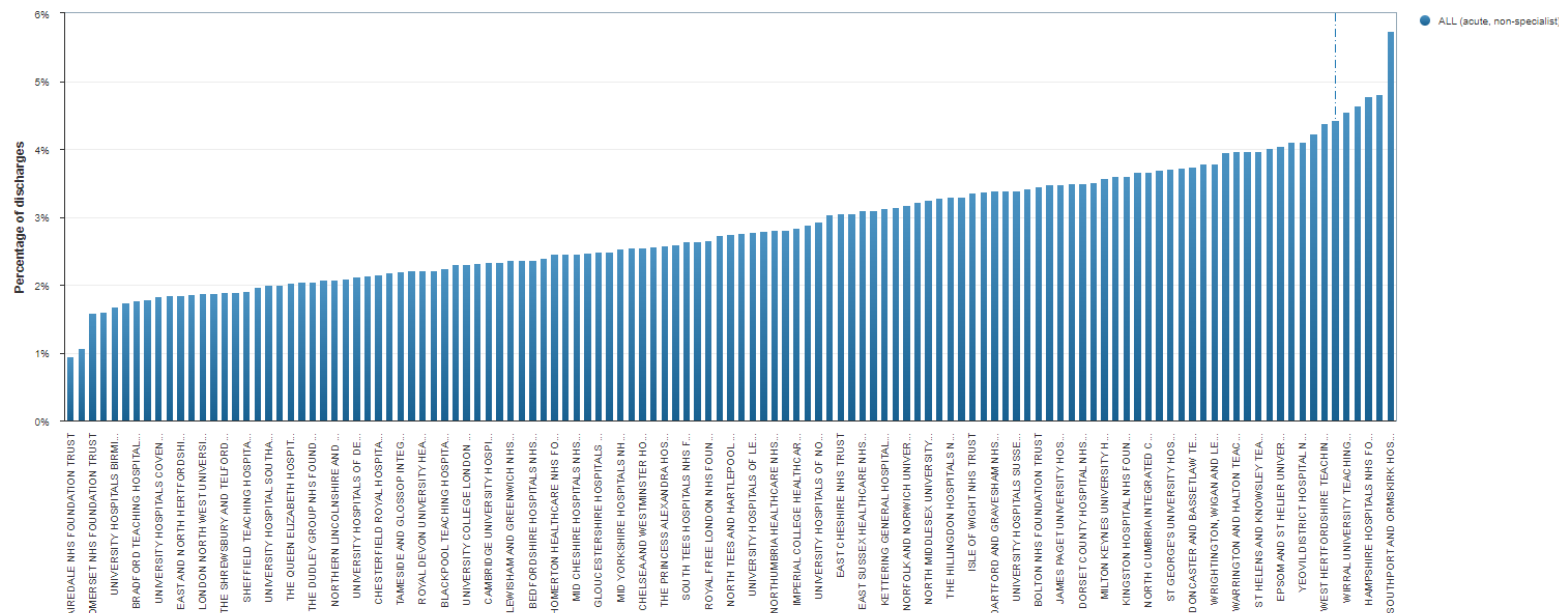
- A flag for the **entire superspell** when **any spell** within the superspell has a **treatment function code 315** or contains **Z515** in **any** of the **diagnosis** fields.

The most recent 12 months of data show palliative care proportions vary across the country from 0.9% to 5.7%.

Diagnoses - HSMR | Mortality (in-hospital) | Sep 2021 - Aug 2022 | ALL (acute, non-specialist) by Palliative care

Peers Analyse by Measure

Palliative care = Palliative



Palliative Care - Review



- Palliative care is not consistently recorded between trusts, with trusts that have an on-site palliative care team more likely to record palliative care flags. It is harder for trusts without an on-site team to flag patients as palliative.
- Therefore, to make the use of palliative care in the model fairer, we decided to scope out how we can change the palliative flag.
- Some suggestions for changes were:
 - Removing palliative care from the model altogether
 - Expand the flag to also include non-specialist palliative care. This would then create an 'end-of-life' flag.
 - Instead of flagging if a palliative code appears at any point in the spell, limit this to episodes that start on the admission date or the following date.
 - Limit the flag to appearing only on admission – so in the first episode of care
- It is important to remember, when considering these changes, this isn't the only change that will be made to the HSMR model. Other changes will be made, such as the diagnosis group changes, deprivation changes and comorbidity methodology changes.

Removing Palliative Care



We have reviewed models with and without the palliative care flag included.

We reviewed C-statistics and AIC values from the models to make our decision.

- C-statistics are a measure of good fit, to show how well the model is predicting values. The closer the value is to 1, the better the model is.
- AIC values are used to compare regression models, with the lowest AIC value considered the best fit.

We found:

- Removing palliative care from the model made each model performance worse
 - C-statistics were lower and AIC values were higher for each diagnosis group model with palliative care removed

Removing Palliative Care

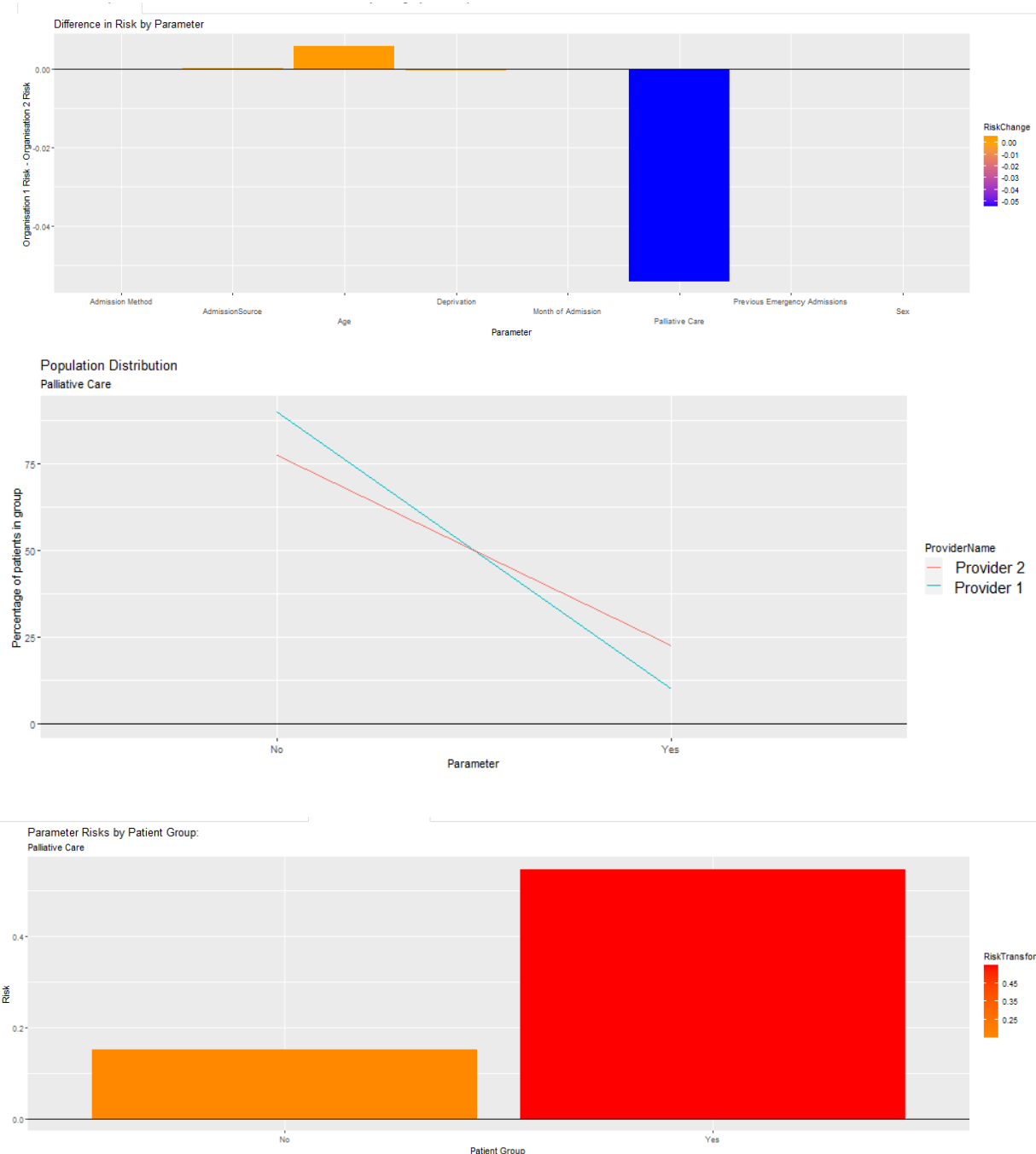
We have done some analysis looking at how palliative care impacts the model when comparing two providers:

- Septicaemia diagnosis group
- Similar superspell counts
- Both have 'as expected HSMR values'
- Provider 2 has an expected value 130 points higher

From the top chart, we can see palliative care massively contributes to provider 2's expected risk.

The middle chart shows the proportion of cases with a palliative flag is much higher for provider 2

The bottom chart shows the differences in the risk of death by palliative flag, with those with the flag 4 times more likely to die than those without the flag.



Removing Palliative Care

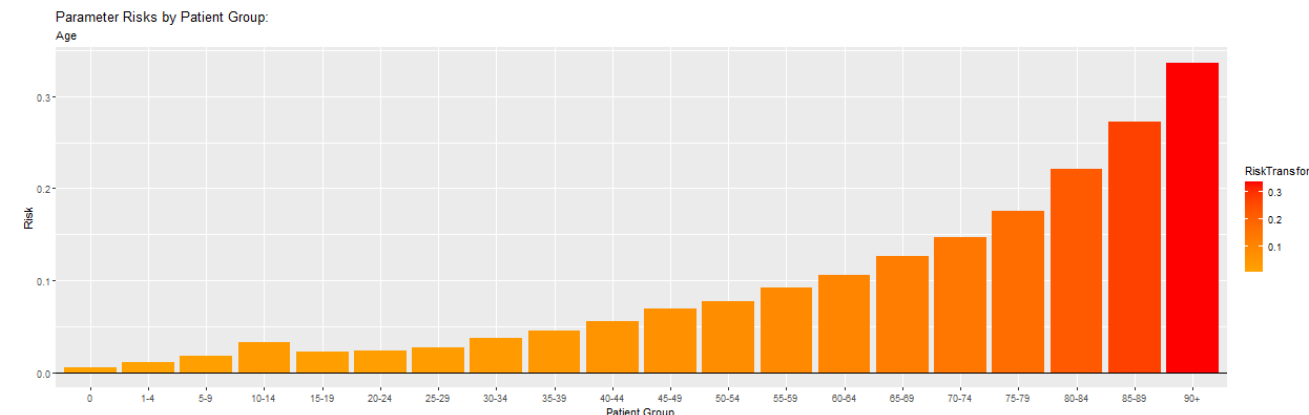
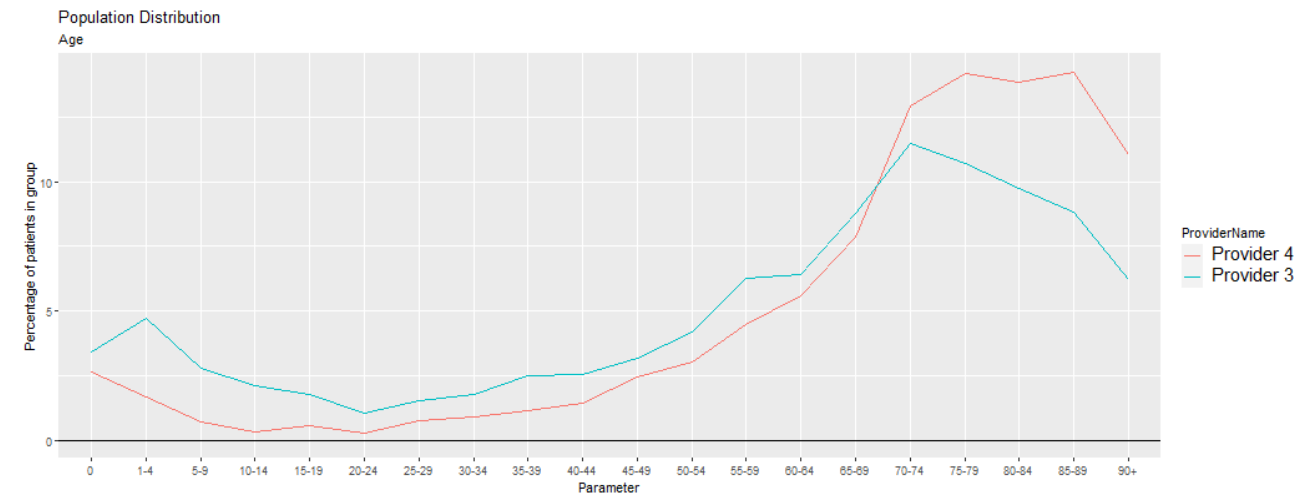
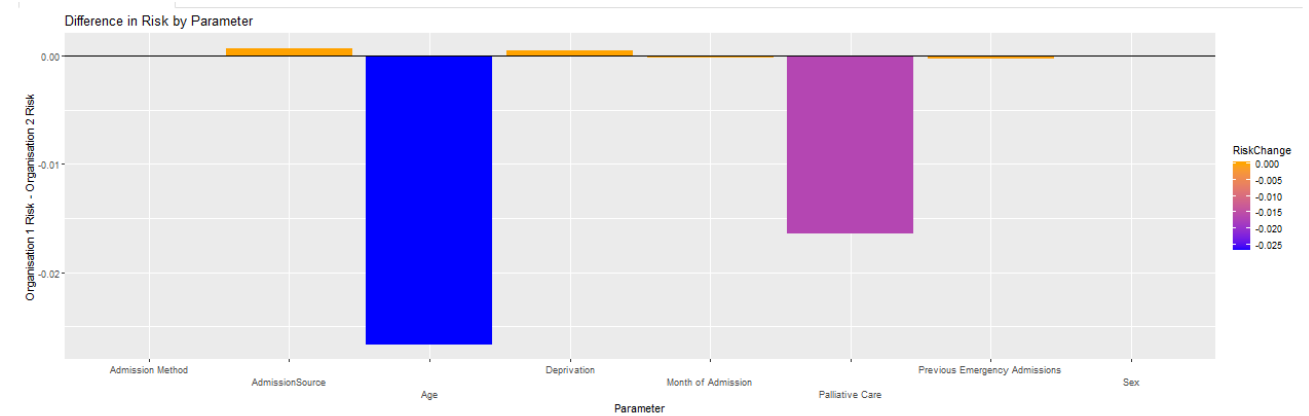
We compare another two providers, providers 3 and 4:

- Septicaemia diagnosis group
- Both have 'as expected HSMR values'
- Similar superspell
- Provider 4 has a higher expected value which could be due to palliative care.

The top chart shows palliative care does contribute to provider 4's expected risk, however, age has over 1.5 times more of an impact than palliative care does.

The middle chart shows the differences in age groups between the two providers, which provider 4 having an older population.

The bottom chart shows the risk of death increases with age



Removing Palliative Care



The examples we have shown aim to demonstrate that the impact of palliative care on the model is too great to ignore.

Whilst including palliative care in the model can result in some trusts being penalised for not having ‘enough’ palliative care patients, excluding palliative care would lead to the opposite problem – trusts with more palliative care patients would have a higher HSMR due to the large differences in risk that a patient in palliative care poses.

Therefore, based on these examples and the improvements we saw in model performance, we would recommend still including palliative care in the model. We can explore options for amending this flag but it is our opinion that palliative care should be included in the model.

End of Life Flag

Instead of a specialist palliative care flag, we reviewed changing the flag to include non-specialist palliative care, essentially creating an ‘end-of-life’ flag instead.

- Variability was increased when we changed the flag to include non-specialist palliative care.
- Looking over all trusts:

	Current Palliative Flag	Palliative Flag including Z518	Palliative within day of admission including Z518	Palliative on admission only including Z518
Min Value	1.2%	2.1%	1.8%	0.7%
Max Value	5.3%	10.1%	7.4%	5.3%
Range	4.1%	8.0%	5.6%	4.6%

- Limiting an end of life flag to on admission only decreases the variability but is still similar to the current flag.
- We would recommend not changing this to include non-specialist palliative care as variability between trusts has not changed with this inclusion.

Palliative Care Flag Options

This leaves us with three potential options

- **Keeping the flag as its current definition**
 - We may find that the current flag is the best or only option we have, and we can leave it as is currently.
- **Changing it to palliative on admission only**
 - This would keep the same definition as above but only limit this to the diagnosis dominant episode of care.
- **Changing it to palliative within one day of admission**
 - This would change to allow for the inclusion of any palliative care codes recorded in any episodes with the admission date or the following date.

Palliative Care

All diagnosis groups

This table shows:

- The current palliative flag, based on the current definition
- Limit the palliative flag to episodes that start on the admission date or the following date.
- Limiting the flag to appearing only on admission – so in the diagnosis dominant episode of care
- This analysis is limited to acute, non-specialist trusts

	Current palliative flag	Palliative on admission date or next day	Palliative on admission only
2012/13	0.7%	0.5%	0.4%
2013/14	0.8%	0.6%	0.4%
2014/15	0.9%	0.6%	0.5%
2015/16	0.9%	0.6%	0.5%
2016/17	1.0%	0.7%	0.5%
2017/18	1.1%	0.8%	0.6%
2018/19	1.1%	0.8%	0.6%
2019/20	1.1%	0.8%	0.6%
2020/21	1.6%	1.1%	0.8%
2021/22	1.3%	0.9%	0.7%
Combined Total	1.0%	0.7%	0.6%

Palliative Care

All diagnosis groups

By limiting the definition, we reduce the number of spells included in the flag.

For the latest full financial year, if we limited to looking at those who are flagged as palliative within a day of admission, we reduce the proportion of spells flagged as palliative from 1.3% to 0.9%

	Current palliative flag	Palliative on admission date or next day	Palliative on admission only
2012/13	0.7%	0.5%	0.4%
2013/14	0.8%	0.6%	0.4%
2014/15	0.9%	0.6%	0.5%
2015/16	0.9%	0.6%	0.5%
2016/17	1.0%	0.7%	0.5%
2017/18	1.1%	0.8%	0.6%
2018/19	1.1%	0.8%	0.6%
2019/20	1.1%	0.8%	0.6%
2020/21	1.6%	1.1%	0.8%
2021/22	1.3%	0.9%	0.7%
Combined Total	1.0%	0.7%	0.6%

Palliative Care

HSMR diagnosis groups

This table shows:

- Limit the palliative flag to episodes that start on the admission date or the following date.
- Limiting the flag to appearing only on admission – so in the diagnosis dominant episode of care
- The current palliative flag, based on the current definition
- This analysis is limited to acute, non-specialist trusts

	Current palliative flag	Palliative on admission date or next day	Palliative on admission only
2012/13	1.7%	1.3%	1.0%
2013/14	1.9%	1.4%	1.1%
2014/15	2.1%	1.5%	1.1%
2015/16	2.2%	1.5%	1.1%
2016/17	2.3%	1.7%	1.2%
2017/18	2.5%	1.8%	1.3%
2018/19	2.5%	1.8%	1.3%
2019/20	2.6%	1.8%	1.3%
2020/21	3.0%	2.1%	1.6%
2021/22	2.8%	2.0%	1.5%
Combined Total	2.4%	1.7%	1.3%

Palliative Care

HSMR diagnosis groups

By limiting the definition, we reduce the number of spells included in the flag.

For the latest full financial year, if we limited to looking at those who are flagged as palliative within a day of admission, we reduce the proportion of spells flagged as palliative from 2.3% to 1.6%

	Current palliative flag	Palliative on admission date or next day	Palliative on admission only
2012/13	1.7%	1.3%	1.0%
2013/14	1.9%	1.4%	1.1%
2014/15	2.1%	1.5%	1.1%
2015/16	2.2%	1.5%	1.1%
2016/17	2.3%	1.7%	1.2%
2017/18	2.5%	1.8%	1.3%
2018/19	2.5%	1.8%	1.3%
2019/20	2.6%	1.8%	1.3%
2020/21	3.0%	2.1%	1.6%
2021/22	2.8%	2.0%	1.5%
Combined Total	2.4%	1.7%	1.3%

Palliative Care

We can also look at the variation between trusts for the different flags.

	Current Palliative Flag	Palliative within one day of admission	Palliative on admission only
Min Value	1.2%	0.7%	0.4%
Max Value	3.8%	3.1%	3.0%
Range	2.6%	2.4%	2.6%

Discussion

Appendix

HSMR vs. SHMI

The HSMR model has advantages over the SHMI:

- The HSMR uses more data in the model which improves the accuracy of the model (10 years vs. 3 years)

- The HSMR accounts for more patient case mix factors by including

- Deprivation
- Palliative Care
- Previous emergency admissions

These are not included in the SHMI, which makes comparing hospitals harder, when these case mix factors may be an underlying issue.

- The model accounts for more seasonality by including both year and month as variables.

	SHMI	HSMR
Death included	100% + 30 days after discharge	80%
Deaths and activity excluded	Day cases	Days cases
	Regular Attenders	Regular attenders
	Still births	Smaller CCS groups
Model methodology	Backwards stepwise regression	Backwards stepwise regression
Data Period	3 years (Acute Trusts only)	10 years
	Age	Age
	Admission Method	Admission Method
	Diagnosis group (150 CCS groups)	Diagnosis group (56 CCS groups)
	Sex	Sex
	Comorbidity (Charlson 3-categories)	Comorbidity (Charlson continuous)
Factors included	Year	Deprivation Quintile
		Palliative Care flag
		Previous Emergency Admissions
		Year
		Month
		Admission Source

2.3.1 Summary Hospital Level Mortality Indicator (SHMI) Banding

1. Summary Hospital Level Mortality Indicator (SHMI) banding

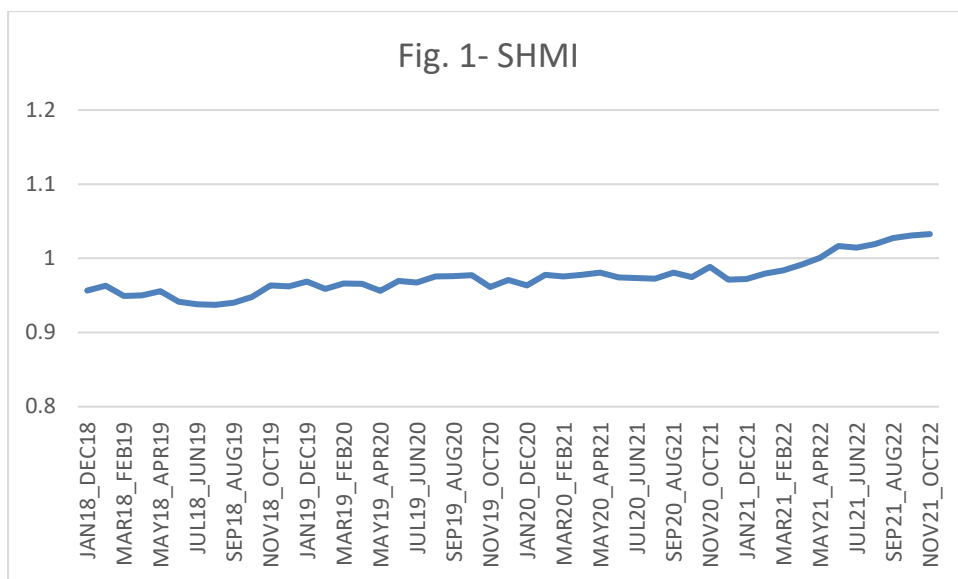
The Trust considers that this data is as described for the following reasons. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics and acuity of the patients treated here. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge from SFHT. SHMI gives an indication for each non-specialist acute NHS trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

The last year's most up to date data (published March 2023) is in the table below. This data runs 4-5 months in arrears due to handling processes.

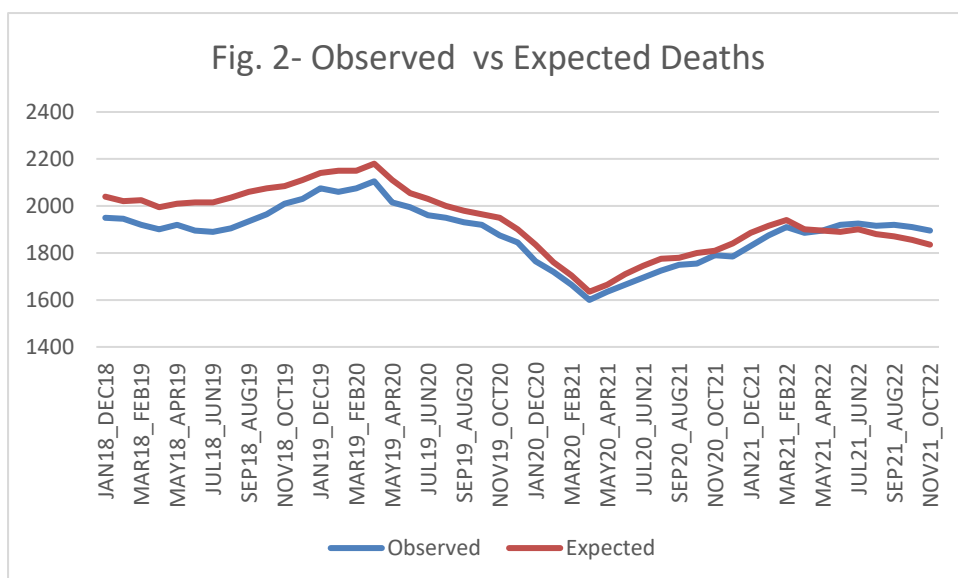
Reporting period	SHMI value	Banding
DEC20-NOV21	0.9713	2
JAN21-DEC21	0.9723	2
FEB21-JAN22	0.9796	2
MAR21-FEB22	0.9839	2
APR21-MAR22	0.9917	2
MAY21-APR22	1.0007	2
JUN21-MAY22	1.0164	2
JUL21-JUN22	1.0144	2
AUG21-JUL22	1.0191	2
SEP21-AUG22	1.0273	2
OCT21-SEP22	1.0309	2
NOV21-OCT22	1.0327	2

2. Narrative

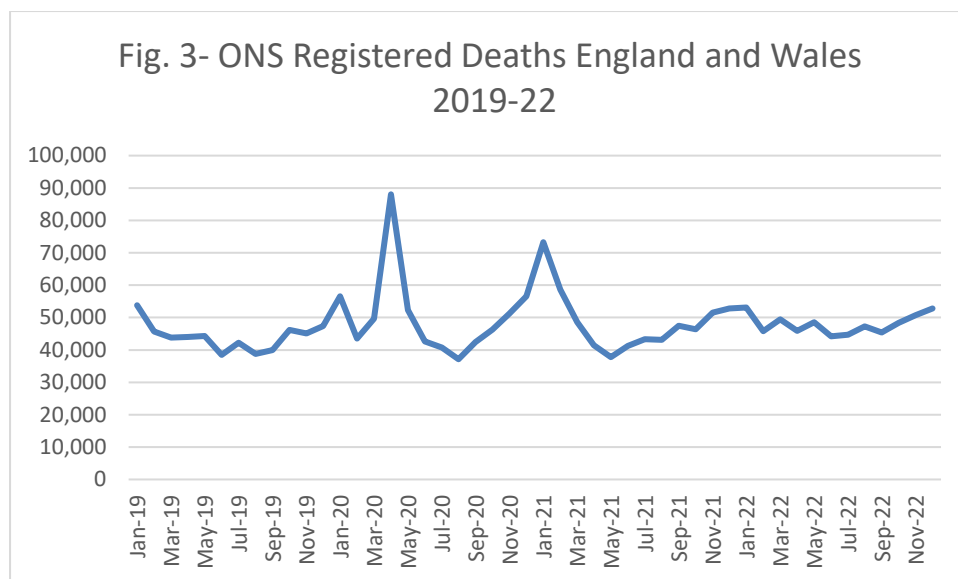
The trust remains “as expected” according to this metric. We are aware that within this banding there appears to be a slight upward drift in the context of the last 3 years (Fig.1)



When we examine the observed and expected deaths over this period (Fig. 2) we see that despite fluctuations observed deaths are around pre-pandemic levels. Expected deaths are lower and appear to be on a downward trajectory. The point where they cross represents the time where our SHMI became greater than 1.

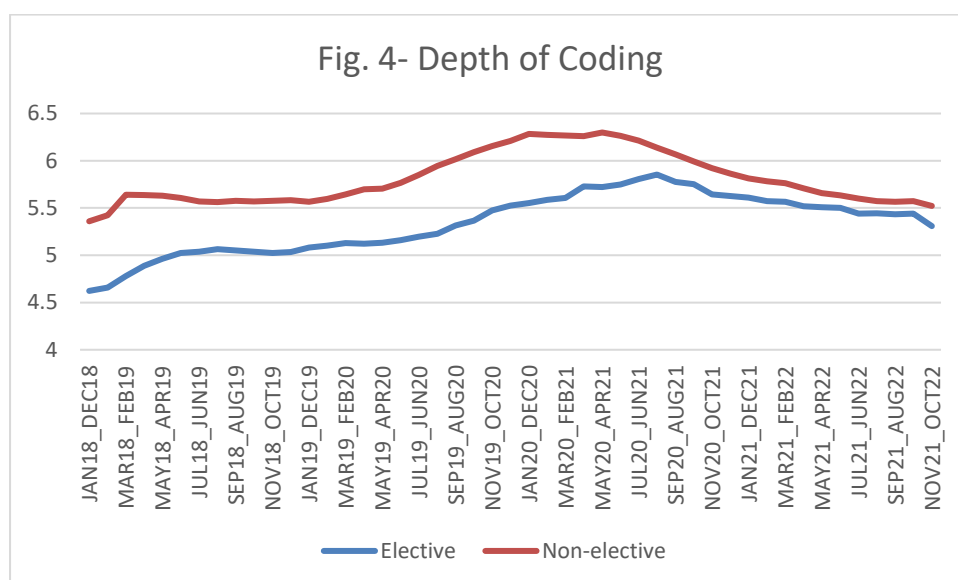


This fall in expected mortality is not consistent with our clinical experience of an ageing, multi-morbid population or the National picture which shows relatively stable mortality either side of the pandemic waves.



Source of data [Deaths registered monthly in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/deaths)

A likely explanation of this is the clear decline in the depth of coding which can be seen in Fig. 4. This is consistent with concerns we have around clinical documentation which are also suggested by other mortality metrics.

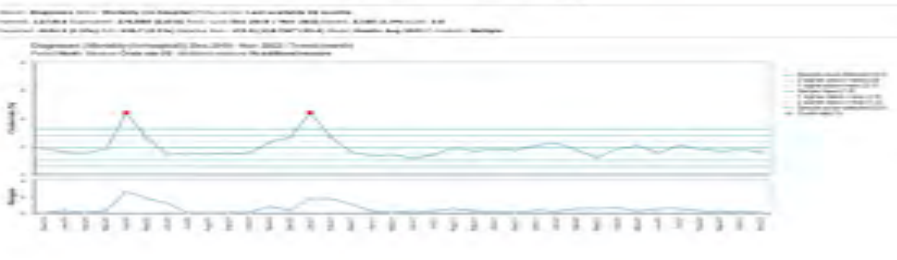


Activity within the coding department has been externally validated and we are confident that we are capturing what is written in the notes within the coding rules. A clinically-led working group headed by the Deputy Medical Director is reviewing our documentation and processes to see if there is scope for improvement which could reverse this upward trend in the SHMI.

Quality Committee - Cover Sheet

Subject:	Learning from Learning Disability Deaths		Date: 09/01/23	
Prepared By:	Lisa Richmond – Learning Disability Specialist Nurse			
Approved By:	Dr D Selwyn			
Presented By:				
Purpose				
To provide Quality Committee with an update on specific Learning Disability aspects from the Learning from Deaths programme			Approval	x
			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	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		x		
Risks/Issues				
Financial				
Patient Impact				
Staff Impact				
Services				
Reputational				
Committees/groups where this item has been presented before				
Executive Summary				
<p>Since October 2022, there have been 4 deaths in patients with learning disabilities in the Trust.</p> <ul style="list-style-type: none"> • 4 currently have no death certificate or are with the coroner. • There were more male deaths than females. 1 of these was a child with Down's Syndrome. • Patients were primarily from a White British background; one patient was from Southwestern European background. <p>The LD nurse receives data shared from the LeDeR reviews on a bimonthly basis relating to patients who have died whilst at Sherwood Forest Hospitals. The aim of this is to look for themes and trends which can support learning across the organisation. As of 1st April 2022 there have been 13 LeDeR reviews taken from deaths at Kingsmill hospitals. With 9 male and 4 female. 2 of these reviews have so far been found to require a focused review. This number is likely to increase as reviewers complete the reviews.</p> <p>The LD nurse has asked LeDeR for greater assurance of the data for SFH for learning and improvement to be shared however there appears to not be enough reviewers externally to conduct the reviews. LeDeR are looking at ways to improve capacity to undertake the assessments and will continue to share bi-monthly updates with the LD nurse.</p> <p>A theme that remains from SFH data is the lack of Mental Capacity documentation within the medical notes. The LD nurse continues to try and support the medical teams in assessing capacity and reminding medical teams to ensure MCA guidance is being followed. No other feedback has been identified from October 2022 from LeDeR.</p>				

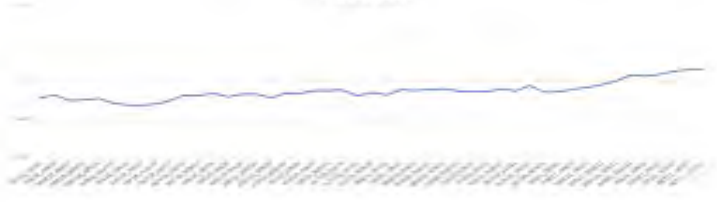
Crude Mortality



HSMR



SHMI



HSMR (Monthly)



Case	Referral	Referral Date	Referral Source	Referral Type	Referral Status	Referral Outcome
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
10	10	10	10	10	10	10

Data from ME Office – Acute Adult Deaths

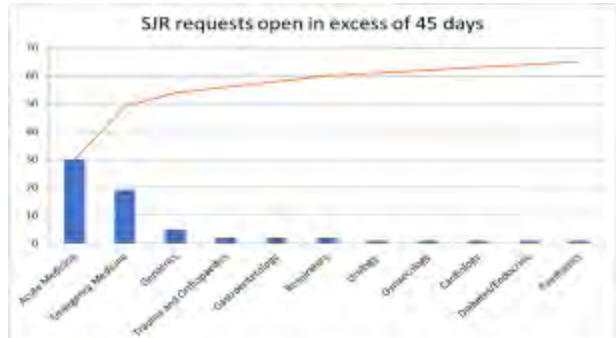
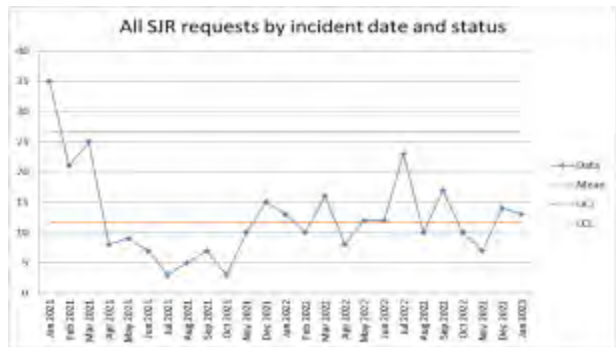
Dec 22	518
Nov 22	306
Dec 22	730 = 518 Acute Deaths

100% of all deaths were scrubbed & within five following hours post –
Day of death or 1st Day after death – 189
2nd Day after death – 122
3rd Day after death – 88
4th Day after death – 25
5th Day after death – 14
Over 5 days – 5
Ambulance Deaths – 8

ME Office issued within 7 a calendar days of death (including referrals to Carers) = 95.8%. Majority were on permanent status due to lack of bed in hospital. 1st & 2nd & 3rd & 4th & 5th & 6th & 7th & 8th & 9th & 10th & 11th & 12th & 13th & 14th & 15th & 16th & 17th & 18th & 19th & 20th & 21st & 22nd & 23rd & 24th & 25th & 26th & 27th & 28th & 29th & 30th & 31st

Q1 Data from ME Office – Acute Adult Deaths
We had 5 x child deaths reported in Q1

Q1 – Data from ME Office – Community Deaths
65 x community deaths were confirmed during Q1



Issues raised by the bereaved

- Our late father's dementia resulted in him displaying challenging behaviours. The carers on Ward 21 were fabulous in managing his needs. The hospital security staff were also excellent in their management of dad's sometimes aggressive/agitated outbursts.
- The Ward 44 and Ward 41 Teams were fantastic in their care of us, the family, as well as our relative (the patient). Communication with us was really good. Thank you.
- We were well informed, and the staff nursed him very well on Ward 34, they never left the family out of discussions/decisions.
- We are very grateful for the care given by the Short Stay Unit. So much love and kindness were shown to us all by all the amazing hospital staff that we encountered.
 - Cold drinks were bought to us in a jug and food was provided to our mother. Our mother was invited to stay on the ward to provide comfort to her son and she was very grateful for this. His having a learning disability meant that he needed that extra support and company in his last days of life.
 - We were very touched that the staff and residents he lived with were able to visit and say their goodbyes.
 - The kit to take handprints provided by the Chaplaincy Team meant that we were able to take a memento away of him that will be cherished by us always. This has really helped the family in the grieving process.
- The care provided to mum and us, her daughters, was unquestionably excellent. The caring teams on Ward 51 were respectful, kind, honest, caring, responsive and levelled the care delivered perfectly. The teams made a huge difference in mum's last days.
- The Medical and Nursing Teams on the Short Stay Unit were phenomenal, superb. We could not have asked for more. The use of anticipatory medications was very professional, and a lot of compassion was shown to the family.

Positive feedback for the Bereavement Centre and ME service staff from families

- Family was unaware such a service existed and were very grateful for the calls and guidance provided from the teams. Well done everyone
- Thank you to the Medical Examiner Service Team (which includes the Bereavement Centre) for the service that you provide. You make a difficult time like this, very much more bearable.

Learning from inquests & Deaths which have met SI criteria

- No new Regulation 28s (prevention of future deaths)
- SI related to hospital acquired infections (COVID) demonstrate good overall compliance with infection control processes

Macro: Comparators and crude rate

- Definitions- case selection

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

- Definitions- data handling

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

Crude Mortality

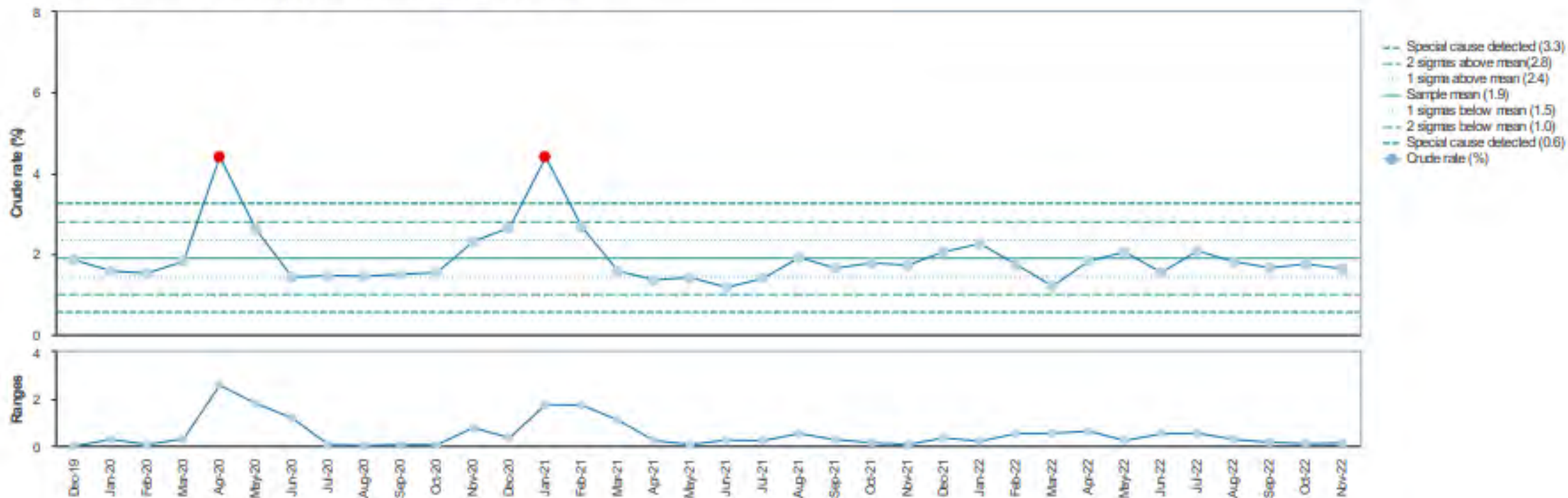
Basket: **Diagnoses** Metric: **Mortality (in-hospital)** Time period: **Last available 36 months**

Patients: **127,916** Superspells: **275,850 (215.6)** First / Last: **Dec 2019 / Nov 2022** Deaths: **5,105 (1.9%)** LOS: **3.8**

Expected: **4184.3 (1.5%)** O-E: **920.7 (0.3%)** Relative Risk: **122.0 (118.7 to 125.4)** Model: **Month: Aug 2022** C-Statistic: **Multiple**

Diagnoses | Mortality (in-hospital) | Dec 2019 - Nov 2022 | Trend (month)

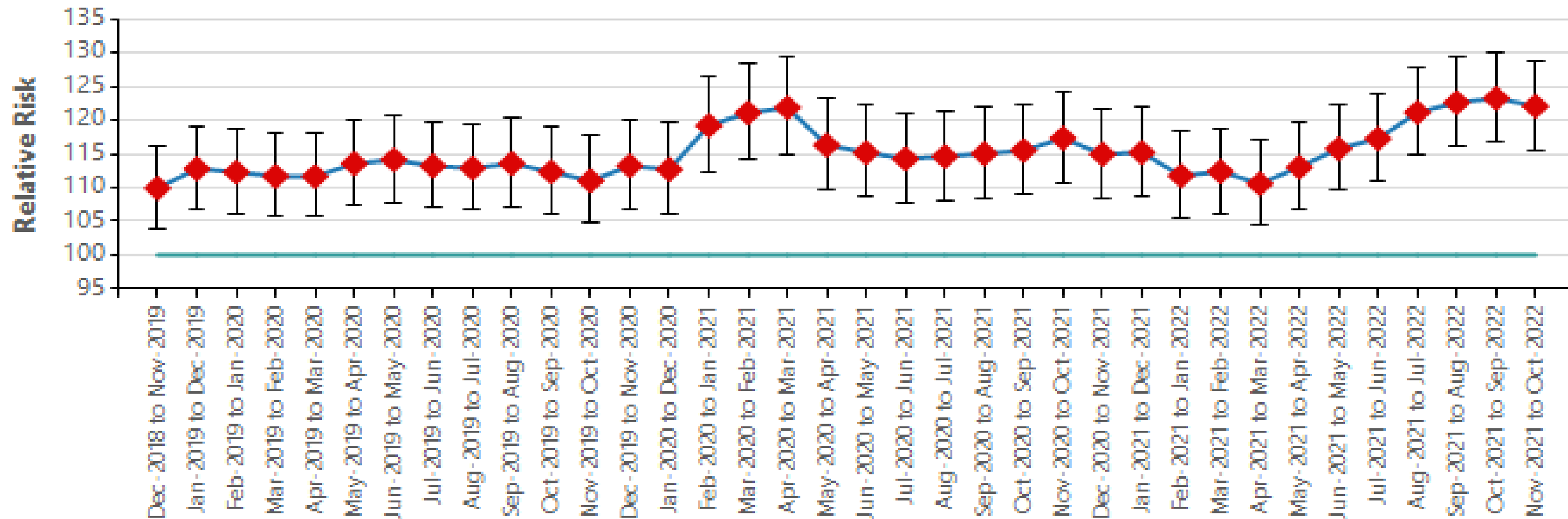
Period: Month Measure: Crude rate (%) Additional measure: No additional measure



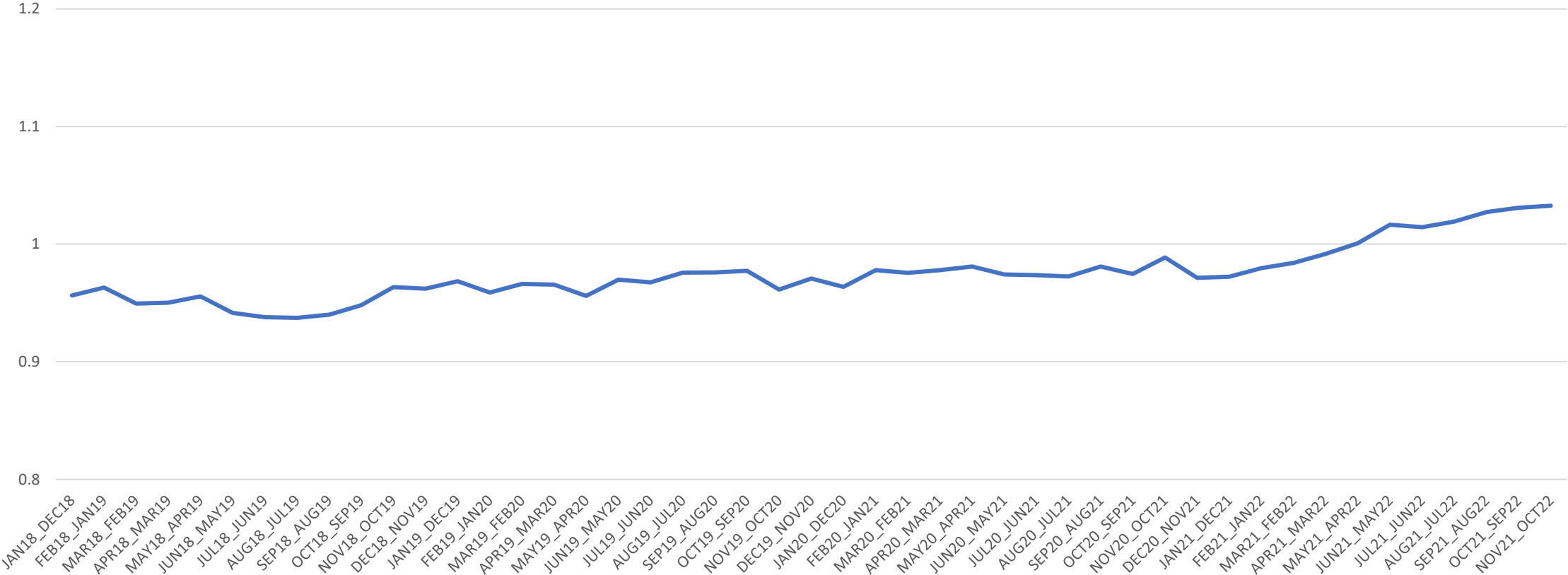
HSMR

Diagnoses - HSMR | Mortality (in-hospital) | Nov 2019 - Oct 2022 | Trend (rolling 12 months)

— 95% Confidence Interval ● Relative Risk — National



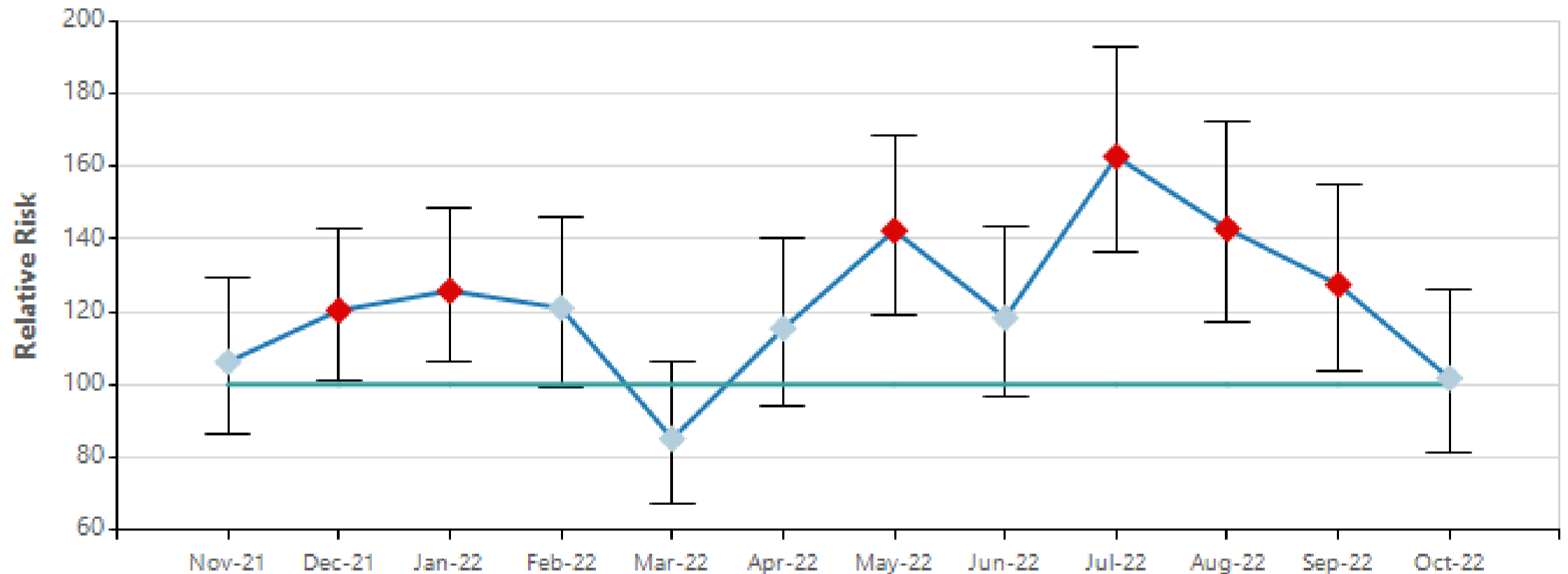
SHMI



HSMR (Monthly)

Diagnoses - HSMR | Mortality (in-hospital) | Nov 2021 - Oct 2022 | Trend (month)

— 95% Confidence Interval ◆ Relative Risk — National



Meso: Scrutiny and SJR

Metric	Result	Coding Influencers	Signs & Symptoms. Improvement as a result of residual codes issue resolving. Comorbidities. Little to no change. Palliative care. Improvement on last month but remain lower than peers.
HSMR	124.5 (higher-than-expected) (118.0 – 131.2)		
HSMR (exc. COVID)	119.6 (higher-than-expected)		
HSMR position vs. peers	Regional acute peer group = 8 trusts: <ul style="list-style-type: none">3 higher-than-expected3 within expected2 lower-than-expected Overall peer group = 103.6 (higher-than-expected) (101.9 – 105.3)		
All Diagnosis SMR	128.4 (higher-than-expected)	SHMI position	(Oct-21 to Sep-22) 103.09 (as expected)
SMR (exc. COVID)	122.8 (higher-than-expected)	Significant Diagnosis Groups (Superspells Last 12 Months; Observed Deaths) (* new in BOLD)	HSMR Basket <ul style="list-style-type: none">• Congestive heart failure (689 superspells; 83 deaths)• Leukaemias (738 superspells; 8 deaths)• Liver disease, alcohol-related (254 superspells; 31 deaths)• Other gastrointestinal disorders (2456 superspells; 18 deaths)• Other liver diseases (324 superspells; 19 deaths)• Other lower respiratory disease (481 superspells; 19 deaths)• Pleurisy, pneumothorax, pulmonary collapse (287 superspells; 14 deaths)• Pneumonia (1629 superspells; 248 deaths)• Skin and subcutaneous tissue infections (1026 superspells; 19 deaths)• Urinary tract infections (1183 superspells; 28 deaths)
	•		Outside HSMR Basket <ul style="list-style-type: none">• Complications of surgical procedures or medical care (403 superspells; 8 deaths)• Fluid and electrolyte disorders (374 superspells; 20 deaths)• Fracture of upper limb (620 superspells; 8 deaths)• Genitourinary symptoms and ill-defined conditions (1639 superspells; 5 deaths)• Intestinal infection (944 superspells; 24 deaths)• Open wounds of head, neck and trunk (187 superspells; 8 deaths)• Other connective tissue disease (1833 superspells; 21 deaths)• Other endocrine disorders (197 superspells; 8 deaths)• Other infections, including parasitic (202 superspells; 23 deaths)• Other non-traumatic joint disorders (395 superspells; 7 deaths)• Other skin disorders (1242 superspells; 2 deaths)• Superficial injury, contusion (445 superspells; 14 deaths)• Viral infection (1565 superspells; 119 deaths)
CUSUM breaches	There are currently 24 CUSUM alerts breaching the 99% threshold in the period Dec-21 to Nov-22; and 6 at the 99.9% threshold: <ul style="list-style-type: none">• Deficiency and other anaemia• Intestinal infection• Liver disease, alcohol-related• Other lower respiratory disease• Pleurisy, pneumothorax, pulmonary collapse• Viral infection There are 3 CUSUM alerts at the 99% threshold for Nov-22: <ul style="list-style-type: none">• Liver disease, alcohol-related• Nutritional deficiencies		

• Data from ME Office – Acute Adult Deaths

Oct 22 - 156
Nov 22 - 160
Dec 22 - 230 = 546 Acute Deaths

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

Day of death or 1 st Day after death -	288
2 nd Day after death -	122
3 rd Day after death -	88
4 th Day after death -	25
5 th Day after death -	14
Over 5 days -	5
Ambulance Deaths -	4

MCCD's issued within 3 x calendar days of death (Excluding referrals to Coroner) = 89.87% - Slightly down on previous quarter due to back to back Bank Holidays - Xmas & New Year. } 4th, 5th & Over - relate to deaths on Friday as next working day being Monday is already 3rd day after death plus the double bank holiday periods

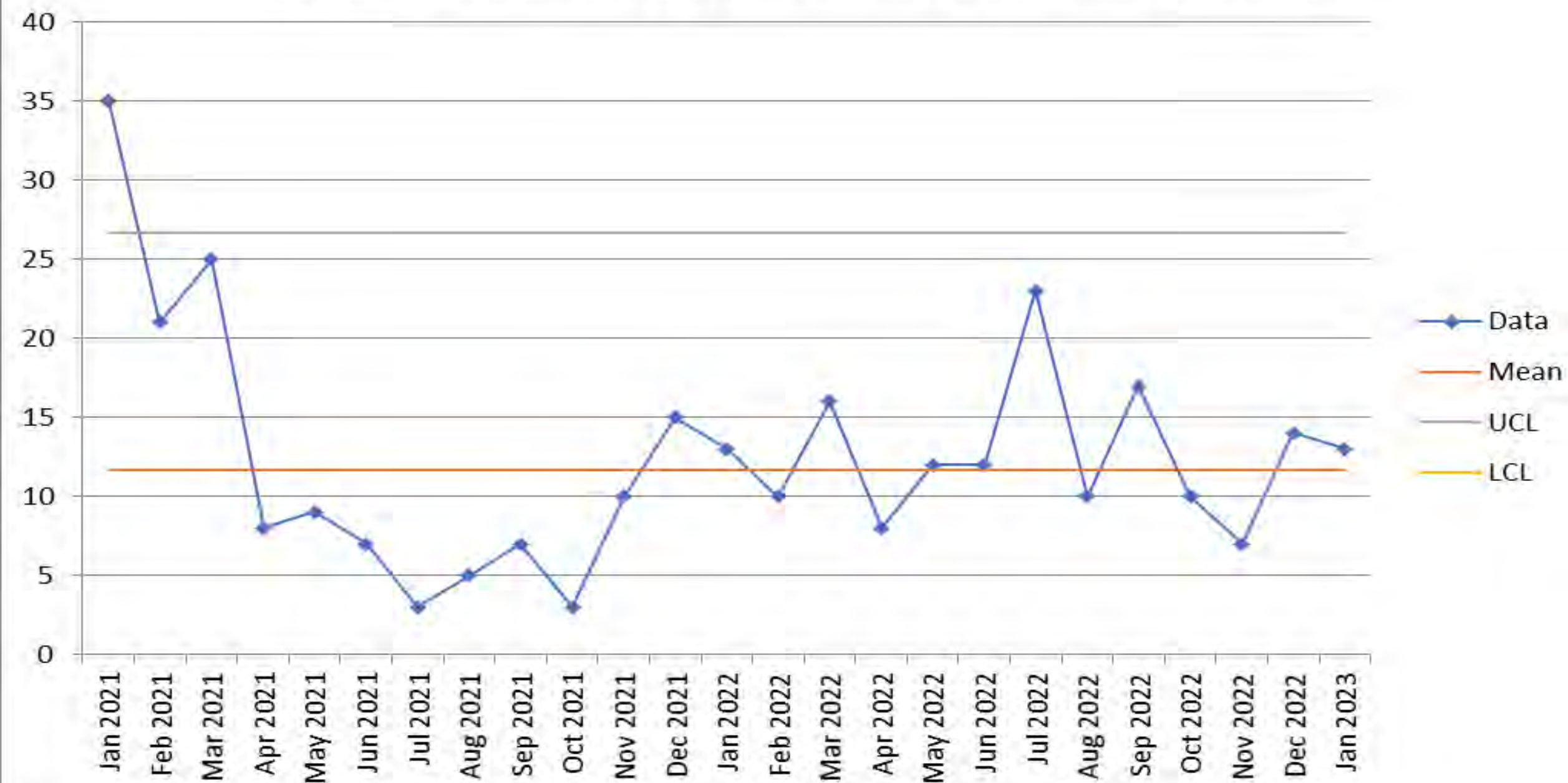
Q3 Data from ME Office – Acute Child Deaths

We had 5 x child deaths reported in Q3

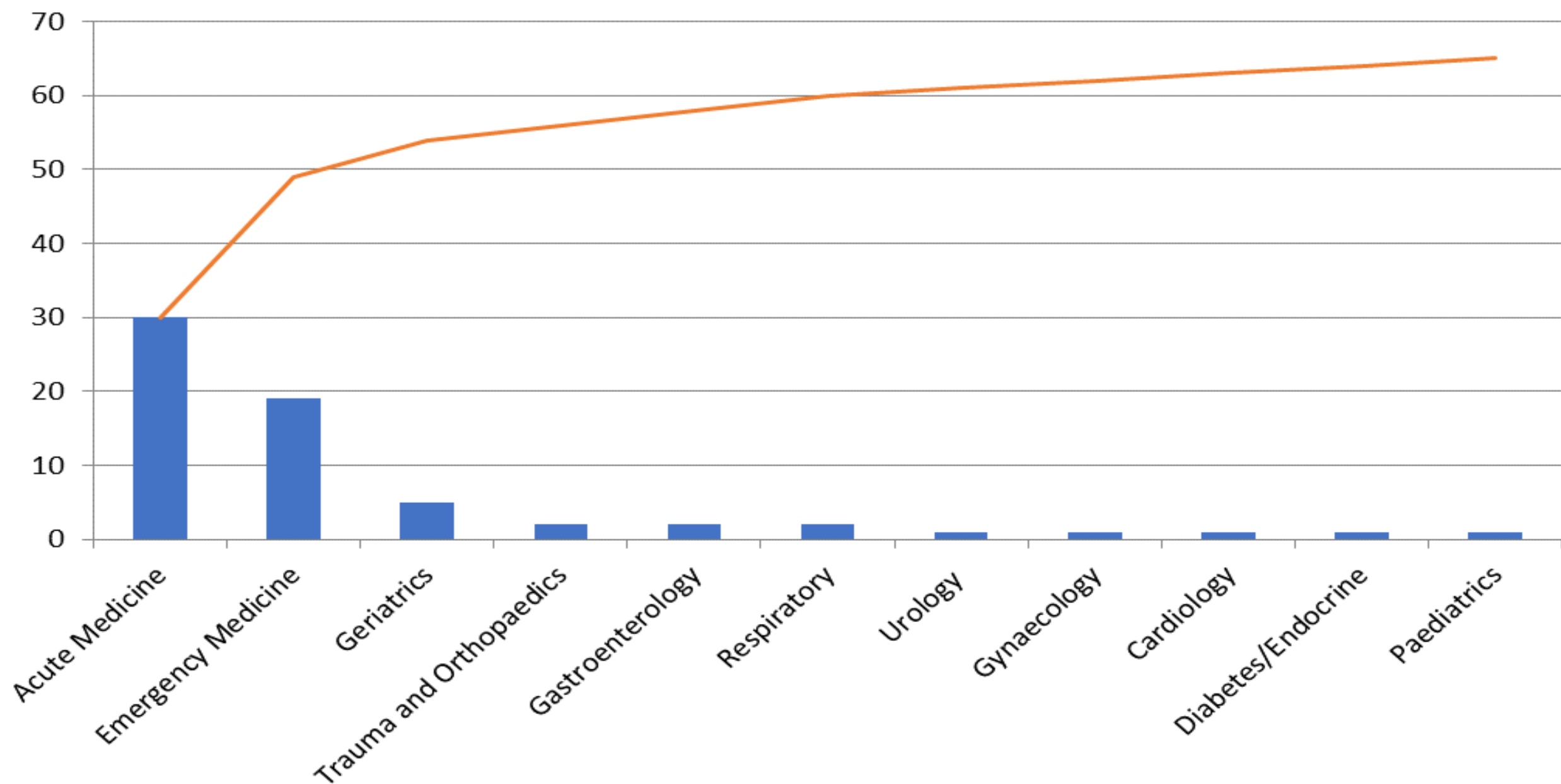
Q3 – Data from ME Office – Community Deaths.

65 x community deaths were scrutinised during Q3

All SJR requests by incident date and status



SJR requests open in excess of 45 days



Micro: Individual Output

Positive feedback for the Bereavement Centre and ME service staff from families

- Family was unaware such a service existed and were very grateful for the calls and guidance provided from the teams. Well done everyone
- Thank you to the Medical Examiner Service Team (which includes the Bereavement Centre) for the service that you provide. You make a difficult time like this, very much more bearable.

Issues raised by the bereaved

- Our late father's dementia resulted in him displaying challenging behaviours. The carers on Ward 21 were fabulous in managing his needs. The hospital security staff were also excellent in their management of dad's sometimes aggressive/agitated outbursts.
- The Ward 44 and Ward 41 Teams were fantastic in their care of us, the family, as well as our relative (the patient). Communication with us was really good. Thank you.
- We were well informed, and the staff nursed him very well on Ward 34, they never left the family out of discussions/decisions
- We are very grateful for the care given by the Short Stay Unit. So much love and kindness were shown to us all by all the amazing hospital staff that we encountered.
 - Cold drinks were bought to us in a jug and food was provided to our mother. Our mother was invited to stay on the ward to provide comfort to her son and she was very grateful for this. Him having a learning disability meant that he needed that extra support and company in his last days of life.
 - We were very touched that the staff and residents he lived with were able to visit and say their goodbyes.
 - The kit to take handprints provided by the Chaplaincy Team meant that we were able to take a memory away of him that will be cherished by us always. This has really helped the family in the grieving process.
- The care provided to mum and us, her daughters, was unquestionably excellent. The caring teams on Ward 51 were respectful, kind, honest, caring, responsive and levelled the care delivered perfectly. The teams made a huge difference in mum's last days.
- The Medical and Nursing Teams on the Short Stay Unit were phenomenal, superb. We could not have asked for more. The use of anticipatory medications was very professional, and a lot of compassion was shown to the family

Learning from inquests

Learning from inquests & Deaths which have met SI criteria

- No new Regulation 28s (prevention of future deaths)
- SI related to hospital acquired infections (COVID) demonstrate good overall compliance with infection control processes

Board of Directors Meeting in Public - Cover Sheet

Subject:	Learning from Deaths Group update	Date: 6 th April 2023		
Prepared By:	Main report: John Tansley, Clinical Director for Patient Safety & Chair Learning from Deaths Group HSMR update: Nigel Marshall, Advisor to the Medical Director SHMI update: John Tansley LeDeR update: Lisa Richmond, Specialist Learning Disability Nurse			
Approved By:	David Selwyn, Medical Director			
Presented By:	David Selwyn and John Tansley			
Purpose				
The purpose of this paper is to present a Summary of Mortality intelligence reviewed by the Learning from Deaths group and the ongoing resultant work to both respond to and improve that intelligence.			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
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				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				
Some components of report previously presented to Quality Committee				
Acronyms				
NHS - National Health Service SFH - Sherwood Forest Hospitals NHS Foundation Trust KMH - King's Mill Hospital HSMR - Hospital Standardised Mortality Ratio SHMI - Summary Hospital-level Mortality Indicator CUSUM - cumulative sum CQC - Care Quality Commission ICB - Integrated Care Board PSIRF - Patient safety Investigation Response Framework LeDer - Learning from Lives and Deaths; people with a Learning Disability and autistic people LD - Learning Disability Datix - Risk Management Information System ICE - Integrated Clinical Environment; electronic system holding and managing patient diagnostic test results DN - Divisional Nurse CNS - Clinical Nurse Specialist				

SPC - Specialist Palliative Care
 ReSPECT - Recommended Summary Plan for Escalation & Treatment
 DNAR - Do not attempt resuscitation
 MCA - Mental Capacity Act
 EOL - End of life
 FCE - Finished Consultant Episode
 COPD - Chronic Obstructive Pulmonary Disease
 UTI - Urinary Tract Infection
 RAMI - Risk Adjusted Mortality Index
 SJR - Structured Judgement Review
 MRT - Mortality Review Tool
 MCCD - Medical Certificate of Cause of Death
 NUH - Nottingham University Hospitals
 EPMA - Electronic Prescribing and Administration
 T&F - Task and Finish
 DMD - Deputy Medical Director

Executive Summary

This report provides an update on SFH mortality intelligence and the work of the Learning from Deaths group since the last report to the Board of Directors in October 2022.

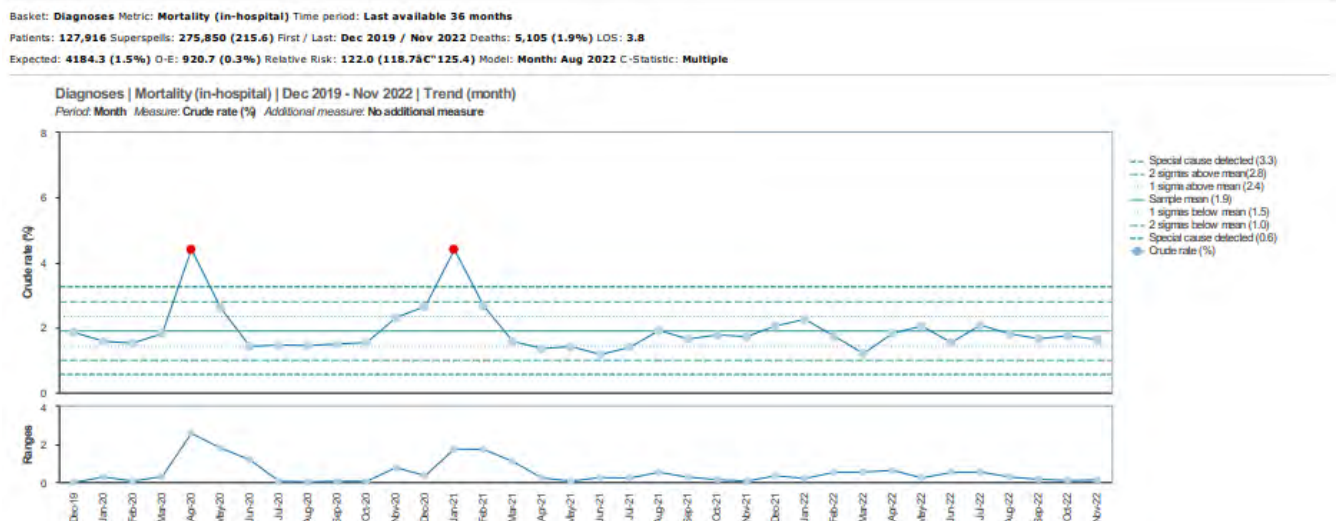
The Trust Board is asked to note;

- Our analysis and interpretation of current Mortality Surveillance data which remains focussed on the Trusts unfavourable HSMR position (**122.1** for the period Nov 2021 to Oct 2022) Contrasting with the SHMI which remains **as expected (1.0327)** for the same period) although trending upwards. We believe similar contributing factors are driving both these observations (coding processes and the structure of palliative care services)
 - Updates on progress with clinical reviews into established outlying diagnoses groups and new areas of focus identified by triangulating mortality metrics
 - Outputs of local mortality surveillance and learning from deaths processes; lessons learned, good practice identified. Along with progress on and proposals for, the future development of our capacity for learning
 - Examples of integration of Learning from Deaths with other learning processes (Coronial Inquests, CQC and ICB quality reviews, internal quality summits and speciality and divisional escalations, LeDer deep dives, Patient safety Investigation Response Framework (PSIRF) methodology
 - Actions identified in the report and proposals for actions in the next 6 months.
- The Learning from Deaths Group will
- Continue to work with our external HSMR provider and our internal analysts to refine our mortality data intelligence and reflect on future direction of this relationship
 - Signpost Clinical Mortality leads areas which require further investigation and use findings to direct improvements
 - Update on those areas where work is ongoing
 - Continue to support the Divisions in establishing a workable mortality review tool on the Datix digital platform supported by processes and training
 - Continue to ensure that mechanisms for Learning from Deaths work constructively and collaboratively with other internal and external governance processes.

1 Mortality Surveillance Data

1.1 Crude Mortality

The figure below show that the Trust's crude mortality rate is relatively stable at around the pre-pandemic rate. The peaks in mortality associated with the two main Covid waves are easily identifiable and above the upper 2 sigma control limit.



1.2 Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI)

This metric remains an area of focus for the Learning from Deaths Group as the HSMR remains significantly higher than expected on the 12-month rolling average (**122.1** for the period Nov 2021 to Oct 2022) although appears to be on a downward trajectory in the month-by-month data. In the attached paper (appendix 1) Dr Nigel Marshall gives a detailed account of our current understanding of the factors contributing to this which continues to point to capture of comorbidities through the clinical documentation and coding processes and the structure of our palliative care services. The role of palliative care in calculation of the HSMR is a topic of ongoing discussion. A meeting held recently by Telstra (Dr Foster) our supplier of mortality intelligence at which the Trust was represented confirms a lack of agreement of the interpretation of palliative care (Palliative- not directed at cure, End of life- likely in the last year of life, and Last days of life when a patient is identified as actually dying). The coding Z51.5 is only applicable when that care involves direct input from a colleague who is a recognised specialist and effectively removes the death from the HSMR figures. Notably palliative care is not a consideration in **SHMI** which **remains as expected**.

Appendix 2 contains a more detailed analysis of the Trust's SHMI which forms part of the draft Trust's Quality account submission. There is a gradual upward trend in the SHMI within the as expected band. An overall fall in expected mortality from pre-pandemic levels may be contributing. A healthier patient cohort is not consistent with our clinical experience of an ageing, multi-morbid population or the National picture which shows relatively stable mortality either side of the pandemic waves.

Again, a likely explanation of this is the clear decline in the depth of coding This is consistent with concerns we have around clinical documentation which are also suggested by HSMR and feedback from our medical examiners.

Activity within the coding department has been externally validated and we are confident that we are capturing what is written in the notes within the coding rules. The analysis described in Appendix 1 (missed coding- where a chronic condition which is unlikely to have resolved is not documented in subsequent admissions) provides further evidence. A clinically led task & finish working group headed by the Deputy Medical Director is reviewing our documentation and processes, including our interface with Primary care to see if there is scope for improvement which could address our concerns and potentially improve the Trust's position. This drift is highly likely to be a consequence of a clerking document revision and change, introduced pre-pandemic.

Medical documentation has also been identified as a theme in our Consultation around our **Patient Safety Incident Response Plan (PSIRP)** and as such this work will fit well with our wider Safety Improvement activities.

1.3 Clinical review of outlying diagnosis groups and progress on actions

Liver disease- this is an established outlying group and clinical teams have previously been engaged. The records review is nearing completion and the group is awaiting report on this. Proposals for reinforcing the pathways have also been made by the Gastroenterology Specialty. It is recognising that we have limited specialised hepatology clinical input at SFH and further development will require resourcing.

Fractured Neck of Femur- we are awaiting a formal report on the clinical review from our Orthopaedic colleagues, but early indications are that many of the cases were managed non-operatively. Feedback from our Medical Examiner Team is that documented evidence of multidisciplinary decision-making is improved in those notes that have been scrutinised following previous scrutiny via Patient Safety Committee. A cross divisional approach to strengthening the orthogeriatric input into this pathway is under development but again will require resourcing. The speciality teams are also considering the logistical challenges of cohorting and ring fencing #NOF ward beds.

Sepsis - mortality data had shown an increase over December 21 – February 22. Other sources of intelligence had not flagged up concerns over care or abnormal variations to cause concern. 29/31 cases reviewed – 2 sets of notes unavailable. The key findings are:

- Age range 59 yrs. – 96 yrs. All patients had multiple significant comorbidities or terminal metastatic carcinoma.
- Sepsis treatment was started in a timely manner & no lapse in sepsis care was identified.
- There was good evidence documented of discussions with microbiology team
- There was good evidence documented of discussions with the patients where appropriate or families of end-of-life planning
- 10/29 cases had sepsis nomenclature in either 1a or 1b of the death certificate (including 1 as urosepsis despite an abdominal source being treated)
- Cases were wrongly coded for sepsis as a primary diagnosis – these were discussed with the coding team
- In 4 cases there is no clinical evidence the patient had sepsis & it highlights the tendency for medical documentation of sepsis to refer to infections e.g. urosepsis for UTI, chest sepsis for pneumonia. 1 case had no clinical evidence of any underlying infection at all. Sepsis is not a diagnosis, purely a prompt to find a source
- None of the deaths were avoidable in the opinion of the reviewer who believes the mortality rate is reflective of the clinical picture over winter, mid Omicron wave. Excellent / good patient care was evident throughout at what was a very busy, challenging time of year.

Palliative Care

- Referral process has been migrated to ICE, ensuring ubiquitous access is nearly complete
- Interrogating ICE, an average of around 40-50 patients / month (often for multiple visits) have been identified as potentially matching criteria

- Utilising this dataset, has allowed us to check the coding accuracy. Only one case has been missed by the coders where the entry was in the Last days of Life documentation. Coding colleagues have been reminded to review this section of the notes
- A new lead nurse for the End-of-Life Care team has been appointed. The appointee has considerable experience previously having been a DN, a palliative care CNS at KMH and in the community. The medical lead role for End-of-Life Care team is out to advert
- A presentation at the medical managers meeting on Specialist Palliative Care is arranged for 25th April

Review of ReSPECT (Recommended Summary Plan for Escalation & Treatment) in patients presenting to ED

- Care was good but the discussions were effectively DNAR
- Diagnosis groups where patients may have benefitted from earlier discussion;
- Oncology
- Respiratory (esp. COPD)
- Cardiology (esp. heart failure)
- Further work is planned around; identification of patients at the “Front door” and
- Development of an advice booklet and a ReSPECT training package

Triangulation of patient impact methodology

- As described in the last update we have sought a methodology to triangulate information from our mortality metrics to identify areas for focussed clinical reviews. Three new areas of focus have been identified
- **Pleurisy, pneumothorax, pulmonary collapse-** ongoing
- **“infections”** (non-HSMR group)- provisional review undertaken through Dr Foster. Initial indications are that out-of-hospital deaths recorded for this group have triggered the alert and may benefit from a case-note review; this has been escalated through Learning from Deaths.
- **“Other infections”** Thought to be due to deaths occurring later in the clinical pathway and in higher risk groups (i.e. from sepsis, pneumonia and UTI). This has been raised in Learning from Deaths and actioned for highlighting to the documentation working group as it is felt there may be a relationship with nomenclature and recording of uncertain diagnoses within the Primary Diagnosis field

1.4 External Mortality Intelligence Provider

The Trust’s contract with Telstra (Dr Foster) is due for renewal in September 2023. There is regional interest in moving away from proprietary metrics (HSMR, RAMI etc) in favour of SHMI. We are involved in these discussions and will consider our options as part of this process but a more forward looking, timely and pro-active mortality intelligence tool remains highly desirable.

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

2.1 Mortality Review Tool

Completion rates for the standalone Trust Mortality Review Tool are shown in Figure 2.1

Fig 2.1 SFH Mortality review tool

Month	Total Deaths (Inpatient and A&E)	Mortality Reviews completed	% Reviewed
Apr-22	157	125	79.62%
May-22	168	114	67.86%
Jun-22	118	87	73.73%
Jul-22	166	121	72.89%
Aug-22	136	90	66.18%

Sep-22	136	88	64.71%
Oct-22	155	96	61.94%
Nov-22	159	103	64.78%
Dec-22	228	98	42.98%
Jan-23	236	96	40.68%
Feb-23	158	59	37.34%
Qtr 1	443	326	73.59%
Qtr 2	438	299	68.26%
Qtr 3	542	297	54.80%
Qtr 4	394	155	39.34%
Year 22/23	1817	1077	59.27%

The digital infrastructure to migrate to the new Datix platform is now in place as part of a suite of mortality tools. The Bereavement Centre is ready to go live with their module which will partially populate the MRT which should reduce workload. The Learning from Deaths Group awaits feedback from the established task and finish group regarding whether the tool should be retained as is or in a modified form. Ideally, we would ask for this to be completed at the time of completion of MCCD to avoid the ongoing lag shown above.

2.2 Data from Medical Examiner Service Office

2.2.1 – Acute Adult Deaths. 100% of 546 adult deaths (including 4 ambulance deaths) were scrutinised in Q3 within the following timeframes –

Day of death or 1 st Day after death-	288
2 nd Day after death -	122
3 rd Day after death -	88
4 th Day after death -	25
5 th Day after death -	14
Over 5 days -	5
MCCD's issued within 3 calendar days of death (Excluding referrals to Coroner)	89.87%

2.2.2 Acute Child Deaths

We had 5 child deaths reported in Q3

2.2.3 Community Deaths

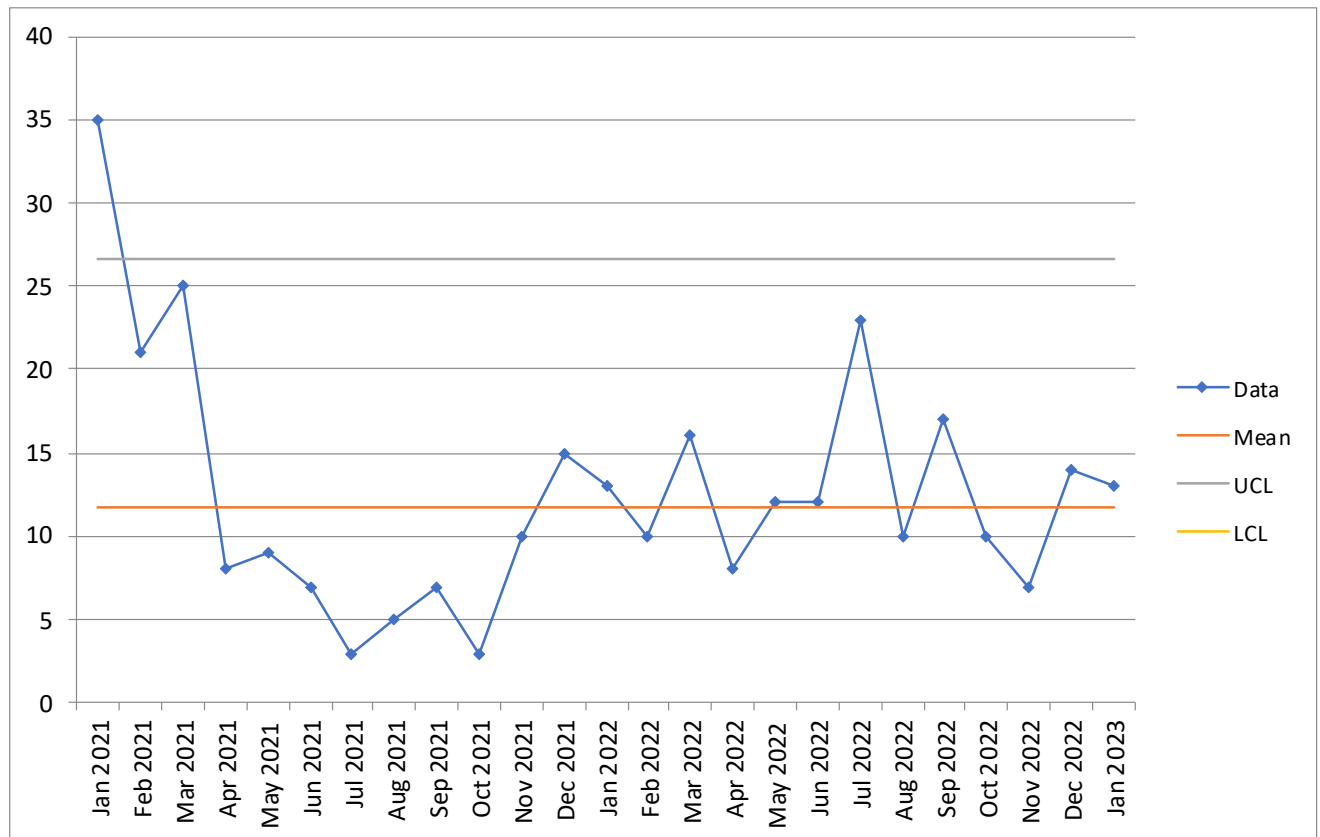
65 community deaths were scrutinised during Q3

The Medical Examiner service continues to perform effectively against demanding deadlines. Reduction in performance against 3 days target related to Christmas and New Year falling at the weekend. We have received excellent feedback for the service from families to date. Also, we would like to recognise the supportive role played by members of the team not only to bereaved families but also to distressed staff in a time of unprecedented pressure on our services.

Input was invited from the Lead Medical Examiner (along with Complaints/ Patient Experience) into the Trust's PSIRP consultation process. This resulted in a valuable contribution to more joined-up learning.

2.3 Structured Judgement reviews

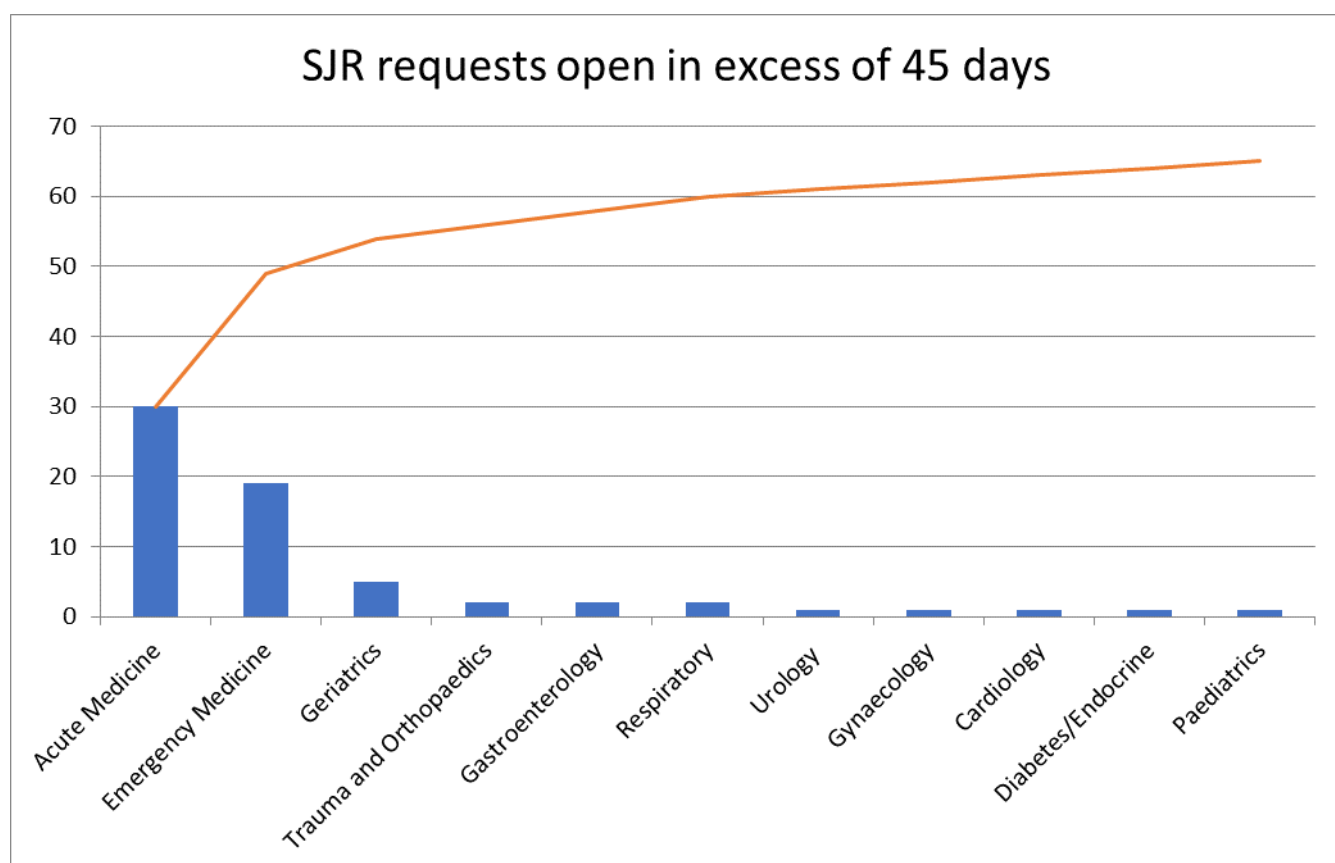
Figure 2.3 Structured Judgement review requests at Q3 2022/23



The number of SJRs identified are shown in Figure 2.3 The mean being close to 10% of total deaths.

Figure 2.4 shows our progress in reviewing the SJRs requested. Of note, Acute and Emergency Medicine have the largest number of reviews outstanding. This may reflect the fact that these services are subject to much of the operational pressure at the front door which the Trust continues to experience. Overall, the number of outstanding reviews is reducing and engagement with the process appears to be improving.

Figure 2.4 Structured Judgement review requests at open in excess of 45 days at Q3 2022/23



2.3.4 Learning themes from SJRs

Following review, overall care was found to be generally good. No death was deemed to be avoidable although free text entries did reveal a range of understanding of the concept of avoidability. Further training on completion of SJRs is planned.

Specific learning around management of falls (e.g. the importance of lying and standing Blood Pressure) was noted and communicated formally via specialty teaching, Medical Grand Round teaching and less formally via staff messaging "Serious issues" groups.

The importance of multidisciplinary best interest's meetings, involving relatives was highlighted. With review hindsight, there were examples where care could have been improved and where last-days-of life care could have been expedited, but there were also examples of good recognition of dying patients with significant family involvement.

The importance of making decisions regarding escalation and ReSPECT form has been communicated and discussed via morning MDT Handover and relayed to the admissions and ward teams.

Similar themes around capacity and decision-making were identified from feedback on LeDeR reviews. The Chair and Learning Disability Specialist Nurse met with the Regional LeDeR team which is undergoing some organisational significant changes. We will work closely together to support them through this change. The full LeDeR report is attached in Appendix 3

3. Feedback and Learning from Coroner

We have had an unprecedented number of new coronial matters raised this year (105 so far, the previous maximum was 70) and we will provide a fuller Board update regarding learning in the next report.

The new bereavement centre Datix module will allow us to monitor these referrals in real time through a dashboard that is being developed with the Medical Examiner's Office. This will provide the Group with an additional source of real time mortality information.

A useful meeting the local Coroners took place at the Trust senior medical leadership meeting, Medical Managers. We were able to discuss issues relating to coronial frustration, deliver a teaching session on PSIRF and additionally discuss and agree a joint approach to the implementation of PSIRF. Preparing and signing off incident reports for inquests under the current SI framework remains challenging. The increased number of options available to us under PSIRF has the potential to reduce this workload.

4. Learning from Deaths meetings.

4.1 Attendance at meetings

Despite significant clinical pressure over the winter, we have seen improved clinical representation at Learning from Deaths meetings over the last 6 months. Job planning for governance activities remains a challenge, but we interpret this engagement as a good reflection of the quality, value and benefit of meeting discussions.

4.2 Dashboard

Our mortality dashboard continues to evolve for use both in our meetings and for outward communications of our activities and learning. This contains data from macro (HSMR and SHMI) to micro (individual family feedback) scales.

The latest quarterly position is included in Appendix 4. The Learning from Deaths group hopes that the Board finds this useful and would welcome feedback.

5. Plans for Q1&2 2023/24

The Learning from Deaths Group will

- Continue to work with our external provider and our internal analysts to refine our mortality data intelligence. A review of our external mortality provider relationship will aim to maximise the financial and operational efficiency, for the Trust
- Signpost Clinical Mortality leads to areas which require further investigation and use findings to direct quality of care improvements
- Update on those areas where work is continuing
- Continue to support the 5 Divisions in establishing a workable mortality review tool on the Datix digital platform supported by processes and training
- Continue to ensure that mechanisms for Learning from Deaths work constructively and collaboratively with other internal and external governance processes.
- Develop our system intelligence and presence via the Learning from Deaths Regional Forum

Board of Directors Meeting in Public - Cover Sheet

Subject:	NHS Staff Survey 2022 – Results Headlines		Date: Thursday 6 th April 2023	
Prepared By:	Vicky Malia, Head of Culture and Engagement			
Approved By:	Rob Simcox, Director of People			
Presented By:	Vicky Malia, Head of Culture and Engagement			
Purpose				
This paper serves to update the Sherwood Forest Hospitals NHS Trust Public Board meeting on the National Staff Survey 2022 results including national and regional benchmarking			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				
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 Cabinet – March 2023 People Culture and Improvement Committee – March 2023				
Acronyms				
None				
Executive Summary				
Background				
The National Staff Survey 2022 embargo lifted on 9 th March 2022 with results analysis underway and Trust focus areas for improvement in development.				
The Trust closed the survey in November with 3390 colleagues taking the opportunity to share their voice, which was a 61% response rate (compared to a national average of 44%) and the 3 rd highest response rate nationally.				

Summary Headlines

- **The Trust placed 1st or 2nd in the Midlands across all 7 of the People Promise themes**, along with 1st in the Midlands for Staff Engagement and 1st in the Midlands for Staff Morale.
- **7/10 colleagues reported they would recommend the Trust as a place to work** which was the top score regionally across all Acute Trusts in the Midlands for the 5th year running (and 3rd nationally)
- **1st in the Midlands for staff being happy with the standard of care** provided by the organisation if a friend or relative needed treatment (78%)
- **2nd in the Midlands for colleagues agreeing that care of patients is the organisations top priority** (81%)

Whilst our results overall are extremely positive, we remain mindful that there are still key areas for improvement. The Trust focus areas identified after the 2021 survey will therefore remain in place, with 2022/23 actions being developed under the same 3 key themes for consistency:

- Valuing you
- Caring for you
- Developing you

These focus areas were discussed in depth at the Trust People, Culture and Improvement Committee with an action plan in development which will be shared with the People Committee in May.

Attached are 2 infographics detailing the highlights of the NSS results for the Board's information.

We are extremely proud of our results placing us as the overall 3rd best Acute Trust in the Country and the most recommended place to work and receive care in the Midlands.

Recommendation

The Trust board are asked to take assurance from the National Staff Survey Results 2022, and the assurance that the People Committee will have overview and regular updates regarding the key areas for improvement across 2023/24 that will be aligned to the Trust People, Culture and Improvement Strategy.

#Team SFH

National Staff Survey 2022



Sherwood Forest Hospitals
NHS Foundation Trust

THE RESULTS

Thank you to the 3390 colleagues who shared their views on life at SFH. **This was a response rate of 61% which was the 3rd highest in the country!**

7/10

colleagues would recommend the Trust as a place to work.



8/10

colleagues agree that care of patients is the Trust's top priority.



8/10

colleagues would be happy with the standard of care provided if a friend or relative needed treatment at SFH.



Other high scores

- 91%** feel trusted to do your job
- 89%** feel your role makes a difference to patients/service users
- 86%** received an appraisal in the last 12 months
- 78%** feel the organisation respects individual differences
- 77%** would feel secure raising concerns about unsafe clinical practice.



How we compare against Acute Trusts nationally...

93/97 questions above national average

4 below

We're paying attention to:

- 8.6%** Not experienced physical violence from patients/service users, their relatives or other members of the public
- 7.6%** Don't work any additional paid hours per week for this organisation, over and above contracted hours
- 3.8%** Not felt pressure from manager to come to work when not feeling well enough
- 1.3%** Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public.

For more information about the NSS22 results contact sfh-tr.odenquiries@nhs.net

002235

Our People Promise Themes 2022

(All scores are out of 10)



Sherwood Forest Hospitals
NHS Foundation Trust

We are recognised and rewarded

Recognition and Reward = **6.1** (Avg. 5.7)

ROOM TO IMPROVE

We are always learning

Development = **6.8** (Avg. 6.3)

Appraisals = **5.0** (Avg. 4.4)

TOP SCORE

ROOM TO IMPROVE

We work flexibly

Support for Work-life Balance = **6.5** (Avg. 6.1)

Flexible Working = **6.4** (Avg. 6.0)



We are a team

Team Working = **6.9** (Avg. 6.9)

Line Management = **7.1** (Avg. 6.7)

HIGH SCORE

We are compassionate and Inclusive

Compassionate Culture = **7.5** (Avg. 7.0)

Compassionate Leadership = **7.3** (Avg. 6.8) **HIGH SCORE**

Diversity and Equality = **8.5** (Avg. 8.1)

Inclusion = **7.1** (Avg. 6.8)

We each have a voice that counts

Autonomy and Control = **7.2** (Avg. 6.9) **HIGH SCORE**

Raising Concerns = **6.9** (Avg. 6.4)

We are safe and healthy

Health and Safety Climate = **5.8** (Avg. 5.2) **HIGH SCORE**

Burnout = **5.0** (Avg. 4.8) **ROOM TO IMPROVE**

Negative Experiences = **7.8** (Avg. 7.7)

Staff Morale:

6.3



Best in Midlands

Staff Engagement:

7.2

Best in Midlands

Overall 3rd Best Acute Trust in the Country across our People Promise Themes

Research & Innovation

22-23 Performance Report

We are pleased to present the year-end 2022/23 performance review of research activity at Sherwood Forest Hospitals NHS Foundation Trust.

The Research and innovation team is responsible for developing and supporting a varied research portfolio, creating better opportunities for patients and staff to participate in research activity, whilst informing the provision of high-quality, evidence-based health care. Patient participation in research is mainly through studies adopted by the National Institute for Health Research (NIHR). The Trust is involved in a small number of non-adopted studies which are typically undertaken for educational purposes.

Historically, research activity has shown a year-on-year increase. However, due to the global COVID-19 pandemic, in 2021/22, SFHT research activity focused on Urgent Public Health (UPH) studies, resulting in increased numbers of participants recruited into a smaller number of studies. In 2022/23 the primary focus has been on recovering the pre covid research portfolio which as we hoped is now showing an increase.

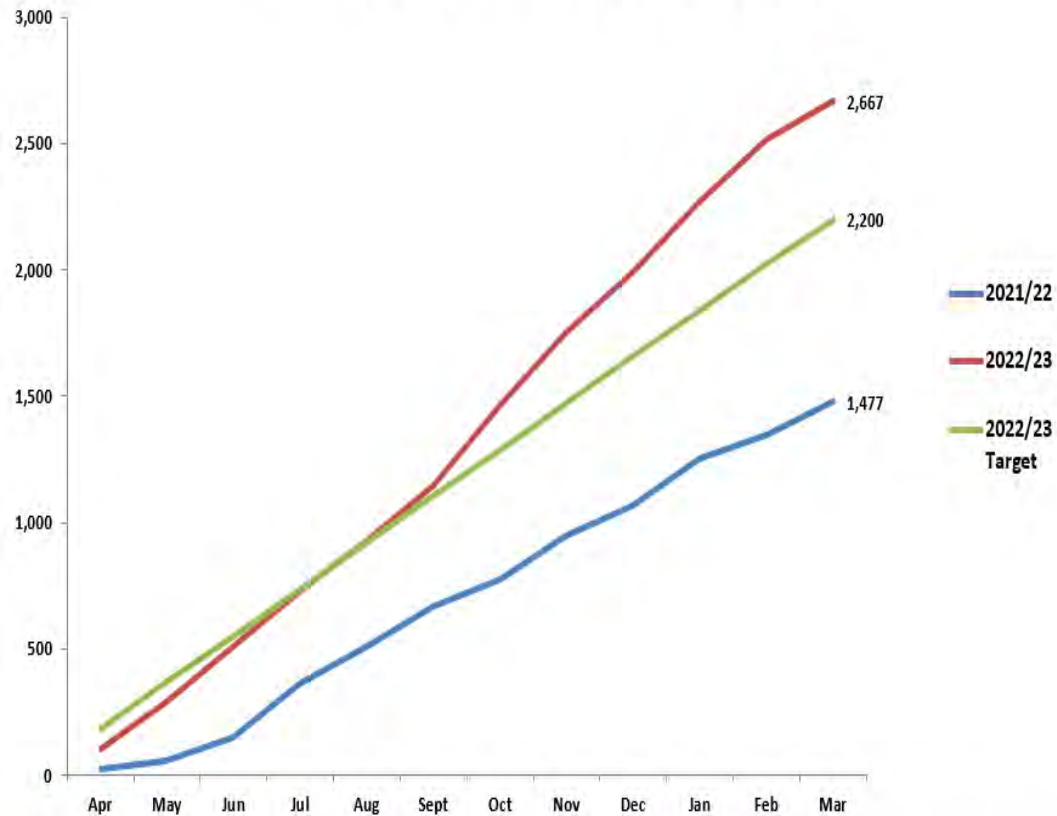
The focus for R&I in 2023/24 is to continue growing a balanced research portfolio, including attracting increased activity from commercial sponsors. The research activity will be reviewed regularly, with bi-annual reporting to the Trust board and monthly reporting to Divisional teams and research investigators.

The new R&I strategy 2022-2027, 'Research is for Everyone' sets out a clear vision to make research part of our daily business, realising the research potential in all areas of our hospitals for the benefit of patients, staff, and our community. This includes 4 key pillars: Place, Progress, People, and Partnership.



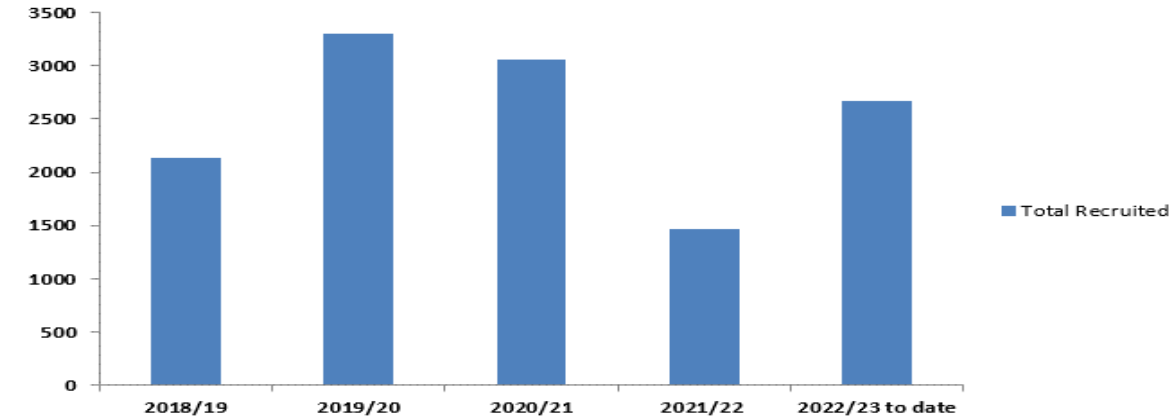
Performance

Cumulative Monthly Recruitment 2021-22 and 2022-23

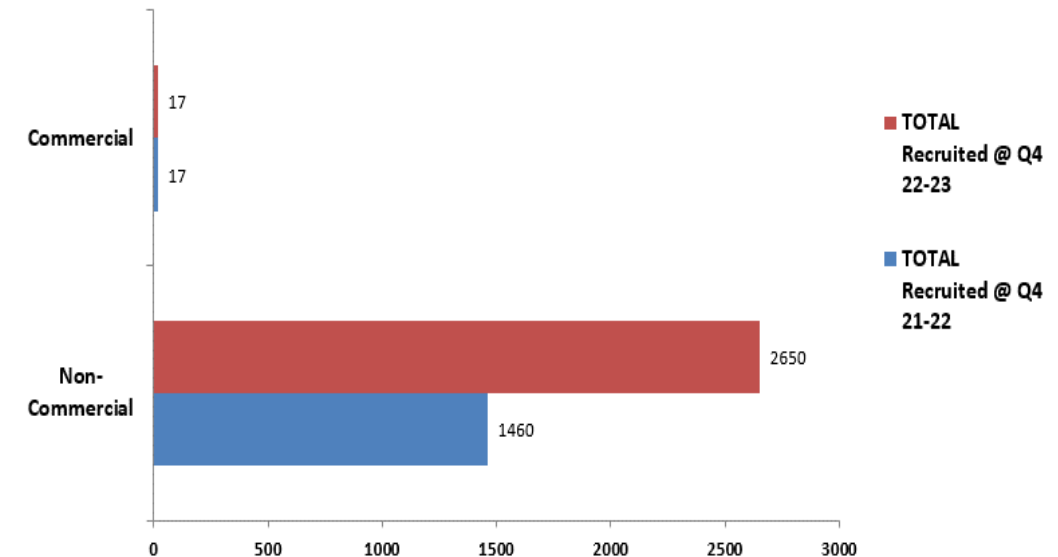


	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	25	55	151	362	511	671	778	949	1,065	1,252	1,344	1,477
2022/23	101	289	506	728	928	1,146	1,468	1,752	1,993	2,267	2,516	2,667
2022/23 Target	184	368	552	736	920	1,104	1,288	1,472	1,656	1,840	2,024	2,200

Total Recruited Over The Last 5 Years

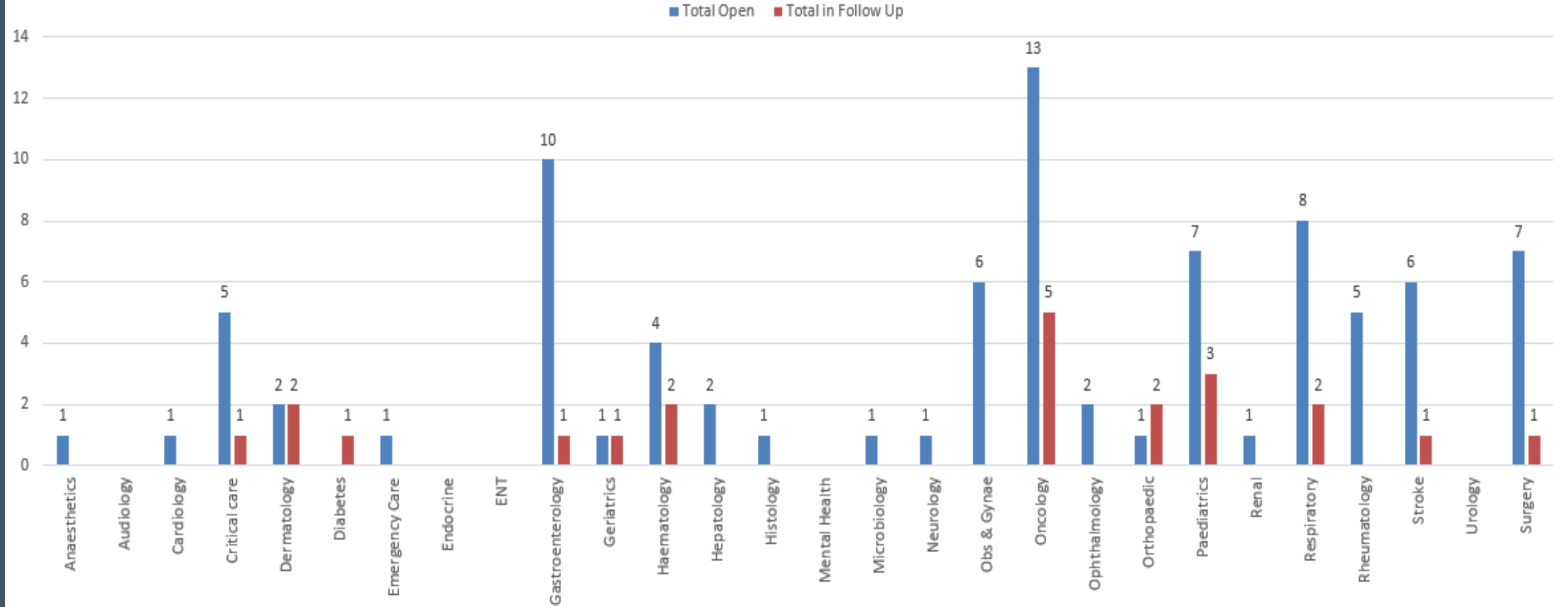


Recruitment at Q4 FY2022-23 & FY 2021-22



Performance

Total Open & In Follow Up by Speciality @ Q4 2022-23



2023/24

CRN East Midlands Income

Indicative budget

£774,623.16

Finance



Department of Health Funding

£20,000.00

To maintain research capability
and capacity

2021/22

Commercial Income

£ 147,747.70

For re-investment into future
research capability and capacity



Patient Experience 2022/23

"To know there was always someone I could speak with should I have any anxieties."



The study was explained in full and it feels good to know I am helping in Research.

That I can help others having a big baby and understand what could happen.



- 96% of participants Agree/Strongly Agree their participation in Research has been valued
- 96% of participants would consider taking part in Research again
- All Participants Agree/Strongly Agree that they have been treated with courtesy and respect



2022/23 Highlights

R&I's strategy to incorporate the 4 pillars Place, People, Progress, and Partnership.

Leading Research – Chief Investigator and Sponsor for a grant funded multi-site study for the first time- results due to be published in June 23

Influencing and informing through the Nottinghamshire ICS Research Partners Group

Development of formal partnership with NTU to increase research opportunities and clinical academic careers for Nurses, Midwives and AHP's

Build Back Better

Infrastructure

Sponsorship

Integration

Collaboration

Work Force Accreditation award to help build commercial portfolio and meet CRNs High level objectives.

CRF space secured - in use for existing trials with further transformation planned for Summer 23 to enable earlier phase research

Working across boundaries - Joint Senior Research Nurse post across primary care and SFH post active

Inclusion in NUH successful CRF re-bidding and mobile research unit

Board of Directors Meeting in Public - Cover Sheet

Subject:	Research and Development Performance Report – 2022/23		Date: 6 th April 2023	
Prepared By:	Terri-Ann Sewell Research Operations Manager			
Approved By:	Elizabeth Gemmill, Director of Research and Innovation			
Presented By:	Terri-Ann Sewell Research Operations Manager			
Purpose				
<p>To present the Research and Innovation Annual Performance Report</p> <p>Update and assurance on performance KPI's and financial position</p> <p>To give a brief overview on the plan to achieve actions within the new R&I strategy.</p>		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		X	X	X
Indicate which strategic objective(s) the report support				
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				
None				
Acronyms				
List all acronyms used within the report. DPR = Divisional Performance Review ICB = Integrated Care Board CRN= Clinical research Network EMCRM= East Midlands Clinical Research Network NIHR= National Institute Clinical Research R&I=Research and Innovation				
Executive Summary				
Performance Metrics <ul style="list-style-type: none"> 2,667 participants recruited into research studies compared to 1,477 in 21/22, 66 studies on the SFH portfolio Confirmed £774,623.16 EMCRN 2023/24 budget. Commercial income at £ 147,747.70 				

Patient Experience

- 96% of participants Agree/Strongly Agree their participation in Research has been valued
- 96% of participants would consider taking part in Research again
- All Participants Agree/Strongly Agree that they have been treated with courtesy and respect

Research highlights 22-23

1. CRF space secured and building work to commence Summer 2023
2. Leading Research – Chief Investigator and Sponsor for a grant-funded multi-site study successful, results to be published June 2023.
3. Influencing and informing through the Nottinghamshire ICS Research Partners Group
4. Development of formal partnership with NTU
5. R&I commenced collaborative working with Primary Care to support the development, operation and delivery of clinical research and training across Mansfield and Ashfield.
6. Launched R&I new strategy 22-27
7. R&I 1st apprentice commenced placement within the department, allowing us to build our workforce and create career opportunities.

Extraordinary Audit & Assurance Committee Chair's Highlight Report to Trust Board

Subject:	Audit & Assurance Committee (AAC) Report	Date: 16 th March 2023
Prepared By:	Graham Ward – AAC Chair	
Approved By:		
Presented By:	Graham Ward – AAC Chair	
Purpose		
	Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> ▪ <u>Counter Fraud</u> – the laptop/mobile phone thefts has now been fully resolved with the individual admitting the thefts and resigning. Processes have been changed to tighten control in the future. ▪ <u>Internal Audit</u> – Implementation of internal audit recommendations is improving – now at 69% (up from 66% at last report) implemented by due date (needs to be >75% for Head of Internal Audit Opinion to be significant assurance). ▪ <u>Internal Audit</u> – terms of reference for internal audits are not being responded to within the agreed timelines which creates unnecessary delays. ▪ <u>Procurement</u> – New system introduced which details all framework contracts available (Framespan) which is helping further collaboration and reducing single tender waivers. 	<ul style="list-style-type: none"> ▪ <u>Register of Interests</u> – Committee Chair to email the remaining 6 staff from the original list who haven't declared. ▪ <u>Overseas Patients</u> – Deep dive to be undertaken to review processes, controls and cost of managing overseas patients invoicing and debt collection.

Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> ▪ <u>Register of Interests</u> – this is now down to an all-time low of 6 from the original list who haven't declared (out of 942 Grade 7+ staff). Overall list is 96 employees, but increase is due to new employees starting at the Trust. ▪ <u>Counter Fraud</u> – There has been a 400% increase in referrals this year due to effective communications and awareness. Particular thanks to Debbie Kearsley, Deputy Director of People and Counter Fraud Champion for the support given was noted. ▪ <u>Non-Clinical Policies</u> – The number of overdue policies has reduced further from 10 to 4, of which 3 are awaiting final sign off and only 1 requires a further follow up. 	<ul style="list-style-type: none"> ▪ <u>Counter Fraud</u> – additional days incurred for investigations and work plan for 2023/24 approved. ▪ <u>Internal Audit Plan for 2023/24</u> – Approved. ▪ <u>Going Concern Statement</u> – wording agreed for recommendation to Board for approval. ▪ <u>Losses and Special Payments</u> – Approved. ▪ <u>Terms of Reference</u> – Changes to Terms of Reference approved. ▪ <u>Annual Work Plan</u> – Approved. ▪ <u>2022/23 AAC Annual Report</u> – Approved.
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> ▪ All papers were of a high quality and clear which helped the meeting run smoothly. 	

Finance Chair's Highlight Report to Trust Board

Subject:	Extraordinary Finance Committee meeting	Date: 28 th March 2023	
Prepared By:	Richard Mills, Chief Financial Officer		
Approved By:	Andrew Rose-Britton, NED Chair of Finance Committee		
Presented By:	Andrew Rose-Britton, NED Chair of Finance Committee		
Purpose			
The paper summarises the key highlights from the Finance Committee meeting held on 28 th March 2023		Assurance	Sufficient

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> ▪ The 2023/24 Financial Plan delivers a deficit position. A number of risks inherent within the plan were discussed, as well as any opportunities for improvement, noting the NHS England expectation for financial breakeven. ▪ Letters received from NHS England regarding Better Payment Practice Code and (system-level) agency expenditure. ▪ Board Assurance Framework Principal Risk 4 (Delivery of Financial Strategy) score increased to 20 (Consequence 4 x Likelihood 5). 	<ul style="list-style-type: none"> ▪ Strategic Sustainability Group and Capital Oversight Group updates to be provided to future Finance Committee meetings ▪ Review of SFH finance risks compared to ICB finance risks to ensure alignment. ▪ Further details on 2023/24 plans for Elective Recovery, Agency expenditure and Financial Improvement Programme to be provided to April 2023 Finance Committee meeting for assurance. ▪ 2023/24 Capital Plan to be presented to April 2023 Finance Committee meeting for approval. ▪ HFMA Sustainability Review action plan to be prepared for future Audit & Assurance Committee meeting.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> ▪ Monthly Finance report (Month 11) and progress on delivery of 2022/23 year-end position in line with plan ▪ ICS Update and consideration of system financial risk report ▪ Positive updates on major capital schemes were provided ▪ HFMA Sustainability update 	<p>Approval granted for:</p> <ul style="list-style-type: none"> ▪ 2023/24 Financial Plan submission ▪ Energy contract suppliers ▪ Finance Committee Workplan (subject to minor updates) ▪ Finance Committee Terms of Reference
Comments on Effectiveness of the Meeting	
Effective in terms of decision making and discussion on issues pertinent to the Committee.	

Board of Directors Meeting in Public - Cover Sheet

Subject:	People Culture and Improvement Committee Annual Report		Date: 6 th April 2023	
Prepared By:	Robert Simcox, Director of People			
Approved By:	Robert Simcox, Director of People			
Presented By:	Andrew-Rose Britton Non-Executive Director (People Culture and Improvement Committee Member)			
Purpose				
To provide assurance the People, Culture & Improvement Committee is performing its responsibilities as set out within its Terms of Reference and a summary of activities performed across 2022			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				
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			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				
People Culture and Improvement Committee – January 2023				
Acronyms				
None				
Executive Summary				
Background				
This report provides a summary of people, culture & Improvement Committee activities and assurance that the Committee has carried out its obligations in accordance with its terms of reference and work programme for the 2022 calendar year.				
Conclusions				
The Committee has a challenging and substantial work plan and agenda seeking assurance regarding the development, delivery and impact of the Trust's workforce				

strategy and plan. In addition, the committee's has also seen assurance regarding organisational development activity undertaken to promote and embed effective organisation culture.

Recommendation

Although 2022 has been a demanding and tough it is recommended the Trust Board takes the committee's update as assurance in relation to the work undertaken in relation to the workforce agenda

Annual Report from the People, Culture & Improvement Committee

Summary

This report provides a summary of People, Culture and Improvement Committee activities and assurance that the Committee has carried out its obligations in accordance with its Terms of Reference and work programme for 2022.

The time period is aligned to the annual governance timetable to enable consideration by the Board of Directors.

This report provides an overview of activities undertaken throughout the Trust and a summary of the work undertaken within the People, Culture and Improvement Committee activities from January to December 2022.

Background

The People, Culture and Improvement Committee meets 6 times per year and reports to the Board of Directors. Its Terms of Reference establish the following purposes:

- Review the BAF risks associated with workforce, culture and improvement and provide assurance to the Board that those risks are being effectively mitigated or managed in a controlled way.
- Provide the Board with assurance concerning all aspects of the Trusts workforce strategy and annual implementation plan, both in relation to delivery and impact.
- Where necessary, seek assurance into any areas of work related to workforce and culture on behalf of the Board.
- Assure the Board that the structures, systems and processes are in place and functioning to support the workforce in the provision and delivery of high quality patient care.
- Contribute to, oversight of and assurance from an SFH perspective, the People, Culture and Improvement Plan and plans of the Integrated Care System.
- In fulfilling its obligations the Committee will be mindful of the need to improve the diversity of the workforce so that it better reflects the populations which the Trust serves.
- The Committee shall review the Freedom to Speak Up agenda via quarterly assurance reports.

The Committee's membership is set out below:

- Non-Executive Director (Chair)
- Non-Executive Director
- Non-Executive Director
- Director of People
- Medical Director
- Chief Nurse

In routine attendance:

- Deputy Director of People
- Associate Director of People (Resourcing)
- Associate Director of People (Transformation)
- Associate Director of Improvement
- Associate Director of Transformation
- Head of People Partnering & Operations
- Head of Culture & Engagement
- Head of People Development
- Head of Communications
- Head of Medical Workforce
- Head of Corporate Nursing
- Community Involvement Manager
- Equality, Diversity & Inclusion Lead

2 Staff governors are also invited to attend as observers.

Other Directors and Managers have attended meetings in accordance with the People, Culture and Improvement Committee work programme and/or in response particular work being identified.

Meetings

Meetings shall be held not less than four times a year and where appropriate should coincide with key dates in the quarterly reporting cycle. A development session shall also be held not less than annually.

Attendance of core members (or a nominated deputy) at meetings during the period covered by this report is detailed below:

Non- Executive Director (Chair)	6/6
Non-Executive Director	6/6
Non-Executive Director	5/6
Director of People	5/6
Director of Culture and Improvement	4/6 (<i>left September 2022</i>)
Medical Director	1/6
Chief Nurse	1/6

Attendance of officers in routine attendance

Deputy Director of People	5/6
Associate Director of People (Resourcing)	4/6
Associate Director of People (Transformation)	6/6
Associate Director of Improvement	6/6
Associate Director of Transformation	6/6
Head of People Partnering & Operations	4/6
Head of Culture & Engagement	4/6
Head of People Development	2/4
<i>(left the Trust in October and role vacant until Jan-23)</i>	
Head of Communications	2/6
Head of Medical Workforce	6/6
Head of Corporate Nursing	2/6
Community Involvement Manager	4/6
Equality, Diversity & Inclusion Lead	3/6
Risk and Assurance Manager	6/6

3 staff governors attended 1 out of the 6 meetings during the year as an observer.

Work Programme

The Committee has received regular reports throughout the year in accordance with its agreed Annual Work Programme. Reports are received at each meeting from the Director of People, Medical Director and Chief Nurse in relation workforce risks and the Workforce Board Assurance Framework. In addition, assurance and highlight reports are provided on an ad hoc basis.

The Committee has also received reports on other specific risk-related matters, including:

- Safe Staffing for Nursing, Midwifery and Allied Health Professionals
- Staff Safe Staffing – Medical Staffing Report
- Communications Report
- Volunteer Report
- Employee Relations Assurance Report
- Leadership Update
- Culture and Engagement Update
- Raising Concerns Update
- Medical Revalidation Report
- COVID-19 and Flu Campaign
- Equality and Diversity Assurance Report

Horizon Scanning

The People, Culture and Improvement Committee identify and review any risks and work plans which are on the horizon. The following are the main areas identified:

- NHS People Plan
- Equality and Diversity national reporting including Workforce Race Equality Scheme, Workforce Disability Equality Scheme and gender pay gap.
- Industrial Action including strike action
- The future workforce
- NHS Pension Scheme changes and implications of the Annual and Lifetime allowance.

All of the above have been added to the appropriate action plans and any risks mitigation plans are in place.

Positive Stories

During the People, Culture and Improvement Committee meeting positive stories and achievements are shared and identified. Throughout the year these have included:

- Positive assurance from a 360 Assurance report on Equality Diversity and Inclusion.
- Development of an Involvement Charter to increase the amount of citizen engagement in key agendas.
- HSJ Award nominations for Workforce Initiative of the Year and Wellbeing and Engagement.
- Successful events regarding Clinical Audit Awareness Week in June 2022.
- A successful and well attended Menopause Conference on World Menopause Day.
- Festive 'thank you' where all staff were able to access a hot drink and mince pie in December 2022.
- SFH shared learning share via presentations with regional and national colleagues regarding the implementation of Just Culture at the Trust.
- Appointment of a Staff and Associate Specialist Advocate role.
- £20,000 funding secured to progress the Digital Innovation Hub in conjunction with Nottingham University Hospitals NHS Foundation Trust.
- The Trust has appointed an Associate Director of People (Transformation) to implement a Strategic Workforce Plan and associated tactical plans to take forward the Trust's workforce ambitions.

People Directorate

In 2022, there have been changes to the senior leadership structure within the People Directorate and the Culture and Improvement Directorate.

The Director of People and Director of Culture and Improvement secured roles at alternative NHS Organisations which resulted in a review of the People Directorate and Culture and Improvement Structure. The outcome of this review is the Training, Education and Development Department, including Organisational Development and Engagement have been realigned to the People Directorate. The Service

Improvement and Transformation functions have been aligned to the Director of Strategy and Partnerships.

In June 2022 the Trust successfully recruited to the Director of People, appointing the previous Deputy Director of People. The new Director of People has brought together the wider People Directorate (as outlined above) with a clear people strategy and vision in terms of empowering and supporting our people to be the best they can be.

In August 2022 the Director of Strategy and Partnerships commenced at the Trust. This is a new role to take forward the Trust's ambitions to be a leader within the local system and nationally regarding its vision for Healthier Communities for All. As a result the Director of

Strategy and Partnerships has brought together the Service Improvement and Transformation functions, and is currently in the process of implementing an Improvement Faculty within the Trust to support services on their journey of continuous improvement.

The People, Culture and Improvement strategy and agendas are vital to enabling the Trust to achieve its overall vision and the revised reporting lines and structures enable greater effectiveness and collaborative working. The agendas and workplans continue to be reported to the People, Culture and Improvement Committee.

Board Assurance Framework Risks

The People, Culture and Improvement Committee monitors the Board Assurance Framework (BAF) workforce and improvement risks.

The principal risks on the BAF reviewed by the People, Culture and Improvement Committee are;

Workforce capacity and capability

- Inability to attract and retain staff
- A significant loss of workforce productivity arising from short-term reduction in staff availability or a reduction in effort above and beyond contractual requirements

Improvement and innovation

- Lack of understanding and agility resulting in reduced efficiency and effectiveness around how we provide care for patients

The below graphs identify the current risk level, tolerable risk level and target risk level for each of the BAF risks.

Chart 1: Workforce capacity and capability

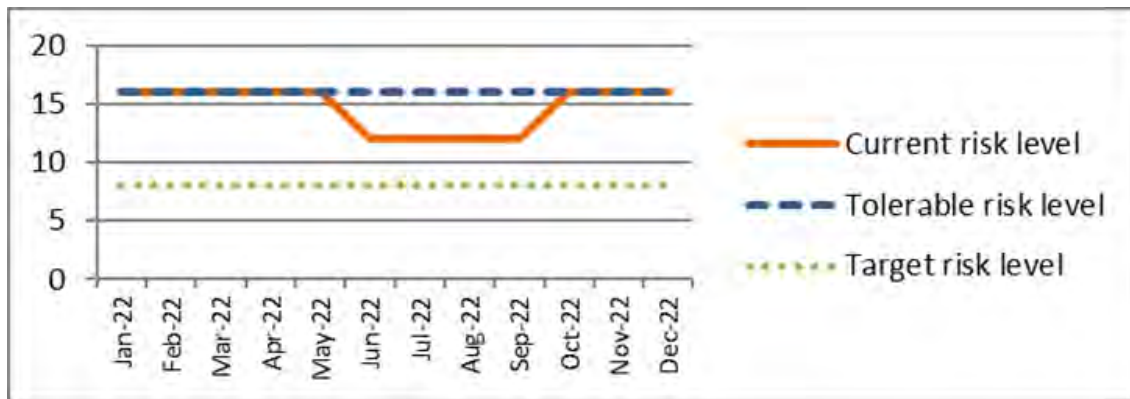
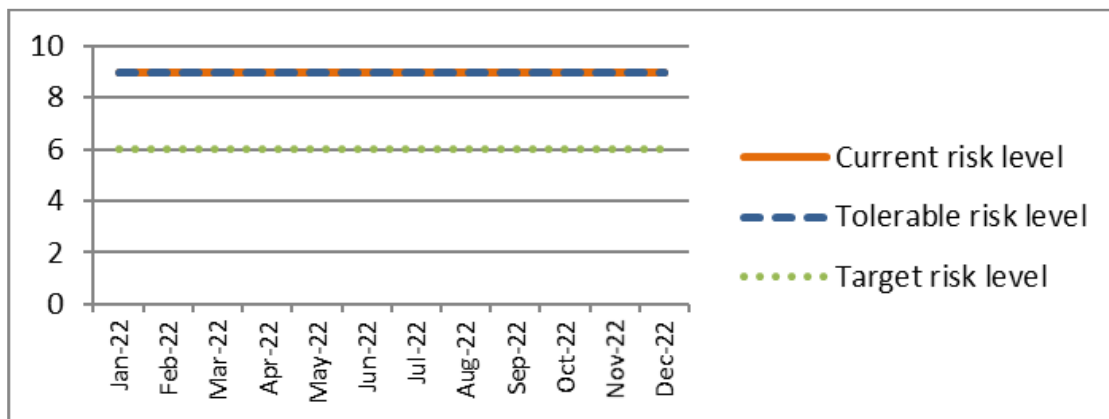


Chart 2: Improvement and innovation



People Culture and Improvement Strategy 2022-2025

The Trust introduced a 3-year People, Culture and Improvement Strategy for 2022-2025 which was implemented with effect from June 2022.

Our People, Culture and Improvement Strategy for 2022-2025 was built in support of National and SFH priorities. It builds on the firm foundations that have been established at Sherwood over a number of years. We believe this has been a positive step forwards for Sherwood and provides a strong platform to keep improving experiences for our patients and colleagues.

Our strategic delivery pillars reflect the NHS People Plan and People Promise but also support Operational Planning guidance:

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

To support the delivery of the action plans that fall out of the strategic delivery pillars we have established a new governance structure. The following Sub-Cabinets will report into People Cabinet, effective from February 2023:

- People Wellbeing and Belonging Sub-Cabinet
- People Resourcing and Development Sub-Cabinet
- People Transformation Sub-Cabinet

Safe Staffing Nursing and Medical

Nursing

The Chief Nurse has presented bi-monthly staffing report to provide an overview for Nursing, Midwifery and Allied Health Professional staffing and compliance within the Trust with the National Institute for Clinical Excellence (NICE) Safe Staffing, National Quality Board (NQB) Standards and the NHS Improvement Workforce Safeguards guidance.

The reports presented provided assurance of the staffing availability over the previous six months and process with assessing acuity and dependency for patients on ward areas.

The information and data presented will support the review of the Nursing and Midwifery establishment reviews for 2022/2023.

In 2023/2024 the Chief Nurse will present the Nursing and Midwifery establishment review to the committee and will continue to present reports to provide an overview and assurance regarding the staffing and safety compliance of the Nursing, Midwifery and Allied Health Professional workforce.

Medical

The Medical Workforce Report has been presented to the Committee twice yearly has highlighted the developments during the year and the key challenges. The change in the rota pattern and the investment in additional training and non-training posts in Medicine from August has considerably improved the junior doctor coverage on the wards and out of hours, making it a much-improved experience for the trainees and Clinical Fellows in Medicine.

Whilst the challenges of increased demand for the services remains post COVID, generally the Trainees and Clinical Fellows feel that they are supported and assurance has been provided to the committee in terms of the increased numbers of doctors as described above, the escalation process in place where there are concerns and the support that is in place in respect of the Guardian of Safe Working.

The numbers of medical vacancies have remained unchanged, however, new posts have been created during the year following the review of the Establishments in a number of areas post COVID. Task and Finish Groups have also been established

to support challenged services with recruitment to vacancies in the short term and their workforce plan in the medium term.

The Medical Workforce report and the annual NHE England (NHSE) quality assurance report for appraisal and revalidation have also provided assurance of the Appraisal and Revalidation process.

Overall, the reports from the Medical Director have provided assurance that the being undertaken in relation to the Medical Workforce provides safe and effective care to patients whilst supporting and maintaining the well-being of the Medical Staff across the Trust.

Equality and Diversity

The People, Culture and Improvement Committee has received regular reports with an update on the achievements, progress and developments in relation to the Equality, Diversity and Inclusivity agenda at Sherwood Forest Hospitals NHS Foundation Trust.

The committee has had assurance the Trust has met its statutory duties as outlined in the Equality Act 2010. The committee has also been presented with the following information prior to being published in line with statutory requirements

- Diversity and Inclusivity Report
- Workforce Race Equality Standards (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap Report

Over the past year the Trust has celebrated some key Equality and Diversity events across the Trust including; the Trust's PRIDE events in conjunction with partner organisations across the system, Black History Month, Disability History month, Reach Out event. An engagement calendar has been developed for 22/23 to ensure areas of focus and celebration.

Other key achievements have been; Staff Networks relaunch with support now place for all chairs and members. This has resulted in an increase in membership and launch of Women in Sherwood network. Allyship training roll out across the Trust and launch of Project Search supporting placements for neurodiverse communities within the local area.

The Trust has really focused on our inclusion agenda as part of ensuring Sherwood is a Great Place to Work for everyone.

While assurance was obtained from the reports and evidence presented to the committee in 2022, it is recognised there is still significant work to be taken forward in relation to this agenda.

Key actions include increasing diversity reporting amongst all staff with focus within Divisions, continuing to grow the Trusts Staff Networks, continuing to ensure

compliance with reporting duties, and increasing knowledge of the Diversity agenda across the Trust.

Freedom to Speaking Up

Effective speaking up arrangements protect patients and improve the experience of NHS Workers. All staff but specifically all executive directors have a responsibility for creating a safe culture and an environment which workers are able to highlight problems and make suggestions for improvement.

The Trust's Freedom to Speak Up Guardian has provided assurance reports to the committee which highlighted in 2022 compared to 2021, there has been an increase in the number of concerns raised. The increasing number of concerns is positive and provides assurance about the effectiveness of the Freedom to Speak Up Guardian role and the Freedom to Speak Up Champions. There has also been an increase in the number of concerns raised by medical staff, which is positive as this staff group has traditionally not raised concerns via the Freedom to Speak up process.

The most prevalent findings from the reports presented is that 'bullying and harassment' and a bullying type behaviour from line managers or senior managers within departments was the most common concern raised by staff. As a result of this the committee has received reports and evidence from the Director of People about focused work in relation to the implementation of Just Culture, civility and respect to improve the experience of staff and empower leaders to lead in a compassionate way.

Freedom to Speak Up continue to implement a strategy which has been developed; this has been developed in line with the Trust vision and objectives and aligns to the NHS People Plan. The objectives of the Freedom to Speak Up strategy are;

- Create the right conditions for all our staff to speak up
- Enabling our leaders to connect with staff and be responsive
- Take learning and improve the quality of services for staff and patients.

The People, Culture and Improvement committee has received assurance throughout the year in relation to the Freedom to Speak Up agenda.

People and Inclusion

At each meeting the Director of People has presented an assurance paper on the people and inclusion agenda.

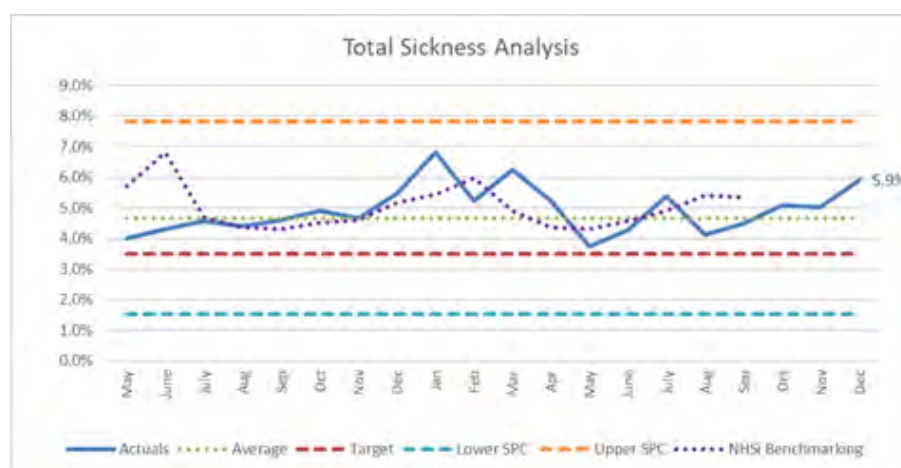
The papers presented have provided assurance that all Human Resources Policies compliant with best practice and employment law.

In addition, the committee been kept up-to-date regarding the COVID-19 pandemic and measures the government have announced a to support the reduction in the spread of the virus and also protect those who are extremely clinically vulnerable. This has included the implementation of self-isolation and self-shielding.

It has been recognised as a result of these national measures the Trust has experience an increase in workforce loss related to sickness and COVID-19 related absences. The committee have been assured the Trust has implemented all national measures which have been implemented in response to the pandemic and associated workforce loss and have also implemented support mechanism for staff who have absence.

The below graph highlights the sickness absence analysis which show the increased in sickness corresponds to the COVID-19 pandemic surge.

Chart 3: Total Sickness Analysis



Our Frontline Staff Influenza take up is reported at 62.6%, it is acknowledged that is lower than in previous years, however nationally the NHS are reporting lower figures, compared to regional figures (46.6%) and the campaign ceases on 28 February 2023.

Our COVID booster vaccination level sits at 44.0%, compared to regional figures (44.9%) we are marginally below the regional level.

To support the take up across SFH we are adopting different measures and where possible are taking the vaccines to staff. Actions we have undertaken are we are holding pop up clinics at different locations, delivering joint flu vaccines with COVID which are supported with clear communications. The committee had significant assurance in relation to the annual influenza and COVID campaigns.

The committee also received updates regarding the implementation of the Trust's Employee Assistant Provision (EAP), the completion of individual risk assessments and resourcing and were assured by the work facilitated to support the people and inclusion agenda.

Culture and Improvement

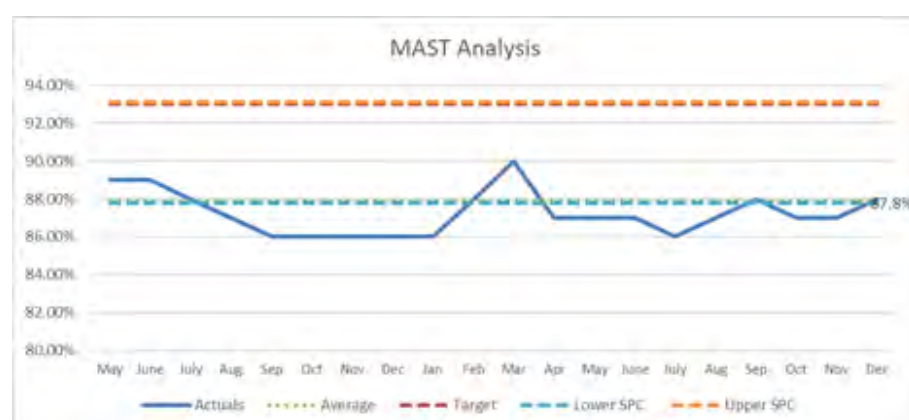
The committee has received regular reports and evidence from the Director of Culture and Improvement (until September 2022) and Director of People regarding culture, improvement and organisational development. These reports have given

assurance to the committee on key culture and improvement metrics and provided narrative on the actions which have been undertaken.

During the COVID-19 pandemic, some of the performance matrix have slipped, including appraisals and mandatory and statutory training, this is as a result of pausing elements of these matrix within the Trust to ensure core services and care to patients remains safe.

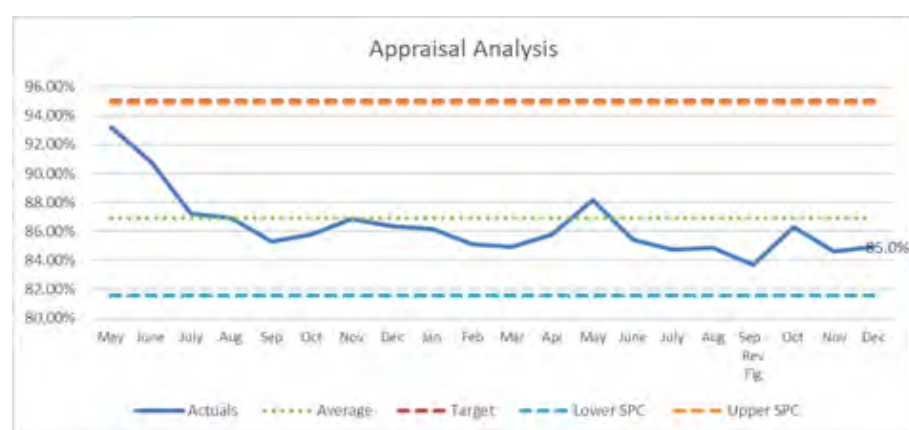
The below graph outlines mandatory training compliance from May 2021 to December 2022.

Chart 4: Total MAST Analysis



The below graph outlines appraisal compliance from May 2021 to December 2022.

Chart 5: Total Appraisal Analysis



The committee have been provided evidence of the welfare and well-being indicatives and programmes which have been implemented to support staff during the pandemic. This has been tailored around 3 key areas of support; Financial Wellbeing, Mental Wellbeing and Physical Wellbeing and Schwartz rounds continue to support all themes

Examples of some support interventions include visit and open appointments with Citizen Advice Bureau, Food Provisions, including Medirest offer of 50% off hot food at level 6 “Spice of Life” till 31st March 2023, Trust wide communication and focus on Financial

Wellbeing (Talk Money), Stress Awareness week focus, Resilience and mindfulness training implemented, National Grief week recognition, Domestic abuse training offered.

The effectiveness of these initiatives have been measured via pulse surveys and in the National Staff Survey and the results have shown a positive response to the support offered by the Trust.

It is important to note the effectiveness of the COVID-19 pandemic will be significant and therefore the focus on the welfare and well-being agenda will have an emphasis on physical health, healthy behaviours and mental and psychological well-being and support.

During 2022/23 the committee has gained assurance in relation to the culture and improvement agenda and noted the work which has been undertaken and achieved.

In 2023/24 the People, Culture and Improvement Committee will continue to be provided updates on the following areas related to culture and improvement.

- Training, Education and Development including Mandatory and Statutory Training and Appraisals
- Leadership Development
- Welfare and Well-being
- Improvement and Transformation
- Engagement, Leadership and Recognition
- Colleague Recognition
- National NHS Staff Survey

Conclusions

The Committee has a challenging and substantial work plan and agenda seeking assurance regarding the development, delivery and impact of the Trust’s workforce strategy and plan. In addition, the committee’s has also seen assurance regarding organisational development activity undertaken to promote and embed effective organisation culture.

Recommendation

Although 2022 has been a demanding and tough it is recommended the Trust Board takes the committee’s update as assurance in relation to the work undertaken in relation to the workforce agenda

People, Culture, and Improvement Committee Chair's Highlight Report to Trust Board

Subject:	People, Culture, and Improvement Committee feedback report	Date: 28 th March 2023
Prepared By:	Steve Banks – Non-Executive Director and Committee Vice-Chair	
Approved By:	Steve Banks – Non-Executive Director and Committee Vice-Chair	
Presented By:	Andrew Rose-Britton – 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 Impact of industrial action is a key concern, although committee assured by response of the Trust to mitigate as far as possible	Strategic priorities and measures for 23/24, and SOF metrics, are in development to update Board throughout the year
Positive Assurances to Provide	Decisions Made
A considerable number of assurances were received on the following topics: AHP workforce report; Update on Wellbeing spaces; ICS workforce planning; Communications strategy; Guardian of Safe Working report; Employee relations report; Gender Pay Gap report; Deep dive into Trust vacancies; and the results of the National Staff Survey 2022 for the Trust.	Approval of Gender Pay Gap report and content From the BAF review, risks 3 and 5 remain the same
Comments on Effectiveness of the Meeting	
The meeting was reviewed and was seen to be effective across a wide range of People and Culture items. The Hot Topics section worked well. More focus could be given to improvement in future agendas. The committee was also used for a development space regarding the feedback from the National Staff Survey 2022 that worked well providing committee members with the opportunity to shape and co-create future actions to address the areas focus for the Trust.	