Sherwood Forest Hospitals
NHS Foundation Trust

MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 9th August 2022
Time: 17:30 – 20:00
Venue: MS Teams

	Time	Item	Status (Do not use NOTE)	Paper
1.	17:30	**Apologies for Absence** *Quoracy Check (50% of public Governors present)*	Agree	Verbal
2.	17:30	**Declarations of Interest** To declare any pecuniary or non-pecuniary interest *Check – Attendees to declare any potential conflict or items listed on the agenda to Head of Corporate Affairs & Company Secretary on receipt of agenda, prior to the meeting.*	Declaration	Verbal
3.	17:30	**Minutes of the meeting held on 10th May 2022** *To be agreed as an accurate record*	Agree	Enclosure 3
4.	17:30	**Matters Arising/Action Log**	Approve	Enclosure 4
5.	17:35	**Patient Story – Targeted Lung Health** June Morley, Lung Cancer Nurse Specialist, and Sue Glover, Lung Cancer Nurse Specialist	Assurance	Presentation
6.	17:55	**Chair's Report** Claire Ward – Chair	Assurance	Enclosure 6
7.	18:05	**Chief Executive's Report** Paul Robinson – Chief Executive	Assurance	Enclosure 7
8.	18:20	**Lead Governor Report** Sue Holmes – Lead Governor	Assurance	Enclosure 8
9.	18:25	**Annual Report and Accounts 2021/2022** • **Annual Report** Shirley Higginbotham – Director of Corporate Affairs • **Annual Accounts** Jennifer Leah – Deputy Chief Financial Officer • **Quality Account** Carl Miller - Deputy Chief Nurse and Associate Director of AHPs / Kate Wright - Associate Chief AHP	 Assurance Assurance Assurance	 Enclosure 9.1 Enclosure 9.2 Enclosure 9.3
10.	18:40	**External Auditors** • **Annual Audit Letter** Tony Felthouse, KPMG	Assurance	Enclosure 10

	Time	Item	Status (Do not use NOTE)	Paper
11.	18:55	**Report from Board Sub-Committees**		
		• **Audit & Assurance Committee** Graham Ward – Non-Executive Director Ian Holden – Governor Observer (Present) Michael Longdon – Governor Observer (Apologies)	Assurance	Enclosure 11.1
		• **Quality Committee** Barbara Brady – Non-Executive Director Justin Wyatt – Governor Observer (Present) Ruth Scott – Governor Observer (Present)	Assurance	Enclosure 11.2
		• **Finance Committee** Andrew Rose-Britton – Non-Executive Director John Wood – Governor Observer (Present)	Assurance	Enclosure 11.3
		• **People, Culture and Improvement Committee** Manjeet Gill – Non-Executive Director Jane Stubbings – Governor Observer (Present) Sue Holmes – Governor Observer (Present)	Assurance	Enclosure 11.4
12.	19:15	**Council of Governors Matters/Statutory Duties**		
		• **Membership and Engagement Group** Sue Holmes – Lead Governor	Assurance	Enclosure 12.1
		• **NED's Appraisal Outcome and Objectives** Claire Ward – Chair	Assurance	Enclosure 12.2
		• **Revised Constitution** Shirley Higginbotham – Director of Corporate Affairs	Approval	Enclosure 12.3
		• **Governor Elections** Shirley Higginbotham – Director of Corporate Affairs	Approval	Enclosure 12.4
13.	19:35	**Outstanding Service – Celebrating the work of our Freedom to Speak Up Guardians**	Assurance	Presentation
14.	19:40	**Questions from Members of Public** Claire Ward - Chair	Consider	Verbal
15.	19:40	**Escalations to the Board of Directors** Claire Ward - Chair	Agree	Verbal
16.	19:50	**Any Other Business** *(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)*		
		• **Covid 19 Inquiry Process** Shirley Higginbotham – Director of Corporate Affairs	Assurance	Enclosure 16.1
17.		**Date & Time of Next Meeting** **Date:** Tuesday 8th November 2022 **Time:** 5:30pm – 8:00pm **Venue:** MS Teams – TBC		

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the public meeting held on 10th May 2022 at 17:30

Lecture Theatre 2, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Ann Mackie	Public Governor	AM
	Councillor Craig Whitby	Appointed Governor	CrW
	Jane Stubbings	Public Governor	JS
	John Wood	Public Governor	JoW
	Justin Wyatt	Staff Governor	JuW
	Liz Barrett	Public Governor	LB
	Maxine Huskinson	Public Governor	MH
	Michael Longdon	Public Governor	ML
	Nikki Slack	Appointed Governor	NS
	Ruth Scott	Public Governor	RS
	Sue Holmes	Public Governor	SuH
	Vikram Desai	Staff Governor	VD
In Attendance:	David Selwyn	Medical Director	DS
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Kate Wright	Associate Chief AHP	KW
	Carl Miller	Deputy Chief Nurse & Associate Director of AHPs	CM
	Sue Bradshaw	Minutes	
Apologies:	Councillor David Walters	Appointed Governor	DW
	David Ainsworth	Appointed Governor	DA
	Ian Holden	Public Governor	IH
	Linda Dales	Appointed Governor	LD
	Nadia Whitworth	Appointed Governor	NW
	Paul Robinson	Chief Executive	PR
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
	Steve Banks	Non-Executive Director	SB
	Aly Rashid	Non-Executive Director	AR
Absent:	None		

Item No.	Item	Action	Date
22/391	**CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK**		
1 min	The meeting being quorate CW declared the meeting open at 17:30. It was CONFIRMED that apologies for absence had been received from: Councillor David Walters, Appointed Governor David Ainsworth, Appointed Governor Ian Holden, Public Governor Linda Dales, Appointed Governor Nadia Whitworth, Appointed Governor Paul Robinson, Chief Executive Andrew Rose-Britton, Non-Executive Director Manjeet Gill, Non-Executive Director Steve Banks, Non-Executive Director Aly Rashid, Non-Executive Director		
22/392	**DECLARATIONS OF INTEREST**		
1 min	CW declared an interest in item 22/405.		
22/393	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the meeting held on 8th February 2022, the Council APPROVED the minutes as a true and accurate record. Following a review of the minutes of the extraordinary meeting held on 14th March 2022, the Council APPROVED the minutes as a true and accurate record. Following a review of the minutes of the extraordinary meeting held on 4th April 2022, the Council APPROVED the minutes as a true and accurate record.		
22/394	**MATTERS ARISING FROM THE MINUTES/ACTION LOG**		
1 mins	The Council AGREED that action 22/371 was COMPLETE and could be removed from the Action Tracker.		
22/395	**PATIENT STORY – A FINAL WISH**		
7 mins	A video was played, which highlighted the work of the staff on Ward 32 in making a terminally ill patient's final wish of getting married become reality. CW felt it was an incredibly moving story and expressed thanks to the staff for what they did for the family. DS felt staff went above and beyond in an exceptional way and it is a tribute to the care provided by the Trust.		

22/396	**CHAIR'S REPORT**		
1 min	CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective. The Council was ASSURED by the report.		
22/397	**CHIEF EXECUTIVE'S REPORT**		
22 min	DS presented the report, highlighting senior leadership appointments, high demand for the Trust's services, which led to the declaration of a critical incident on 12th April 2022, Electronic Prescribing and Medicines Administration (EPMA) system, extension of free staff parking, Covid vaccinations and Ockenden report. VD referenced the critical incident and acknowledged the actions taken. However, the same circumstances are likely to arise again. VD queried what actions can be taken to mitigate the effect in the future. DS advised a key aspect is to change social care provision, advising there have been up to 120 patients in the Trust's beds whose care could be provided elsewhere. A business case is being worked through at system level for significant investment into social care. It was acknowledged it is difficult to reduce demand on ED, but the Trust does only admit the patients it needs to. To control the 'front door' there is a need to ensure there is GP access, or different forms of non-hospital access to healthcare, at weekends. There is also a need to consider how things can be done differently, for example, the use of virtual wards. JuW noted the introduction of EPMA, advising the roll out of the system had been challenging. However, it is a good system which is easy to use. Robust training has been provided. It was noted there have been challenges in the past in relation to medication, particularly discharge medication, and EPMA will help address this. DS advised the system is different to that which GPs use. EMPA has three 'masters', prescription, administration and pharmacy. SuH welcomed the fact the system will improve the process for medication on discharge. DS advised the Electronic Patient Record (EPR) system is currently going through governance processes. This will be another huge cultural step for the Trust. JS referenced the Ockenden report and queried if the Trust has developed an action plan as a result and if this is in place. DS advised there is a programme of work in place against the actions from Ockenden. All incidents and aspects of maternity are presented to the Board of Directors on a monthly basis. A robust action plan and programme of work of work is in place. The Maternity Assurance Committee provides checks and challenge and there is external representation on that committee.		

	CW advised the Maternity Safety Champions Team undertake a walkaround each month, followed by a meeting to discuss observations, any issues raised, etc. The Council was ASSURED by the report		
22/398	**LEAD GOVERNOR REPORT**		
1 min	SuH presented the report to the Council, highlighting the recent governor elections, noting regrettably two of the newly elected governors have resigned. SuH advised she was looking forward to the resumption of 15 Steps and Meet Your Governor sessions. The Council was ASSURED by the report		
22/399	**QUALITY PRIORITIES**		
26 mins	KW and CM joined the meeting KW and CM gave a presentation outlining the purpose of the Quality Account and what information it must contain. Two quality priorities for improvement for 2022/2023, which will be reported on in the Quality Account, have already been selected. The Council of Governors were asked to agree a third. Two options were identified, increased service user/citizen engagement at key SFHFT meetings and reduce avoidable harm by increasing the mobilisation of patients to reduce deconditioning and falls. KW advised both options are part of the Quality Strategy and the Advancing Quality Programme. There will be programmes of work associated with both options. KW assured the Council choosing one priority does not exclude the other. SuH queried what plans are in place to increase citizen engagement. CM advised there are a lot of groups which meet within the organisation and there is not always a patient representative on those groups. The Trust will engage with members of the public who may be interested in being involved. Consideration will also be given to a children's and young people's board. SH advised governors are also patient representatives. There are some improvement projects where governor or patient involvement has been requested. There is a need to ensure participation on these groups is equitable across all governors and governors understand their role to ensure full involvement. The time commitment, expectations, etc. will be set out and there will be a requirement for governors involved to report back to the Membership and Engagement Group. The Trust also holds e-mail addresses for 4,500 members so those people can also be contacted. RS sought clarification on the process for selecting the priorities which will be reported on in the Quality Account for 2022/2023. CM advised the Quality Strategy contains four campaigns. From these the areas which would be of most value going forward were selected. The Quality Strategy is reported into the Advancing Quality Programme, which reports into the Quality Committee.		

	DS advised areas for improvement were identified. There are robust discussions at the Quality Committee in relation to falls. JuW advised falls have a huge effect on the organisation, both from a patient's psychological and physical perspective and the effect on staffing, with enhanced care being required. Nurses used to look at patients holistically and mobilisation was part of that. However, there has been a cultural shift towards "that's something the physiotherapists do". This has to change but it will be a challenge. VD felt resources will be required to help patients mobilise as staff are already busy. CM advised the falls team has expanded over the last two years. There is a physiotherapist working as a falls prevention practitioner and a nurse working in falls prevention with strategic assistance from senior physiotherapists. The team has expanded by including the Enhanced Patient Observation Team and the Dementia Lead to form the Connected Care Group. AM advised when she worked as a nurse, patients were out of bed as soon as possible. CM advised there has been a shift away from that on a regular basis, protecting patients from falling by keeping them in bed. However, this is not necessarily the right thing to do. JuW advised there is a cultural shift from mobilising patients being an integral part of a nurse's role. Nurses will say patients require a physio assessment, but this is not always necessary. VD advised there is a change in patient demographics, with older and frailer patients being admitted to hospital, with each patient requiring more input. There is a move to more single rooms in hospitals, meaning a higher percentage of carers per patient is required. People are living longer. CW felt selecting "Increased service user/citizen engagement" would provide a boost to the role of governors. BB advised falls has scrutiny at the Quality Committee. RS noted, in terms of engagement, the Trust is struggling to elect governors. As governors a strategy is required to ensure resilience to continue to support the groups where engagement is requested. SH advised she currently has 3-4 requests for engagement work and acknowledged this is a big ask of the governors, which are a relatively small group. However, the Trust has a membership of 20,000. While the Trust holds e-mail addresses for only 4,500 of these, this is still a significant number of people who may wish to be involved. The Council AGREED the third quality priority for 2022/2023, which will be reported on in the Quality Account, should be "Increased service user/citizen engagement at key SFHFT meetings" KW and CM left the meeting		

22/400	**STAFF SURVEY**		
7 mins	DS presented the report, advising the results are positive and show SFHFT is a highly engaged organisation. However, the impact of Covid is evident. Colleagues are tired and there has been an impact on training and development over the last two years. Three core themes have been identified as priorities namely, valuing you, caring for you and developing you. A number of areas for focus have already been identified through the development of the People, Culture and Improvement Strategy. A number of priorities and measures of success have been identified for the coming 12 months. SuH noted there is an improvement in terms of reporting instances of violence and aggression towards staff, but sought clarification if the number of instances was increasing. DS felt the volume of instances is static. The Trust has equipped all the security teams with body cameras and DS expressed concern this may have to spread to other staff. There is a need to recognise and call out behaviour. The Trust has a racism and bullying strategy. The Trust has a duty to protect colleagues. JuW advised when a member of staff is attacked, either deliberately or if the patient lacks capacity, this has an effect on the individual. The security team support staff and ensure colleagues are kept safe. DS advised there is a need to be mindful that for some people what appears to be violence is a component of their medical condition. The Council was ASSURED by the report		
22/401	**STRATEGIC RISKS – BOARD ASSURANCE FRAMEWORK (BAF)**		
5 mins	DS presented the report, advising the BAF identifies the seven principal risks which run through the organisation. All the principal risks have been discussed by the relevant sub committees. The BAF is regularly reviewed and challenged to ensure it reflects the organisational risks. SH advised the relevant sub committees own the principal risks. In addition, the Risk Committee reviews the significant operational risks and strategic risks. The Council was ASSURED by the report		
22/402	**FIT AND PROPER PERSON ANNUAL REPORT**		
1 mins	SH presented the report, advising further to the CQC Regulation 5: Fit and Proper Persons, the Trust requires all members of the Board of Directors to complete an annual Fit and Proper Persons declaration. A review of the personal files of all directors noted the evidence required to meet the requirements.		

	While the regulation does not apply to the Council of Governors, the Trust has a modified version of the Fit and Proper Persons template which all governors are required to complete and submit on an annual basis. The Council was ASSURED by the report		
22/403	**GOVERNOR ELECTIONS**		
7 mins	SH advised 15 governor roles were available at the recent governor elections. No nominations were received for the Rest of East Midlands constituency, resulting in two vacancies. Only three nominations were received for four vacancies in the Newark and Sherwood constituency. One of the new governors appointed has since resigned, leaving two vacancies in Newark and Sherwood. There were no nominations for a staff governor at Newark Hospital, resulting in one vacancy. In addition, one of the new public governors for Mansfield has tended their resignation. Therefore, there are currently six governor vacancies. In the case of the public governor for Mansfield, SH advised it is possible to consider the person who came fifth in the election to see if they are still interested. In terms of the other vacancies, the options are to go out for further elections or hold the vacancies until the next election. However, there are a significant number of vacancies, which may impact quoracy for meetings. SH advised her recommendation is to review the constitution to widen the constituencies. Aspects to consider are youth governors, staff governors across all three sites and one single constituency for public governors. It was noted the last point would be dependent on the terms of the Trust's foundation trust licence. A working group will need to be established to review the constitution. The Council agreed to contact the person who was fifth in the election for the Mansfield public constituency. **Action** • **Terms of the Trust's foundation trust licence to be reviewed to determine if it is possible to establish a single constituency for public governors** • **Working group to be established to review the Trust's constitution** CW felt part of the review should consider young person's representatives. DS felt it would be helpful to target areas of the community where there is inequality and deprivation. SH advised the Communications Team had attempted to reach out to some of the harder to reach communities but there has been little or no engagement. The Council ACKNOWLEDGED the update	**SH** **SH**	**09/08/22** **09/08/22**

22/404	**REPORT FROM BOARD SUB COMMITTEES**		
17 mins	**Audit and Assurance Committee (AAC)** GW presented the report to the Council, highlighting non-clinical policies, Head of Internal Audit Opinion, Annual Accounts and the Committee's annual report. **Quality Committee (Annual Report)** BB presented the report to the Council, advising this outlines the work of the Committee through 2021, highlighting the deep dives undertaken. **Finance Committee** GW presented the report to the Council, highlighting the financial deficit position at year end, financial planning for 2022/2023 and the Committee's annual report. CrW noted the Trust has extended free staff parking for 6 months. Noting central government funding to bridge the gap has ceased, what impact will this have on the Trust's financial position. GW advised the Trust felt the notice period for reintroducing the charges was unreasonable. Therefore, given it is a relatively small amount of money, the Trust agreed to extend free parking for staff. **People, Culture and Improvement Committee** MG was not present at the meeting. CW read out an update MG had provided which highlighted the continued pressure on staff, focus on staff wellbeing, Staff Survey, staff retention, international recruitment, Freedom to Speak Up and the Committee's annual report. **Charitable Funds Committee** GW presented the report to the Council, highlighting the Newark Breast One Stop Clinic and End of Life appeal. ***Governor Observers*** CW advised the role of Governor Observer is an important role and is the opportunity for governors to observe the non-executive directors to ensure they are performing their roles. It was noted there are currently several governor observer vacancies. GW advised having governors in attendance at sub committee meetings is valuable and it is also useful for the observers to provide additional feedback to the Council of Governors. SH informed the governors they would be shortly be contacted and asked to express an interest in observing the Board sub committees. **Action** • **Request for expressions of interest for the role of governor observer to be sent out to governors**	**SH**	**30/06/22**

	The Council was ASSURED by all Board Sub-Committees reports.		
22/405	**COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES**		
7 mins	**Chair's Appraisal Outcome and Objectives** CW left the meeting BB presented the report, outlining the process for undertaking the Chair's appraisal and setting the objectives for 2022/2023 and Personal Development plan for CW as Chair. SuH felt CW has made an excellent start in her role as Chair for SFHFT. The Council APPROVED the Chair's appraisal for 2021/2022 and objectives for 2022/2023 CW re-joined the meeting		
22/406	**QUESTIONS FROM MEMBERS OF PUBLIC**		
	No members of the public were present		
22/407	**ESCALATIONS TO THE BOARD OF DIRECTORS**		
2 min	The Council AGREED the following escalations to the Board of Directors meeting: • Governor resignations and vacancies • Governor engagement with Board sub committees • Constitution review • Governor elections • BAF • Staff Survey • Chair's appraisal • Quality priority agreed		
22/408	**ANY OTHER BUSINESS**		
2 min	**Topic for future Governors' Workshop** SuH requested the Integrated Care System / system working as a topic for a future Governors' Workshop. **Action** • **Integrated Care System / system working to be a topic for a future Governors' Workshop**	**SH**	**TBC**

22/409	**DATE AND TIME OF NEXT MEETING**		
	Date: Tuesday 9th August 2022 Time: 17:30 Venue: Lecture Theatre 2, King's Mill Hospital There being no further business the Chair declared the meeting closed at 19:25		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. **Claire Ward** **Chair** **Date**		

Attendance at Full COG (scheduled meetings)

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			10/05/2022	09/08/2022	08/11/2022	Feb 2023			
Ann Mackie	Newark & Sherwood	Public	P				3	01/05/22	30/04/25
Councillor Craig Whitby	Mansfield District Council	Appointed	P				4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed	A				1	23/04/20	31/05/22
Councillor Linda Dales	Newark & Sherwood District Council	Appointed	A				1	15/07/21	31/05/22
David Ainsworth	Mansfield & Ashfield CCG	Appointed	A				N/A	20/02/20	N/A
Ian Holden	Newark & Sherwood	Public	A				3	01/05/22	30/04/25
Jane Stubbings	Ashfield	Staff	P				3	01/05/22	30/04/25
John Wood	Mansfield	Public	P				3	01/05/22	30/04/25
Justin Wyatt	King's Mill Hospital	Public	P				3	01/05/22	30/04/25
Liz Barrett	Ashfield	Public	P				3	01/05/22	30/04/25
Maxine Huskinson	Ashfield	Public	P				3	01/11/20	31/10/23
Michael Longdon	Mansfield	Public	P				3	01/05/22	30/04/25
Nadia Whitworth	Volunteers	Appointed	A				3	10/05/21	10/05/24
Nikki Slack	Vision West Notts	Appointed	P				N/A	17/07/19	N/A
Ruth Scott	Mansfield	Public	P				3	01/05/22	30/04/25
Sue Holmes	Ashfield	Public	P				3	01/11/20	31/10/23
Vikram Desai	King's Mill Hospital	Public	P				3	01/05/22	30/04/25

P = Present
A = Apologies
X = Absent

Attendance at Extraordinary COG meetings

NAME	AREA COVERED	CONSTITUENCY	EO COG 04/04/2022	TERMS OF OFFICE	DATE ELECTED	TERM ENDS
Ann Mackie	Newark & Sherwood	Public	X	3	01/05/19	30/04/22
Councillor Craig Whitby	Mansfield District Council	Appointed	A	4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed	A	1	23/04/20	31/05/21
Councillor Linda Dales	Newark & Sherwood District Council	Appointed	A	1	15/07/21	31/05/22
David Ainsworth	Mansfield & Ashfield CCG	Appointed	A	N/A	20/02/20	N/A
Gerald Smith	Mansfield	Public	X	3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public	P	3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff	A	3	01/05/19	30/04/22
Jayne Revill	King's Mill Hospital	Staff	X	3	01/05/19	30/04/22
John Wood	Mansfield	Public	A	3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public	P	3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public	A	3	01/05/19	30/04/22
Martin Stott	Newark & Sherwood	Public	P	3	01/05/19	30/04/22
Maxine Huskinson	Ashfield	Public	X	3	01/11/20	31/10/23
Nadia Whitworth	Volunteers	Appointed	P	3	10/05/21	10/05/24
Nikki Slack	Vision West Notts	Appointed	P	N/A	17/07/19	N/A
Philip Marsh	Ashfield	Public	A	3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public	X	3	01/05/19	30/04/22
Roz Norman	King's Mill Hospital	Staff	P	3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public	A	3	01/11/20	31/10/23

P = Present
A = Apologies
X = Absent

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Council of Governors 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
22/372	08/02/2022	Feedback on the work being undertaken on the Bellamy Road Estate to be presented to the Membership and Engagement Group	Council of Governors	M&E Group	05/07/2022	S Higginbotham		Update provided to M&E Group on 5th July 2022 **Complete**	Green
22/403.1	10/05/2022	Terms of the Trust's foundation trust licence to be reviewed to determine if it is possible to establish a single constituency for public governors	Council of Governors	None	09/08/2022	S Higginbotham		**Complete**	Green
22/403.2	10/05/2022	Working group to be established to review the Trust's constitution	Council of Governors	None	09/08/2022	S Higginbotham		**Complete** - first meeting held on 28th June 2022	Green
22/404	10/05/2022	Request for expressions of interest for the role of governor observer to be sent out to governors	Council of Governors	None	30/06/2022	S Higginbotham		**Complete** - e-mail sent 20th May 2022	Green
22/408	10/05/2022	Integrated Care System / system working to be a topic for a future Governors' Workshop	Council of Governors	None	TBC	S Higginbotham			Amber

Sherwood Forest Hospitals NHS Foundation Trust

Council of Governors - Cover Sheet

Subject:	Chair's Report	**Date**: 9th August 2022	
Prepared By:	Rich Brown, Head of Communications		
Approved By:	Claire Ward, Chair		
Presented By:	Claire Ward, Chair		
Purpose			
To update on key events and information since the previous Council of Governors meeting.		**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	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Not applicable

Executive Summary

An update regarding some of the most noteworthy events and items from the Chair's perspective.

Executive team appointments

We recently welcomed our new Chief Operating Officer, Rachel Eddie, to Sherwood Forest Hospitals at the end of July.

Rachel brings a wealth of experience and I'm sure will hit the ground running and make a real impact alongside our Deputy Chief Operating Officer, Maggie McManus, who has been brilliant in stepping-up as our Interim Chief Operating Officer over the past two months.

Rachel's arrival brings our Executive Team up to full complement, after a raft of new arrivals to our Executive team in recent months:

- In May, Phil Bolton returned to the Trust as our Chief Nurse
- In June, Richard Mills and Robert Simcox were appointed as our Chief Financial Officer and Director of People, respectively
- In July, David Ainsworth joined #TeamSFH as its first-ever Director of Strategy and Partnerships

I look forward to working with them all to help make Sherwood Forest Hospitals an even more special place to work and receive treatment.

In the coming months, with our new executive and non-executive team, the Board will be considering the next phase of our strategy and how we meet the challenges facing our organisation. We are keen to develop our role as part of the Provider Collaborative, the Integrated Care System and the Place Based Partnership. All of these entities are important but for many members of the public they may not register with them as key drivers in the way in which health and care services will be delivered in coming years.

It is important that at SFHT, we find ways of helping our patients, the public and the wider community understand how services can adapt to meet their needs and why working collaboratively with other parts of the health and social care system is the best way to deliver improved outcomes.

Membership summary

We continue to work to improve membership from under-represented groups, particularly the under 50s, men and people from ethnic minorities.

It is vitally important that we hear the voices from every part of our community and are doing some exciting work with local schools and colleges to raise our profile and increase representation from younger people. Our public membership total currently stands at 14,152.

Governors' engagement events postponed due to rising COVID cases

I have been pleased to be out-and-about across our hospitals and encouraging our newly-elected governors to do so too as part of our 15 Steps programme and the 'Meet your Governor' events.

While further 'meet your governor' events had been planned to take place in late July, the decision was taken to postpone those due to rising COVID-19 cases nationally, within the local community and in our own hospitals.

Both myself and our governors are committed to engaging with the Trust's membership in the longer-term and we look forward to being able to resume those engagement sessions in future. In the meantime, our governors continue to remain active in their communities to listen to the public about the services we provide at Sherwood Forest Hospitals.

Our annual Excellence Awards creates more opportunities to say 'thank you'

The Trust's annual *Excellence Awards* were officially launched recently to create an opportunity for our colleagues, patients, the public and our partners to say 'thank you' to our staff who they feel have gone above-and-beyond the call of duty in the past year.

A total of 18 awards will be handed-out at this year's annual celebration, which is due to be held on Friday 7 October.

The awards will also welcome nominations from members of the public for the *People's Award*, with members of the public and Trust partners encouraged to make their nominations before midnight on Sunday 21 August.

Sharing #TeamSFH's experience of the pandemic with local schoolchildren

It was my pleasure to join colleagues from across Sherwood Forest Hospitals on a visit to The Joseph Whitaker School in Rainworth on Monday 11 July where we were invited to share our colleagues' experience of working for the NHS during the pandemic.

Engagement events like these are an essential part of our outreach to the local communities we serve and we hope that the stories we shared might just help to inspire the next generation of #TeamSFH doctors, nurses and staff!

I would like to pass-on my personal thanks to the school for arranging the reflection event, and welcoming my hardworking #TeamSFH colleagues to share their experiences of the pandemic with pupils, staff and parents at the school.

Community donations

In recent months, I have been struck by the number of donations that continue to be made to the Trust in support of its work – a trend which is all the more heart-warming given that it has been sustained throughout the pandemic and during the tough financial times we are all living in.

In recent months, we have received a number of donations from generous members of the public that will help the Trust to fund a wide range of improvements for the benefit of patients, staff and visitors across our hospitals.

I have written personal 'thank you' letters to each and every person who has made a donation this month and I would like to place on-record my thanks for the continued generosity of all those who continue to make such generous donations to the Trust's charity and its fundraising partners. Their generosity is very much appreciated.

Sherwood Forest Hospitals
NHS Foundation Trust

Council of Governors - Cover Sheet

Subject:	Chief Executive's Report	**Date**: 9th August 2022	
Prepared By:	Rich Brown, Head of Communications		
Approved By:	Paul Robinson, Chief Executive		
Presented By:	Paul Robinson, Chief Executive		
Purpose			
To update on key events and information since the previous Council of Governors meeting.		**Approval**	
		Assurance	**X**
		Update	**X**
		Consider	

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
X	**X**	**X**	**X**	**X**

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

Committees/groups where this item has been presented before

Not applicable

Executive Summary

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

Playing our part in Nottingham and Nottinghamshire's new Integrated Care Board (ICB)

The new Nottingham and Nottinghamshire ICB came into effect on 1 July 2022, which will help to change the way that health and care services are provided and coordinated across the whole Nottingham and Nottinghamshire area.

The move towards ICBs will commit organisations like Sherwood Forest Hospitals to working more closely with local partners for the benefits of the wider community and we have been purposefully already working in that spirit with local partners for some time now to prepare the Trust for that change.

I am delighted to have been nominated and appointed to the ICB in the role of partner member to represent hospital acute and emergency services. I am excited about contributing and ensure that represent the views of our hospitals' staff, volunteers and service users when it comes to making decisions about how local services are shaped.

Managing ongoing pressures across the wider Nottingham and Nottinghamshire ICB area

While the Level 4 National Incident declared as part of the national response to Covid-19 was stepped down to Level 3 in May, recent months have seen the continuation of pressures across our services which have.

This year, those pressures have extended far beyond those traditionally experienced during the height of winter and have recently been compounded by:

- Rising COVID infections across the whole country, within our hospitals and among our #TeamSFH colleagues, which resulted in us having to reinstate the wearing of face masks in our hospitals to help keep transmission rates under control.

- The recent red weather warning for extreme heat that was issued by the Met Office in mid-July, resulting in a national incident being declared to help keep essential services running across the country.

- A system-wide critical incident being declared across the whole Nottingham and Nottinghamshire health and care system in late July to help partners to manage ongoing pressures together.

Managing those pressures has been sustained while keeping essential services running and working with ICB colleagues to cut NHS waiting lists across Nottingham and Nottinghamshire, including eliminating Sherwood Forest Hospitals' own two-year (or '104-week') waiting lists for patients who have been waiting the longest to access the treatment they deserve.

Those pressures – and our response to the significant developments outlined above – continue to be managed as truly Trust- and now system-wide responses and I am grateful to my colleagues for their ongoing efforts in managing those pressures.

Sherwood Forest now 'always open' to new recruits

The Trust has recently launched a new recruitment website to act as our virtual 'shop window' to potential healthcare candidates who are considering a career with #TeamSFH – particularly in nursing, midwifery and Allied Health Professional (AHP) roles which the site will initially focus on recruiting.

The launch of this new website is an important step in our ongoing recruitment efforts, particularly in ensuring that our services are appropriately resourced for the future.

Thank you to everyone who has been involved in making that work happen.

Little Millers Day Nursery Ofsted inspection report published

In June, Ofsted published its report following its most recent inspection of the Trust's Little Millers Day Nursery in March 2022, which downgraded the facility's rating from 'outstanding' to 'inadequate'.

I personally visited the nursery's hardworking team following the report to show my support to the team. I was assured that the team had a plan in place to address the points raised in the report and I understand that colleagues at our Little Millers Day Nursery recently welcomed back inspectors for a reinspection.

While we are waiting to hear the outcome of its re-inspection, the initial feedback from inspectors recognises the progress made to address the points raised in its last inspection. We hope that the site's rating will be reinstated back to a level that our Littles Millers families deserve.

I would like to thank the Nursery team for how they have risen to the challenge of continuing to provide the best possible care for our Little Millers family and we look forward to sharing the outcome of this latest inspection with you.

Pay award announcement

The Government recently announced that NHS workers will be receiving a pay rise. That will be effective from 1 April 2022 with progressive distribution, meaning that the lowest bands on NHS Terms and Conditions Service will receive the greatest proportional uplift.

The Trust is waiting for the finer details to be communicated following the initial government announcement, which we will share details of with the Trust Board and our employees as soon as they are available and we are in a position to share those.

Vaccinations update

Our vaccine services team have been continuing their operational planning following the recent government announcement confirming which cohorts should be offered both a COVID-19 Vaccine Autumn Booster and a free flu vaccine from this autumn.

Our operational planning has been well underway for a number of weeks to ensure that those most at-risk of COVID and flu can boost their protection this autumn and winter.

We will continue those preparations to ensure that the Trust's vaccine services team can continue to be at the forefront of Nottingham and Nottinghamshire's vaccination programme this autumn and winter.

Sherwood Forest Hospitals
NHS Foundation Trust

Council of Governors - Cover Sheet

Subject:	Lead Governor Report	**Date**: 9th August 2022	
Prepared By:	Sue Holmes , Lead Governor		
Approved By:	Sue Holmes , Lead Governor		
Presented By:	Sue Holmes , Lead Governor		
Purpose			
To provide assurance to the Council of Governors from the perspective of the Lead Governor		**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	
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

N/A

Executive Summary

Rather more has happened this quarter as we briefly resumed live meetings and were able to properly welcome our new governors to their first full meeting. We now welcome Neal Cooper, Public Governor for Mansfield, and Cllr. John Doddy, Appointed Governor from Nottinghamshire County Council.

As we still have 5 governor vacancies, consideration is now being given to changes in our Constitution to enable us to recruit to fill these vacancies i.e., by incorporating the 2 vacancies for The Rest of the East Midlands into Ashfield / Mansfield constituencies. Two of the other vacancies are for Newark and we are hopefully going to interest people in this area to stand for election. There is 1 staff vacancy for Newark. It is proposed to advertise this widely now and all staff governors will represent all of our 3 sites. The Director of Corporate Affairs is seeking legal advice about these changes. All being well, there is the possibility of an election in the autumn.

At our forum, Michael Longdon gave us feedback from the Governwell conference, with two items of particular interest – Governor self-evaluation and the possibility of a 'conference' with other local trusts. Both of these items have been passed to the Director of Corporate Affairs for investigation.

Concern is still being expressed about who is holding the ICS and ICB to account!!

Unfortunately, we are once again restricted in our access to the hospitals and our meetings have once again moved to Teams. '15 steps' has also been placed on hold, as has Meet your Governor sessions. Hopefully we will be able to resume as we approach the Autumn.

I have met with Jim Aleander, Lead Governor of Nottinghamshire Healthcare. He is very interested in our approach to engaging with the wider community and is keen for us to work together in the future.

Once again, we must thank our staff for their superhuman efforts in coping with yet another spike in Covid numbers.

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Auditor's Annual Report 2021/22

Sherwood Forest Hospitals NHS Foundation Trust

17 June 2022

Key contacts

Your key contacts in connection with this report are:

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This report is addressed to Sherwood Forest Hospitals NHS Foundation Trust (the Trust) and has been prepared for the sole use of the Trust. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

Summary

Introduction

This Auditor's Annual Report provides a summary of the findings and key issues arising from our 2021-22 audit of Sherwood Forest Hospitals NHS Foundation Trust, the 'Trust". This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:

- **Accounts -** We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).
- **Annual report -** We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.
- **Value for money -** We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.
- **Other reporting -** We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities

Accounts	We issued an unqualified opinion on the Trust's accounts on 21 June 2022. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust. We have provided further details of the key risks we identified and our response on page 4.
Annual report	We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust. We confirmed that the Governance Statement had been prepared in line with the DHSC requirements.
Value for money	We are required to report if we identify any matters that indicate the Trust does not have sufficient arrangements to achieve value for money. We have nothing to report in this regard.
Other reporting	We have had no reason to issue a public interest report in regard to our work.

up

Accounts audit

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Findings
Revenue Recognition As the Trust is required to meet a control total at the end of the year this may create an incentive for revenue to be manipulated in order to achieve budgeted financial performance. We anticipate that this would occur through manipulation of year end income accruals or deferred income to increase the level of income reflected in the financial statements.	The results of our testing were satisfactory. We considered the amount of revenue recognised to be acceptable.
Accrued Expenditure Recognition As the Trust is set a control total for its expected financial performance there is a risk that non-pay expenditure, excluding depreciation, may be manipulated in order to report that the control total has been met. We consider this would be most likely to occur through understating accruals and overstatement of pre-payments, if performance against the control total allows, for example to bring forward expenditure from 2022-23 to mitigate financial pressures.	Our testing of accrued expenditure is complete. We considered the amount of accruals recognised to be acceptable.
Property Plant and Equipment Valuation Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with a 'modern equivalent asset'. We consider that there is a risk of error due to the complex nature of how this is applied. The value of the Trust's land and buildings at 31 March 2022 is £268m, a £17m increase from 31 March 2021.	We have concluded that the basis of the valuation, the methodology and assumptions made are appropriate
Management override of controls We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.	We did not identify any material misstatements relating to this risk

Value for money

Introduction

We consider whether there are sufficient arrangements in place for the Trust for each of the elements that make up value for money. Value for money relates to ensuring that resources are used efficiently in order to maximise the outcomes that can be achieved.

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

Further details of our value for money responsibilities can be found in the Audit Code of Practice at Code of Audit Practice (nao.org.uk)

Matters that informed our risk assessment

The table below provides a summary of the external sources of evidence that were utilised in forming our risk assessment as to whether there were significant risks that value for money was not being achieved:

Care Quality Commission rating	The latest assessment is from May 2020, which rated the Trust 'Good"
Governance statement	There were no significant control deficiencies identified in the governance statement.
Internal Audit opinion	An opinion of significant assurance was issued.
Single Oversight Framework rating	The latest assessment is from 2021/22, which rated the Trust a 2 - Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues.

Commentary on arrangements

We have set out on the following pages commentary on how the arrangements in place at the Trust compared to the expected systems that would be in place in the sector.

Summary of findings

We have set out in the table below the outcomes from our procedures against each of the domains of value for money:

Domain	Risk assessment	Summary of arrangements
Financial sustainability	One significant risk identified	No significant weaknesses identified
Governance	No significant risks identified	No significant weaknesses identified
Improving economy, efficiency and effectiveness	No significant risks identified	No significant weaknesses identified

We have not identified any significant weakness with regards to the Trust's arrangements for any of the three domains and as such have not reported a weakness in our opinion.

Value for money

Financial sustainability	
Description	**Commentary on arrangements**
This relates to ensuring that the Trust has sufficient arrangements in place to be able to continue to provide its services within the resources available to it. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ How the Trust sets its financial plans to ensure services can continue to be delivered; ▪ How financial performance is monitored and actions identified where it is behind plan; and ▪ How financial risks are identified and actions to manage risks implemented.	As part of our risk assessment work we identified one significant risk in relation to the processes for ensuring financial sustainability. In response to this, we considered the outturn position of the Trust and the ICS and noted appropriate actions to mitigate and reduce the deficit position. The outturn position of the Trust and System showed a deficit of £20m with the Trusts share £13m (pre-audit). The key driver for the deficit was the shortfall in ERF income due to the reduced elective activity due to Omicron. The Trust has monitored and reported its financial position throughout the year to the Board and also worked closely with the ICS to reduce the deficit and manage the financial pressures and challenges. We found that the Trust has an appropriate reporting framework in place. The financial performance of the Trust is reported each month to the Finance Committee prior to a summary report being taken to the Trust Board. During 2021/22, this has included regular updates on changes to the national NHS financial regime and the performance of the wider Nottingham & Nottinghamshire Integrated Care System (ICS). The Trust has representation as part of the monthly ICS Directors of Finance Group, whereby financial performance is monitored and reported across the wider system. In addition, we considered the arrangements in place to align the Trust's 2022/23 financial plan with the ICS financial plan and found evidence of collaborative working between the Trust and ICS partners. The ICS financial plan after a number of iterations was submitted to NHSE/I on 28 April 2022 following appropriate review and approval, in accordance with the relevant guidance from NHS England. The Trust has followed the planning guidance by working within the ICS. The 2022/23 System plan shows a deficit position of £18.9m of which the Trusts share is £5.2m deficit (after allowing for excess inflation costs). The System plan includes efficiency targets of £100.7m of which £11.7m is the Trusts share. The Trust has developed and enhanced its medium-term Transformation and Efficiency Strategy following a review undertaken by internal audit and is currently working to develop individual programmes to achieve the required efficiencies in 2022/23. This will be a key area of focus for the Trust and the delivery of this strategy will be challenging. The Trust will be working collaboratively with the ICS to revise the System plan for final submission on 20th June 2022. The Trust has provided Board members with regular updates and has a clear understanding of the challenges and work needed to develop a financial plan for 2022/23. Reducing the deficit across the ICS continues to be a key priority within the System that in turn impacts the Trust. We noted that the ICS have, with input from the Trust, provided a clear summary of key challenges underpinning the plan and a number of programmes are being considered across the System to respond to these challenges. ***Based on the findings above we have not identified any significant weaknesses in the Trust's arrangements in regard to the identified risk.***

Value for money

Governance	
Description	**Commentary on arrangements**
This relates to the arrangements in place for overseeing the Trust's performance, identifying risks to achievement of its objectives and taking key decisions. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ Processes for the identification and management of strategic risks; ▪ Decision making framework for assessing strategic decisions; ▪ Processes for ensuring compliance with laws and regulations; ▪ How controls in key areas are monitored to ensure they are working effectively.	Risk management is a key part of the Trust's performance management framework and helps inform business, planning and investment decisions. Risk scores are reported in the context of the Board's risk appetite with actions identified which set out how the Trust intends to achieve a target risk level. Strategic risks and associated threats are recorded and identified using the Board Assurance Framework, and any identified risks are reported to the Risk Committee on a monthly basis. Our review of the risk register and BAF found they are sufficiently detailed to effectively manage key risks. Gaps in control are highlighted and an action plan detailed to move each risk to a tolerable level. Divisions prepare a risk report following a standard format which are reported to the Risk Committee on a rotating basis. The Trust have a dedicated counter fraud service provided by 360 Assurance. The LCFS has an agreed work plan and reports progress to each Audit and Assurance Committee, with an annual report taken at the end of the year. At the end of May 2022, the Trust submitted its 2022 Counter Fraud Functional Standard Return (CFFSR) achieving a green rating in all categories. LCFS is supplemented via consideration of fraud by the Audit and Assurance Committee and senior finance staff whilst preparing the financial statements. The Trust has an Internal Audit service provided by 360 Assurance. The year end Internal Audit Report provided significant assurance overall. In 2021-22, block funding continued for the majority of contracts the Trust holds. The Trust has maintained oversight of performance (both financial and operational) by holding monthly divisional performance meetings. These meetings are structured and a consistent reporting format helps to drive focus on areas where further work is required. Key strategic decisions are made via the Trust's governance process. A scheme of delegation is in place which sets out where different decisions/approvals should take place. The Trust has a business case proforma and each case is subject to approval in line with the scheme of delegation. Completed cases are submitted through relevant governance process, which includes the Business Case Oversight Group, Trust Management Team, Trust Executive Team, Finance Committee and Board as appropriate. Capital business cases since November 2021 are subject to review by the Capital Oversight Group. The Group has been reviewing the process for overseeing business cases and will be looking to align process and governance of investments in July 2022, when the Director of Strategy is in post. During the period the Trust has had an interim Chief Executive Officer and Chief Financial Officer in place and has backfilled with deputy roles to ensure adequate capacity during this time whilst the process to appoint permanently was underway. The Trust has in place a staff code of conduct as per the standards of conduct and business behaviour policy. Specific guidance is in place for teams and managers via standards of behaviour for these roles. Statutory compliance is monitored and reported to the Trust Risk Committee. A comprehensive register of interests is in place which captures compliance for all staff members above a Band 8. The Report together with a policy for gifts and hospitality is reported regularly to the Audit and Assurance Committee to ensure full compliance of all its staff. ***Based on the findings above we have not identified any significant weaknesses in the Trust's arrangements.***

Value for money

Improving economy, efficiency and effectiveness	
Description	**Commentary on arrangements**
This relates to how the Trust seeks to improve its systems so that it can deliver more for the resources that are available to it. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ The planning and delivery of efficiency plans to achieve savings in how services are delivered; ▪ The use of benchmarking information to identify areas where services could be delivered more effectively; ▪ Monitoring of non-financial performance to assess whether objectives are being achieved; and ▪ Management of partners and subcontractors.	The Trust has a Financial Improvement Programme (FIP) savings plan in place for 2021/22. Plans are being monitored and reported to Finance committee by the Programme Management Office (PMO). For 2021/22, the FIP delivered £5.8m savings at the year end, which represents an adverse position of £2.0m against plan. Internal Audit completed a review of the FIP and PMO and issued a limited assurance opinion with a number of recommendations for improvement. In response, the Trust has developed and enhanced its medium-term Transformation and Efficiency Strategy following a review undertaken by internal audit and is currently developing individual programmes to achieve the required efficiencies in 2022/23. To identify financial improvement schemes, the PMO uses a variety of benchmarking and comparative information (including Model Hospital, PLICS and GIRFT) which are presented to the relevant Divisions and Teams to determine which opportunities are to be scoped further and possibly taken forward. Validation of the opportunities are supported by the finance team. Divisions are also encouraged to identify schemes themselves (based on local intelligence), which the PMO will support in terms of scoping, developing and where appropriate delivering. The Trust developed a 3 year forward plan which was agreed and approved by the Transformation and Efficiency Cabinet and Finance Committee in March 2022. FIP planning for 2022/23 is well underway with the Trust identifying a number of opportunities/programmes which Divisions are signed up too. Work is ongoing in this area with the FIP Strategy forming part of the NHSI/E plan forecast. The Trust has a performance management framework in place to set the structure of performance management across the Trust. This details the format of reporting and outlines roles and responsibilities at each level. The main element of performance reporting is the Single Oversight Framework (SOF) which provides the Trust Board with key operational performance indicators on a monthly basis. For each of these indicators standards and thresholds are agreed at the start of the period to help drive when indicators are flagged for specific follow up. This SOF highlights performance in different domains in line with the Trust's strategy and draws out key areas for improvement within each domain. For these areas further information is provided such as the executive lead, trends in data, and benchmarking against national performance to help in form the Board and provide the full context. A regular update on the financial position of the ICS is presented to the Finance Committee and to the Trust Board. The Trust has senior engagement both as part of the ICS (the Chief Financial Officer is the Finance Lead for the Nottinghamshire ICS) and with commissioners, and works with partners to address key issues as they arise. PFI contract management is overseen by a contract management team - the team ensure the outputs in the PFI specifications are met. A monthly report is taken to Trust Board to update on PFI related issues. A recent review by the Governmental Infrastructure Projects Authority (IPA) commissioned by the DoHSC concluded that the SFHFT PFI 'Whilst examples of poor service delivery and contract management have been identified, there have also been recent improvements in service performance". ***Based on the findings above we have not identified any significant weaknesses in the Trust's arrangements.***

Sherwood Forest Hospitals
NHS Foundation Trust

Council of Governors - Cover Sheet

Subject:	Final Annual Report 2021/22	**Date**: 9th August 2022	
Prepared By:	Shirley A Higginbotham – Director of Corporate Affairs		
Approved By:	Shirley A Higginbotham – Director of Corporate Affairs		
Presented By:	Shirley A Higginbotham – Director of Corporate Affairs		
Purpose			
To receive the Final Annual Report for 2021/22		**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	

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 17th June 2022
Extraordinary Board Meeting 17th June 2022

Executive Summary

The NHS foundation trust annual reporting manual for 2021/22, which sets out the requirements regarding the Annual Reports and Accounts was published by NHS Improvement in March 2022.

The manual included a number of changes in annual report requirements compared to the 2020/21 manual. In summary the changes are:

Fair pay disclosures
The 'fair pay' disclosure requirements have been expanded. The detailed requirements have been inserted in the main part of chapter 2 of the FT ARM rather than in an annex as previously

Removal of quality report section of annual report
Quality reports are no longer a required part of an NHS foundation trust's annual report. See row 3 below on incorporating relevant matters directly into performance reporting.
Quality accounts, applicable to all NHS trusts and NHS foundation trusts, continue to be prepared under separate arrangements.
Local auditor assurance on quality accounts is not mandated by NHS Improvement
Performance reporting: quality outcomes
Guidance on preparing the performance report overview and performance analysis is expanded to include that performance against quality priorities and indicators should be included within a balanced report on the organisation's performance.

Restoring performance analysis
The reduced reporting requirements introduced by HM Treasury for 2019/20 and 2020/21 are no longer available. This means that the performance analysis section of the annual report is restored.

System Oversight Framework
Disclosures of performance against oversight framework updated to refer to the NHS System Oversight Framework.

Performance analysis and annual governance statement: climate disclosures
Disclosure requirements updated to refer to the Greener NHS

The attached final report reflects the above revised guidance where appropriate.

As part of the external audit process KPMG have reviewed the report, as stated below.

- Inconsistencies between information reported in the statement and their knowledge of the Trust; and
- Any failure to comply with relevant requirements

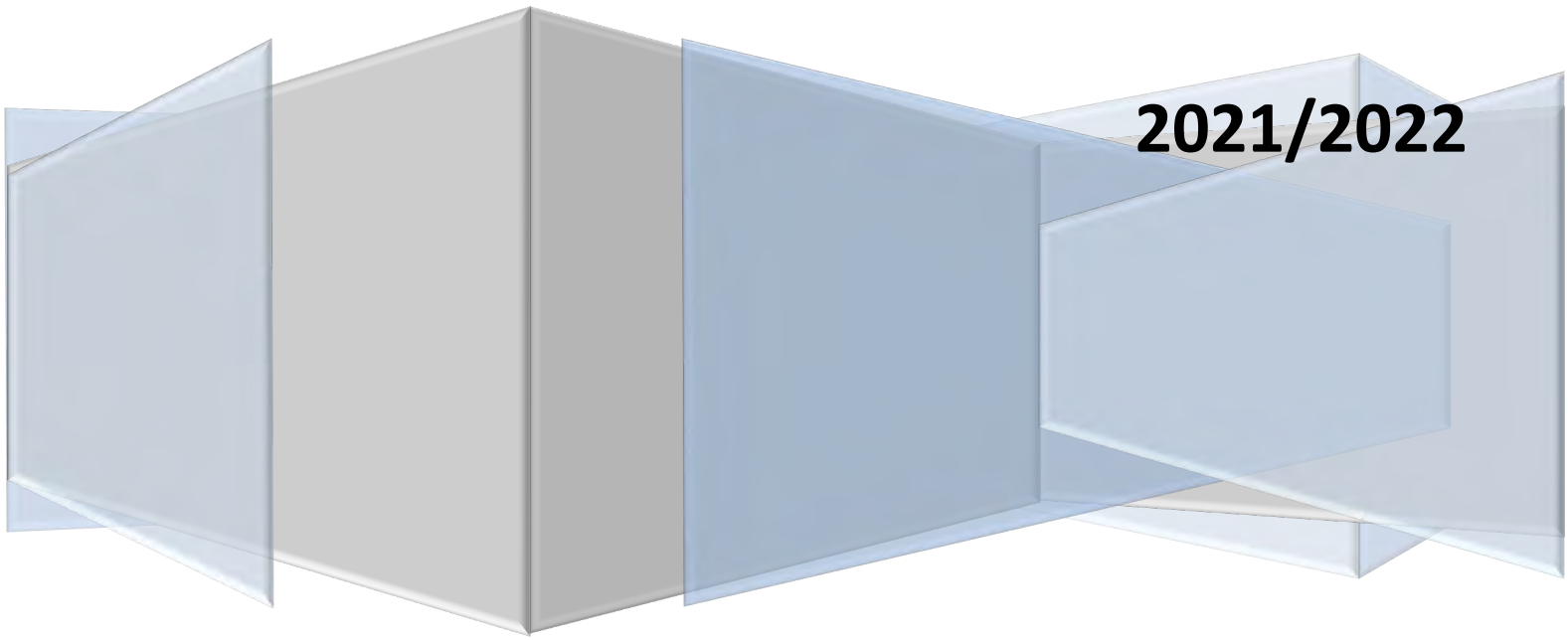
KPMG identified areas for strengthening and these have been included in the final version.

The Annual Report and Accounts 2021/22 were submitted to NHSEI 22nd June 2022 and confirmed as laid before parliament on 11th July 2022, when they were also published on the Trust Website and Governor Portal.

They will be presented at the Annual Members Meeting and AGM on 29th September 2022

Sherwood Forest Hospitals NHS Foundation Trust

Annual Report and Accounts



Sherwood Forest Hospitals NHS Foundation Trust

Annual Report and Accounts 2021/2022

Presented to Parliament pursuant to Schedule 7, paragraph 25(4)(a) of the National Health Service Act 2006

Contents

Performance Report

Statement from the Chair

At the start of our fiscal year, April 2021, we were looking back at one of the most demanding 12 months in the history of the NHS.

#TeamSFH colleagues, like all those working across the health and care sectors, had met the challenges of Covid-19 with dedication and determination but I don't think many of us were expecting the next 12 months to be equally difficult.

It is only right I start by acknowledging everyone at #TeamSFH for continuing to show remarkable commitment to keeping patients and each other safe.

It will have taken a physical and mental toll on many of us, so it is important that we continue to support each other with civility, kindness, care and understanding.

The emergence of the Omicron variant in December 2021, sparked a new wave of Covid-19. More infectious than previous variants and coming at a time when we faced the usual winter pressures, colleagues responded brilliantly in the first weeks of 2022, increasing our bed capacity and developing new ways of working, keeping our patients and each other safe.

Covid-19 remains very much with us. The Vaccination Programme continues to be rolled out and we must remain vigilant as life slowly returns to normal.

We are also working hard for those patients waiting for operations and treatments. We are committed to reducing the backlog that built up during the early phases of the pandemic. It is worth noting that even during the height of the Omicron wave, we were able to maintain levels of elective care and were often running at higher that pre-pandemic levels.

I appreciate that the demands will have taken a toll and recognise that I, and the Trust Board, have an important role to play, ensuring our focus remains on doing the right thing, both for patients and colleagues. We need to make sure we all feel well supported so we can continue to make the right decisions.

New leadership positions for #TeamSFH executive and non-executive directors

This year has been a time of considerable change for the senior leadership team at Sherwood Forest Hospitals.

I was honoured and proud to be appointed Chair in October 2021 following the move by John McDonald to become Chair of University Hospitals Leicester (UHL). I would like to thank John for his leadership, support and friendship during his time as Chair.

I joined the Board in 2013 when Sherwood Forest was a very different place and I am immensely proud of everything our colleagues have achieved, including the delayed (due to Covid) announcement that we were the Health Service Journal's Acute Trust of the Year for 2020.

Paul Robinson, previously Chief Finance Officer and Deputy Chief Executive was appointed Chief Executive, following Richard Mitchell's move to UHL and we have since confirmed Phil Bolton and Rachel Eddie will be joining us as Chief Nurse and Chief Operating Officer, respectively.

Richard Mills, previously Deputy Chief Finance Officer, is currently Interim Finance Officer

Towards the end of the year, Director of People Clare Teeny also announced her departure and we have recruited successfully for the new position of Director of Strategy and Partnerships.

As well as these executive positions, we have been joined by our former Medical Director Dr Andy Haynes (as a specialist adviser to the Board), and non-executive directors Steve Banks, Dr Aly Rashid and Andrew Rose-Britton.

They join us at an exciting time as we continue to emerge from the Covid-19 pandemic, and we move into a new environment of system-wide working with our health and social care partners as part of the Integrated Care Partnership (ICP).

We said farewell to Tim Reddish, our Senior Independent Director and a member of the board since 2013, and Neal Gossage, a non-executive director for Sherwood Forest for the past seven years left us shortly after the end of the 2021/22 year.

The new landscape for health and social care services

We continue to develop our role within our health and care system and how we will work with our partners to improve the lives of our citizens.

The focus is on working together for what is best for our patients and communities. Our trust members, colleagues, patients, volunteers and governors remain an important source of information and views on how we will shape that future with the new Integrated Care Partnership, Provider Collaboratives and Place-based Partnerships and Forums, which are due to come into effect from July 2022.

We have played a leading role in shaping this new environment and will use our size, scale and reach to influence the health and wellbeing of our communities, particularly targeting those that we are not engaging with as well as we could.

We have continued to develop the care and services we offer, including the expansion of surgical procedures at Newark as part of our ongoing investment in the site and the opening of the Same Day Emergency Care (SDEC) Unit at King's Mill.

Ophthalmology patients are now benefiting from an improved service thanks to a new community diagnostic centre that has been set up at Ashfield Health Village. The service allows patients with

glaucoma and macular degenerative disease to access a range of diagnostics tests, including having a vision test, optic pressure measurements, optic nerve scans and field-of-vision tests.

By October, two new scanning units were able to deliver up to 800 diagnostic scans for conditions, such as cancer in the bowel, bladder, stomach, oesophagus, brain and bones. The extra capacity created is part of a national plan for Community Diagnostic Centres and will support our work to bring down waiting times for diagnostic tests and ensure more people can start treatment or receive reassurance promptly.

Another example of great patient and family-centred care is our new double cot for twins in our Neonatal Intensive Care Unit. The special cot, funded through Sherwood Forest Hospitals Charity, means we can keep new-born children together, just like in the womb.

Climate Action Team

To demonstrate our commitment to reducing the impact we have on our environment, we took the decisive step to declare a climate emergency – one of only eight NHS organisations to do so.

The Climate Emergency UK declaration recognises the affect climate change has on health and supports our Green Plan commitments, which include:

- An 80% reduction in carbon emissions by 2025
- A 25% cut in patient transport mileage by 2025 to improve local air quality and reduce the health impacts of air pollution
- Reducing fossil fuel use over the next five years, with the long-term goal of phasing it out before 2040
- Reducing overall waste volume by 7% per year
- Ceasing purchase of many single-use plastics by April 2022.

Climate change is one of the most pressing challenges facing our society today. There are implications for physical and mental health, both directly and indirectly, across the population and as an NHS Trust, we have a responsibility to ensure efficient use of resources. By recognising the climate emergency, we can raise awareness among colleagues, patients and our local area.

Maternity services in the spotlight nationally

Maternity services in other parts of the country have been under the spotlight, particularly with the publication of the Ockenden Report and subsequent media headlines. At a time when it may feel tough working in Maternity, we scored some significant successes.

We met Chief Midwifery Officer for England, Professor Jacqueline Dunkley-Bent, who singled out #TeamSFH's Maternity Service for praise. She thanked the team for their commitment to safety and care during her visit and was given an outline of our seven features of safety, which builds on strong governance structures and our Maternity and Neonatal Safety Champions. Professor Dunkley-Bent revealed that Sherwood Forest Hospitals is seen as an exemplar Trust and work being done here is being talked about across the country.

We also scored well in the Care Quality Commission's national survey of maternity experiences, which showed that new mothers rate our care highly, despite Covid-19 restrictions, which across the country

impacted overall scores for satisfaction. We did well in areas such as staff treating new mums with respect and dignity, supporting and speaking to them in a way that they understand and including them in decision-making and giving explanations and information they needed.

Thank you to every who supports us through our charity and by volunteering

So much of our activity is enhanced through our charity and our wonderful volunteers. The charity uses money from grateful members of the public and fund-raising to enhance patient care while our volunteers give up their time to do the same.

Working with our Family Liaison service during the early first phases of the pandemic and the lockdown, hundreds of links between patients and loved ones~~,~~ were made and maintained thanks to our volunteers and the Community Involvement Hub. They supported thousands of connections and engaged in hundreds of conversations each week between patients, their families and clinical teams, supporting many patients through one of the toughest aspects of lockdown when it was necessary to severely restrict hospital visiting.

One point of real satisfaction came from a wellbeing survey of our volunteers that revealed 97.5% of those who responded would recommend us as a place to volunteer.

During another unprecedented year for #TeamSFH, the NHS, and our communities, I am both humbled and proud of the bravery, commitment and dedication everyone at Sherwood Forest Hospitals has continued to show during the Covid-19 pandemic. Thank you.

Claire Ward
Chair

Statement from the Chief Executive

We began the year with the fantastic (albeit much-delayed) news that we were the Health Service Journal's 2020 Acute Trust of the Year.

To be singled out for the top award in the most prestigious awards in the health sector was welcome news after a gruelling 12 months of pandemic.

During the judging process, health sector leaders and experts recognised:

- How we put the wellbeing of all colleagues at the centre of our decision making
- Our community response to Covid
- The fact we are the most improved NHS Trust in the past five years.

This was a huge accolade for everyone at #TeamSFH, past and present, at all our sites and all our partners, including our remarkable volunteers, Skanska, Medirest, and our retail outlets.

You don't win awards like this overnight (and let's not forget we were also finalists in the Staff Engagement and the Digitising Patient Services Initiative categories). This is the result of commitment and dedication to improvement over many years and we are fully focused on ensuring our journey to excellence and outstanding care continues across #TeamSFH.

Responding to Covid-19

Covid-19 has~~,~~ once again dominated our year. In April inpatient and admission numbers were beginning to fall. Having peaked at around 220 the previous January, they were down to around 40.

Unfortunately, this would not be the last we would see of Covid-19 and after easing through the summer, numbers began to rise again and by the end of the year we were creating extra capacity in our hospitals to meet exceptionally high demand.

During earlier waves, much of our planned activity, such as elective surgery, had been paused. During the Omicron wave of December, January and February, colleagues showed incredible resilience, coping with the rise in Covid-19 patients while maintaining much of our elective and non-urgent activity.

Our three priorities were to:

- Safely reduce demand in critical care and support the wellbeing of colleagues who work there
- Minimise crowding in the Emergency Department, supporting timely ambulance turnarounds, while continuing to treat our most seriously ill, including those with cancer
- Continue to treat all other patients in as timely a way as possible.

This would have been remarkable at any time of year but to achieve all this during what are traditionally our busiest months of the year is a credit to all our colleagues. Well done.

While acknowledging the remarkable work of colleagues, I recognise that many patients have been waiting longer for treatment than anyone would like. I am sorry for this. We are working as hard as we can to treat people as quickly and as safely as possible according to clinical urgency.

Meanwhile the vaccination programme continued at pace as the offer of the Covid jab was extended to more and more cohorts of the population. The vaccine is still the best way we can protect ourselves from becoming seriously ill and I am proud of the contribution our vaccination team and the vaccination hub at King's Mill played in delivering well over 200,000 doses, since the start of the programme at the end of 2020. At times we were delivering more than 1,200 doses a day.

Creating a better work environment

We have made significant strides in developing our plans for better equality, diversity and inclusion. We closed 2020/21 with the unveiling of our Rainbow pedestrian crossing – a visible sign that we recognise and aim to offer a supportive environment to colleagues and visitors from the LGBT+ (Lesbian, Gay, Bisexual, Transgender and all other identities) community.

We took an active role in NHS Equality, Diversity and Human Rights week in May, celebrated Pride throughout July and joined the Nottingham and Nottinghamshire Integrated Care System's live virtual Pride extravaganza.

Through 2021/22 we co-produced a regional Workforce Race, Equality and Inclusion Strategy making a clear commitment to our staff and our communities that we are determined to take effective and impactful action to create an anti-racist working environment, culminating in the launch of our new anti-racism strategy in February 2022.

As part of our wider work to reduce aggression and discrimination, support a zero-tolerance approach to all unacceptable behaviours, we marked the International Day for the Elimination of Racial Discrimination with the unveiling of special One World, One #TeamSFH artwork celebrating and embracing our diverse workforce, who come from more than 80 countries around the world.

We cannot tolerate racism – whether it is discriminatory language or behaviour from patients, visitors or from our own staff. People from all parts of the community we serve, whether they are seeking treatment or visiting, must feel confident they will be welcomed.

Our workforce must also know that we will protect them from racism (and all other forms of aggression and abusive behaviour) so they can focus on delivering the best care and support for our patients and their loved ones. It is vital colleagues experiencing racism know we will work with them to combat racist behaviour.

Our strategy has been shared with the ICS (Integrated Care System) and it is anticipated it will support the implementation of an Anti-Racism Action Plan for our local health care system partners.

After more than two years of the Covid-19 pandemic, making #TeamSFH a better place for us all has never been more important and we continue to develop our health and wellbeing packages, so they are meeting the needs of all colleagues in a meaningful way, including the appointment of a new Lead Clinical Psychologist and a People Wellbeing Lead.

Through Trust-wide communication channels and face-to-face discussions, we have also worked hard to ensure staff have the confidence to speak to our Freedom to Speak Up Guardian Kerry Bosworth and #TeamSFH's Freedom to Speak Up Champions should they wish to raise issues while working in fast-changing and sometimes challenging environments.

Strong response to the NHS Staff Survey

Making life at #TeamSFH the best it can be for all our colleagues is important because we know it creates an environment where we can support each other to provide the best care and services for all our patients.

That is why such as strong response from colleagues to the NHS National Staff Survey is so important. With a response rate of 66%, we have the highest engagement rate of any acute and acute community trust in the Midlands.

The results, announced in March, give us rich data and a clear picture of how our colleagues are feeling about being part of #TeamSFH and what we need to do to make things even better. If we know about what can be improved, we can – and will – take action.

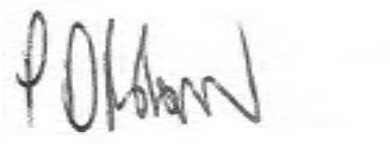
So, we know we must do more to improve our health and wellbeing support and to reduce aggression towards staff. We also need to address recruitment and retention as many colleagues tell us more people are needed to meet demands.

But the survey also tells us we are well-placed among our peers with almost three-quarters of our colleagues (74.9%) recommending #TeamSFH as a place to work and eight out of ten (81.7%) recommending our hospitals as places to receive treatment. For more detail on the NHS National Staff Survey see page 58.

Thank-you #TeamSFH

Just like the previous 12 months, 2021/22 was another unprecedented period and I would, like to pay tribute to the whole of #TeamSFH for continuing to deliver great care in such remarkable and demanding circumstances.

We began the year being recognised by our peers in the HSJ awards and we finished the year with confirmation that we continue to be a great place to work and to receive care. I hope all my colleagues are as proud as I am about everything we have achieved.



Paul Robinson
Chief Executive Officer

Overview of Performance

This section summarises our organisation's purpose, history, objectives and key risks.

Our History and Structure

Sherwood Forest Hospitals was formed in 2001 and gained Foundation Trust status in 2007. We provide outstanding healthcare across the community to 500,000 people in Mansfield, Ashfield, Newark, and Sherwood and parts of Derbyshire and Lincolnshire. We work with more than 5,000 colleagues in our three hospitals – King's Mill, Newark and Mansfield Community and at Ashfield Health Village. We have well-established relationships with partners in health and social care through the Nottingham and Nottinghamshire Integrated Care System (ICS) and the Mid-Nottinghamshire Integrated Care Partnership (ICP).

We have five clinical divisions: Urgent and Emergency Care, Medicine, Surgery, Women's and Children's, and Diagnostics and Outpatients. Each division benefits from clinical and managerial leadership and is supported by the corporate function.

Our Trust is managed by the Board of Directors, which is responsible for the management and performance of the organisation and for setting the future strategy. The Board ensures the quality and safety of healthcare services, education, training and research delivered by the Trust and applies the principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission, and other relevant NHS bodies. It also makes sure that we exercise our functions effectively, efficiently and economically.

As a Foundation Trust we have a Council of Governors, which works with the Board of Directors and represents the interests of our members in the planning of services. The Council of Governors play an important role in the delivery of safe, high quality care. They are elected by our public and staff members or appointed to represent community partners, such as the local councils and commissioners.

King's Mill Hospital, where 90% of our services are based, is rated Outstanding by the Care Quality Commission and is the only Outstanding NHS hospital in the East Midlands. Newark Hospital and Mansfield Community Hospital are both rated Good and all 15 of our services are rated Good for Safety with five Outstanding services.

Safe, patient centred care is delivered by well supported people and in 2021 colleagues at Sherwood rated us as being the best place to work across all acute trusts in the Midlands region (second nationally) in the National Staff Survey. Overall, as an average across all the People Promise domains, the survey results for Sherwood placed us as the third best Acute or Acute Community Trust in the country.

In March 2021 the Trust was recognised as the Acute or Specialist Trust of the Year in the prestigious Health Service Journal Awards. The HSJ awards are the most coveted accolade in UK healthcare and Trust of the Year is the most prestigious category within these awards.

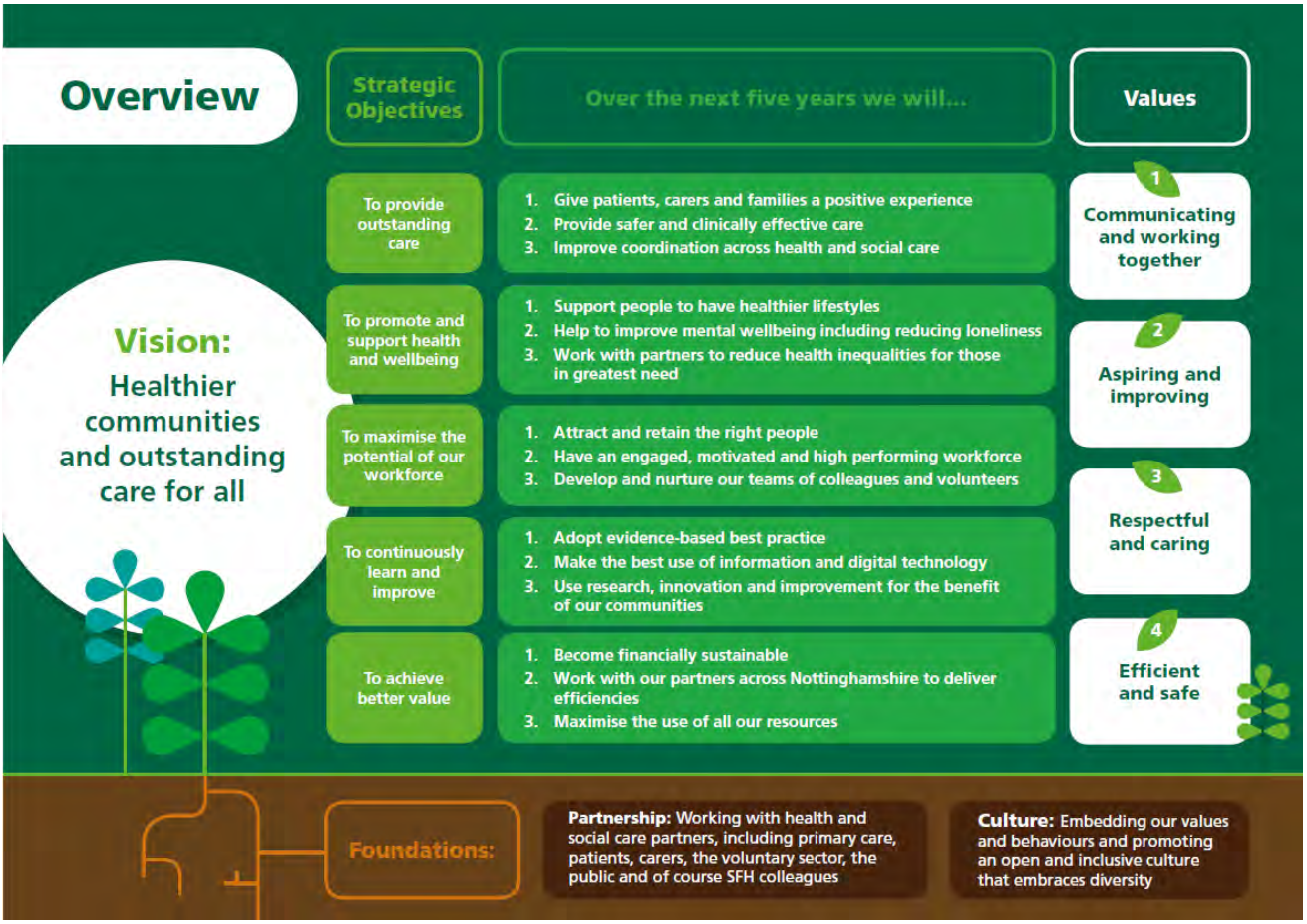
We play an active role in the Nottingham and Nottinghamshire Integrated Care System (ICS), which brings together local NHS services, councils and voluntary sector with the ambition for people living in Nottingham and Nottinghamshire to live longer, happier, healthier and more independent lives.

Our purpose and activities

Over the past year the NHS has continued to face extraordinary challenges and pressures relating to the pandemic. Covid-19 once again dominated our year. Our colleagues have continued to demonstrate remarkable commitment to keep our patients, and each other safe. We are working hard for those patients waiting for operations and treatments, while balancing the needs of those requiring emergency care, and we are doing all we can to treat people as quickly and as safely as possible according to clinical urgency.

Despite the challenges, the incredible commitment of our workforce has enabled us to continue to make progress on delivering our vision of Healthier communities and outstanding care for all.

This vision and strategy can be summarised as follows:



We remain committed to delivering on our strategic objectives, to make Sherwood Forest Hospitals an even better place to work and to receive care. Over the past year we have taken steps to progress against these objectives, with some examples highlighted below.

To provide Outstanding Care	• Launched the Carers Passport for patients and their carers during Carers' Week in June 2021. • Rollout of Covid Vaccination Programme to the local population, with our vaccination team delivering 200,000 plus, doses since the start of the programme and at times delivering more than 1,200 doses a day. • Expansion of services, including a new community diagnostic centre at Ashfield Health Village for Ophthalmology patients, additional scanning capacity from a Mobile Endoscopy Unit situated at King's Mill Hospital, and the expansion of surgical procedures at Newark Hospital. • Introduced our new double cot for twin babies in our Neonatal Intensive Care Unit, allowing us to keep new-born children together, just like in the womb. • Delivered full compliance against the ten safety actions set out by NHS Resolution to support the delivery of safer maternity care and been commended by the Chief Midwifery Officer for England as an exemplar Trust for our commitment to safety and care. • Introduced a pilot whereby QR code posters (linking to relevant Trust-approved patient information leaflets) have been produced, to further improve effective patient communication. • Strengthened our links with Primary Care, opening channels between GPs and the Trust, as part of the Integrated Care Board/Place-based Partnership Communications Group.
To promote and support health & wellbeing	• Successfully delivered a dedicated Health and Wellbeing campaign, under the brand Boost, capturing six different themes, and appointed a dedicated People Wellbeing Lead and a new Lead Clinical Psychologist. • Introduced 20 new Wellbeing Champions, with varied interests including physical activity, mental health, and menopause. • Developed and published a Mental Health Strategy with Nottinghamshire Healthcare NHS Foundation Trust. • Through 2021/22 we co-produced a regional Workforce Race, Equality and Inclusion Strategy and in February 2022 we launched our new anti-racism strategy, making a clear commitment to take effective action to create an anti-racist working environment. • Declared a climate emergency, being one of only eight NHS organisations to do so, to recognise the affect climate change has on physical and mental health.
To maximise the potential of our workforce	• Continued our progress to Pathway to Excellence accreditation. • Appointed a new Head or Learning an Organisational Development, to lead on the design and implementation of a Talent Strategy for the Trust. • Introduced a high impact action plan to address inequity in recruitment and development for those from ethnic minority backgrounds, alongside partners within the Nottinghamshire ICS.

	• Established a working group to launch a carers passport for staff who are unpaid carers and introduced a new staff network for carers in the organisation.
To continuously learn and improve	• Conducted a Continuous Improvement Maturity Assessment. • Furthered our digital maturity through the rollout of our Electronic Prescribing and Medicines Administration (EPMA) system and the development of a business case for a new Electronic Patient Record (EPR) system. • Commissioned Grant Thornton to undertake an external Well-Led Review of the organisation, assessing us against the framework set out by NHS England and NHS Improvement and providing recommendations to improve. • Strengthened system coordination through the development of a Provider Collaborative and Placed Based Partnerships.
To achieve better value	• Delivered Financial Improvement Programme savings of £5.8m in 2021/22. • Launched a three-year Transformation and Efficiency Programme, with an ambition to deliver savings of more than £30m over the period. • Contributed to the development of a Provider Collaborative Office, to initiate and coordinate projects and workstreams that will identify and deliver opportunities for improvement. • Launched a System Costing Group. Which will support clearer understanding of costs to deliver services across the Nottinghamshire health and care system.

In the coming year we will look to accelerate our progress against these strategic objectives. We will do this through the launch of new Strategic Workforce and Talent Management strategies, a refreshed Quality Strategy and further partnership working through the Provider Collaborative, Integrated Care System and Place Based Partnerships. We will look to advance our digital strategy, improving access to our services through using digital technology more effectively and accelerating the implementation of initiatives that have been paused due to the pandemic.

During the year we plan to revisit and refresh our vision, strategic priorities and values, enabling us to move into to 2023/24 with a clear direction to support our delivery of the national NHS priorities.

We recognise that as well as being an outstanding provider of care, we have a unique opportunity and a responsibility to support our local population to become healthier. This is not something we can achieve on our own. It is a partnership involving everyone in our community, including those who work and volunteer in health and social care across Nottinghamshire, those who use our services and those who may need our services in the future.

Risks to delivery of objectives

Our vision, values and strategic objectives express our ambition to see healthier communities and outstanding care for all. Our ability to fully realise all our objectives is linked to the ongoing level of healthcare demand from Covid-19. Our goal is to increase the number of people we treat and care for

in a timely way but we know that securing a sustainable recovery will depend on a continued focus on the health, wellbeing and safety of our staff.

In 2022/23 we will continue to rise to the challenges of restoring services, meeting the new care demands and reducing the care backlogs that are a direct consequence of the pandemic. While the future pattern of Covid-19 transmission and the resulting demands on the NHS remain uncertain, we know we need to continue to increase our capacity and resilience to deliver safe, high quality services that meet the full range of people's health and care needs.

Through our risk and control framework the Board of Directors regularly scans the horizon for emergent opportunities or threats and considers the nature and timing of the response required to ensure risk is always kept under prudent control.

The most significant strategic risks facing us continue to be: (i) the maintenance of sufficient numbers of skilled employees to deliver our full range of clinical services; (ii) financial sustainability due to the requirement to increase activity while substantial cost pressures remain; and (iii) demand that overwhelms our capacity to deliver care effectively.

These risks are interrelated and incorporated into the Board Assurance Framework (BAF). It is not envisaged these risks will change over the coming year. The Internal Audit Plan and Counter Fraud Plan are approved by Board members and are aligned, where appropriate, with the principal risks in the BAF.

Working in partnership through the Integrated Care System, our Provider Collaborative and Placed Based Partnerships is a fundamental mitigation to our risks. Our continued focus is on improving our internal working processes and practices to ensure patients receive high quality care in a timely manner, while also using our size, scale and reach to influence the health and wellbeing of our communities, particularly targeting those that we are not engaging with as well as we could.

Further detail about our risk management approach is included in the Annual Governance Statement, later in this report.

How we are using our FT status to develop services and improve patient care

We are dedicated to realising our vision of healthier communities and outstanding care for all. This vision statement includes our commitment and ambition to excel and continually improve the quality of our services. Our four core values underpin this and describe the way in which we will operate:

Communicating and working together,

Aspiring and improving,

Respectful and caring,

Efficient and safe.

We develop our services and improve patient care based on evidence. We proactively seek and use feedback from patients and staff, as well as analysing data that benchmarks the performance of our services against other Trusts. It is vital that our culture engenders a desire to improve and innovate. That is why we train colleagues in our improvement methodology. This supports them to take a systematic approach to improvement, empowering colleagues to turn good ideas into sustainable reality.

Going concern

The going concern concept is further covered in IAS 1 – 'Presentation of Financial Statements'. IAS 1 requires management to assess, as part of the account's preparation process, the Trust's ability to continue as a going concern. Foundation Trusts therefore need to pay particular attention to going concern issues. If a Foundation Trust is dissolved by NHS England and NHS Improvement (NHSE&I) any property or liabilities of the Trust may be transferred to another Foundation Trust, an NHS Trust, or the Secretary of State, and therefore, as services will continue to operate, the Trust is considered to be a going concern in line with the guidance outlined in Practice Note 10. Practice Note 10 is the guidance issued by the Financial Reporting Council (FRC) to help public sector organisations consider going concern in financial statements.

Significant changes continued to the funding streams as a result of the pandemic and in year block contract rather than activity-based payments were received. In addition, for the half year period to September 2021 (H1) additional top up money was received and a break-even position expected, across the NHS. This was in line with NHSE strategy to meet all reasonable costs associated with the vaccination programme and Covid-19.

For the second half year ending March 2022, (H2) a control total was agreed for both the Trust and the Integrated Care System (ICS) as a whole, with NHSE.

As part of the continued change in monitoring of spend there was no requirement to have a formal financial efficiencies plan in H1, but there was a requirement in H2, however, the trust has continued to review pay, non-pay and income throughout the year to ensure that outturn is in line with plan and in year is reporting financial efficiency delivery of (£5.8m). The Project Management Office has been working to identify and risk rate identified schemes for 2022/23 and is forecasting delivery of (£11.73m) in the financial year 2022/23.

For the year ending 2021/22 the Trust is reporting a deficit of (£1.25m), which includes the impact of gains on the valuation of buildings. Removing this impairment gain, which was (£11.737m) and other non-control items, we are reporting a deficit of (£13.18m). This is above our agreed control total for H2; however, it is in line with the forecast outturn total agreed with NHSE/I. In year the trust received £23.20m in respect of covid and vaccination money which are included in the reported outturn position.

No revenue support was requested in year however, due to PFI Private Finance Initiative (PFI) liabilities, depreciation does not self-fund the capital expenditure. Capital of £10.85m was agreed with NHSE and drawn down in the form of Public Dividend Capital to support the capital programme.

As previously disclosed all Interim revenue and Capital loans, were repaid in 2020/21. The impact of these repayments means that the Trust now has a positive Statement of Financial Position (SOFP). There is, however, still a significant liability in respect of the PFI which will reduce over the remaining term of the contract. In year the Trust paid (£0.68m) in Public Dividend Capital (PDC) based on 3.5% of the net average value of assets.

The financial framework for 2022/23 has been issued and in line with this guidance a draft Financial Plan, which includes capital, was submitted on 17th March 2022 and a final plan was submitted on 28th April 2022. The plan submitted was agreed with the ICS partners and indicates a surplus/deficit of (£13.76m) and a capital programme of (£19.46m). As detailed above the plan includes forecast efficiencies of (£11.73m)

In applying the Trusts accounting policies management are required to make judgements, estimates and assumptions concerning the carrying amounts of assets and liabilities that are not readily apparent from other sources. Estimates and assumptions are based on historical experience and any other factors that are deemed relevant. Actual results may differ from these estimates and are continually reviewed to ensure validity remains appropriate. These revisions are recognised in the period in which they occur or the current and future periods, as appropriate.

Performance Analysis

Performance in 2021/22 continued to be affected by the Covid-19 pandemic as the NHS remained in Level 4 National incident.

- Whilst elective care was reduced in the previous year, as the vaccination programme has gained momentum and the numbers of patients being hospitalised on emergency and ventilated pathways for Covid 19 symptoms have reduced, the trust has been able to restart surgery and outpatients in a planned way. The aim of the Trust is to reduce the number of patients waiting for operations beyond two years to zero by the end of June 2022.
- The Trust Covid 19 pandemic plan is still in use and there have been surges of patients attending hospital either due to covid symptoms or with incidental Covid symptoms over the year. The result of this is the continued use of areas within the hospital outside of their normal function, to keep patients safe.
- Infection Prevention and Control measures are still in place and the trust is adhering to the rules of segregation and social distancing that have been in place throughout the pandemic.
- The winter months have been particularly pressured as the country returned to a level of normality, with the trust accommodating both Covid 19 patients and those with the usual ailments, injuries and illnesses that we would generally see over the winter. This led to further bed capacity being opened as part of the winter plan and this capacity remains open.
- The trust maintained its positive track record in terms of access for patients to emergency care provided in a safe and timely way, and its position as a provider of one of the lowest emergency care waiting times in the Midlands and the country, reducing the risk of Covid 19 cross infection in an overcrowded emergency department. The trust also ensured that ambulances were not held up at the Kings Mill Emergency Department (ED) enabling East Midlands Ambulance Service (EMAS) crews to hand over patients quickly and effectively.

Performance Analysis

Emergency Department (ED) 4-hour performance

The Trust has some of the lowest waiting times in the NHS through its Emergency Department and Newark Urgent Treatment Centre and was regularly ranked in the top 12 (out of 117 Trusts) within the NHS. While maintaining the low waiting times at Newark, as with the rest of the NHS, there has been a lengthening in waiting times in ED. This is related to COVID spikes in activity and the stark impact on social care staffing capacity for care home placements and packages of care.

Accident and emergency attendances

Accident and Emergency attendances increased overall in 2021/22 in comparison to 2019/20.

Ambulance arrivals

We measure handover performance, which is the time taken from the moment the ambulance crew arrives, to the safe handing over of the patient to the team in the Emergency Department. Despite spikes in attendances, handover times (when measured as a percentage over 30 minutes) are the lowest in the East Midlands Ambulance Service region.

Relevant metrics are monitored in real-time within the department and reviewed at all bed meetings, which take place throughout the day. We escalate issues and take timely actions to mitigate concerns when we foresee a potential delay.

Emergency admissions from the Emergency Department

Emergency admissions overall and admissions from ED have increased significantly when compared to 2019/20; this has mainly been for admission to medical specialties. A lot of this growth has been managed using new models of care, particularly 'Same Day Emergency Care' via the Ambulatory Emergency Care unit, but there has also been growth to bedded care. The Trust continues to work with partners to reduce admissions, ensuring patients get into the right service to meet their needs which may be an alternative to a hospital stay.

Referral to Treatment

The NHS Constitution sets out that (as a minimum) 92% of our patients should wait no longer than 18 weeks from GP referral to treatment (RTT), however reporting on this has been paused since the start of the Covid-19 pandemic, due to the pause in elective treatments as a part of the national Level 4 incident actions in 2020/21. The waiting list and times have increased, and we have worked hard as an organisation to reduce this backlog and have reduced the number of patients waiting more than two years to just six at the end of 2021/22. We have plans in place to reduce this further by the end of the coming year to ensure that no one waits beyond 18 months. We regularly clinically review patients who are waiting to ensure they remain safe and well enough for treatment. In 2022/23, we have plans to increase the availability of alternatives to face-to-face appointments to further reduce the length of time patients wait for treatment.

Diagnostics

This national target means that 99% of all diagnostic tests relating to physiology, radiology and endoscopy need to be completed within six weeks of referral. As a result of the pause of elective activity due to the national Level 4 Incident this deteriorated over 2020/2021. It is the aim of the trust to return to pre-pandemic levels as soon as possible and certainly in line with the national NHS planning guidance of 99% of diagnostic tests within six weeks by 2025.

Cancer standards

Cancer Waiting Times standards monitor the length of time patients with cancer or suspected cancer wait to be seen and treated in England. We know it is better for the vast majority of patients to be seen, diagnosed and treated for cancer as soon as possible. Throughout the Covid-19 pandemic we have prioritised the diagnosis and treatment of patients with suspected cancers when other less urgent surgery was paused. The effect of staff sickness due to Covid-19, the nationally prescribed testing regime for patients attending for surgery and reporting capacity for diagnostic tests had an adverse effect on our ability to meet the performance standards in 2021/22. We remain focussed on actions to support earlier diagnosis or ruling out of cancer and are working closely with tertiary providers and system partners to systematically deliver national optimal pathways and improve outcomes for our patients.

King's Mill Hospital Vaccination Hub

The King's Mill Covid Vaccination Hospital Hub gave the first vaccine on Tuesday 8th December 2020 and has had tremendous success delivering over 209,000 vaccine doses, operating a 7-day service.

The Hub has been reactive to both national and local strategic direction and has offered vaccines to all cohorts eligible for vaccination, aging from 5-year-old children to 106-year-old.

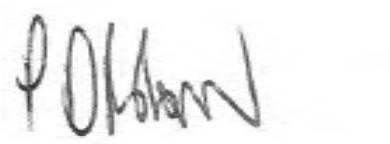
Nationally as the vaccination programme has developed, the hub has continued to achieve regional assurance to offer the multiple vaccines approved to some of the most vulnerable citizens in our local population.

The service has continued to review and improve the service delivery maximising capacity ensuring the best use of resource including both staff and vaccine supply in order to reach the maximum population within all cohorts. The SFH workforce bureau have continued to support the staffing in the Hub and Vaccination Sites in Nottinghamshire, recognising the increase of staff who are first time employees in the NHS who have now successfully taken up permanent contracts with SFH.

In November 2021, the Hub celebrated winning the SFH Staff Excellence award for The Healthier Communities category, recognising the positive contribution to our staff and our local population.

A newly refurbished Hub is planned for Spring 2022 offering a more permanent home for the Vaccination Hub located on the ground floor of the TB3 building on the King's Mill site. The ICS commissioned the service along with other sites and out of all the sites in the Midlands region, the Hospital Hub is the best performing vaccine hub.

SFH have committed to support the vaccination system longer-term, supporting the vaccination of staff and local citizens as the National Vaccination Programme confirm the Autumn Booster Programme



Paul Robinson
Chief Executive Officer **17th June 2022**

Accountability Report
Directors' Report

Board of Directors

The Board of Directors is the team responsible for the management and performance of the organisation and for setting the future strategy. Our Board has overall responsibility for the preparation and submission of the Annual Report and Accounts; the Board considers the Annual Report and Accounts, taken as a whole to be fair, balanced and understandable, and provides the information necessary for patients, regulators, and other stakeholders to assess the Trust's performance, business model, and strategy.

The primary responsibility of our Board of Directors is to promote the long-term success of the organisation by creating and delivering high quality services within the funding streams available. Our Board seeks to achieve this through setting strategy, monitoring strategic priorities and providing oversight of implementation by the Executive Management Team. In establishing and monitoring its strategy, our Board considers, where relevant, the impact of its decisions on wider stakeholders including staff, partners and the environment.

So far as the Directors are aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware, and the Directors have taken all the steps that they ought to have taken as Directors to make themselves aware of any relevant audit information and to ensure the NHS Foundation Trust's auditor is aware of that information.

The individuals who served at any time during the financial year as directors were as follows:

Name	Job Title	Commenced in post	Seconded to another role	Termination date
John MacDonald	Chair	01/03/2017	19/04/2021	31/07/2021
Claire Ward	Deputy Chair	01/05/2013		19/04/2021
	Interim Chair	20/04/2021		30/09/2021
	Substantive Chair	01/10/2021		
Tim Reddish	Senior Independent Director	08/07/2013		31/10/2021
Barbara Brady	Non -Executive Director	01/10/2018		
	Senior Independent Director	01/11/2021		
Neal Gossage	Non-Executive Director	10/05/2015		
Graham Ward	Non-Executive Director	01/12/2015		
Manjeet Gill	Non-Executive Director	01/11/2018		
Steve Banks	Non-Executive Director	01/12/2021		

Dr Aly Rashid	Non-Executive Director	10/01/2022		
Dr Andy Haynes	Specialist Advisor	18/04/2021		
Richard Mitchell	CEO	01/07/2017		01/10/2021
Paul Robinson	Chief Finance Officer	23/03/2015		30/09/2021
	Interim CEO	01/10/2021		31/03/2022
	Substantive CEO	01/04/2022		
Dr David Selwyn	Executive Medical Director	09/12/2019		
Julie Hogg	Chief Nurse	09/12/2019		
Shirley Higginbotham	Director of Corporate Affairs	04/04/2013		
Emma Challens	Director of Culture and Improvement	09/12/2019		
Simon Barton	Chief Operating Officer	01/01/2018		
Clare Teeney	Director of People	02/09/2019		
Richard Mills	Interim Chief Finance Officer	01/10/2021		
Lorna Branton	Director of Communications	06/11/2020	30/10/2021	
Marcus Duffield	Associate Director of Communications	20/10/2021		

The balance, completeness and appropriateness of our Board membership is reviewed periodically and upon any vacancies arising among either the Executive or Non-Executive Directors. The balance of skills is appropriate to the requirements of the organisation. Board Directors are required to declare any interests that are relevant and material on appointment, or should a conflict arise during their term. A register of Board members' interests is maintained by the Company Secretary and is published annually as covered later in this Annual Report. Board Directors are also required to meet the Fit and Proper Persons Test, and this is evidenced in their individual personal files.

The Chair, John Macdonald is also the Independent Chair of Joined up Care Derbyshire (STP). He undertook a secondment to University Hospitals Leicester until July when he was appointed as their substantive chair and left Sherwood Forest Hospitals NHS Foundation Trust.

The Chair, Claire Ward is also Chief Executive of the Institute for Collaborative Working, a not-for-profit organisation, Governor on the Board of the University of Hertfordshire and owns Capewells Limited, a consultancy company which acts for several pharmacy and pharmaceutical companies and organisations.

Attendance at Board meetings

	Public		**Private**	
Name	Actual	Possible	Actual	Possible

John MacDonald	1	1	1	1
Richard Mitchell	5	6	6	7
Paul Robinson	12	12	13	13
Dr David Selwyn	11	12	12	13
Julie Hogg	12	12	13	13
Clare Teeney	10	12	10	13
Simon Barton	11	12	12	13
Shirley A Higginbotham	12	12	13	13
Emma Challans	12	12	12	13
Lorna Branton	5	7	6	8
Richard Mills	6	6	6	6
Marcus Duffield	5	5	5	5
Tim Reddish	6	7	7	8
Neal Gossage	9	12	10	13
Claire Ward	12	12	13	13
Graham Ward	12	12	13	13
Barbara Brady	12	12	12	13
Manjeet Gill	10	12	11	13
Steve Banks	4	4	4	4
Dr Aly Rashid	2	2	2	2
Dr Andy Haynes	10	11	8	11

Register of Interests

The Register of Interests for all members of our Board is reviewed regularly and published annually on our website. https://www.sfh-tr.nhs.uk/about-us/register-of-interests/. The register is maintained by the Company Secretary, who is based at Sherwood Forest Hospitals NHS Foundation Trust, Trust Headquarters, Level 1, King's Mill Hospital, Mansfield Road, Sutton-in-Ashfield, Nottinghamshire, HG17 4JL.

All members of our Board and Council of Governors must disclose details of company directorships or any other positions held, in general and more specifically with organisations who may trade with the organisation.

We maintain NHS Litigation Authority insurance, which gives appropriate cover for any legal action brought against our directors to the extent permitted by law.

Cost allocation

We have complied with the cost allocation and charging requirements as set out in HM Treasury and Office of Public Sector Information guidance.

Political donations

In accordance with historical and intended future practice, no political donations were made during the year ended 31st March 2022.

Better Payment Practice Code

Unless other terms are agreed, we are required to pay our creditors within 30 days of the receipt of goods or a valid invoice, whichever is the later. This is to ensure that we comply with the Better Payment Practice Code.

Due to the monthly prepayment of block contract sums in 2021/22 payments were made earlier than in previous years which is reflected in the level of compliance with the 95% targets in year.

Our performance against this metric is shown as follows:

	2021/22		2020/21	
	Number	£000s	Number	£000s
Total non-NHS trade invoices paid in the year	81,942	272,225	70,794	228,825
Total non-NHS trade invoices paid within target	75,430	260,346	64,079	219,807
Percentage of non-NHS trade invoices paid within target	92%	96%	91%	96%
Total NHS trade invoices paid in the year	2,463	30,115	2,640	28,251
Total NHS trade invoices paid within target	2,151	29,494	2,202	27,424
Percentage of NHS trade invoices paid within target	87%	98%	83%	97%

Late Payment Interest

Legislation is in force which requires Trusts to pay interest to small companies if payment is not made within 30 days, known as the Late Payment of Commercial Debts (Interest) Act 1998. The Trust paid £9,500 in claims under this legislation. The total potential liability to pay interest on invoices paid after their due date during 2021/22 would be £2,160. (2020/21 £10,120) There have been minimal claims under this legislation, therefore the liability is only included within the accounts when a claim is received.

All of this relates to non-NHS invoices, and none relates to NHS healthcare contracts.

Income Disclosures

We have met the requirement under Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purpose. Other income generated by us was used to support the provision of our health services.

Well-Led Framework

During the year we commissioned Grant Thornton to undertake an external Well-Led Review of the organisation. The organisation was assessed against each of the eight questions identified in the NHSI Well-Led framework.

The Board reviewed the final report, received in January 2022. The report noted of the 15 recommendations, three rated as medium priority and 12 rated as low priority. Actions have been developed to address the recommendations made and these, together with the executive owner and deadline for completion was reported to the Board in April 2022. A progress report on these actions will be presented to board in each quarter of 2022/23.
The Care Quality Commission inspected us during 2020 and assessed our overall Trust Well-Led score as Good, and King's Mill Hospital Outstanding.

Patient Care

Our journey to outstanding is the driving force behind our approach to the culture of continuous improvement now well embedded throughout the organisation. This is supported by our values of:

Communicating and working together

Aspiring and improving

Respectful and caring

Efficient and safe.

We have robust systems and processes in place to enable colleagues to celebrate where we provide excellent, safe, high-quality care, but also quickly identify areas of focus for further improvement.

Building on the previous quality improvement programmes we continued to work towards our agreed Quality Strategy for 2018/21. This was the vehicle for progressing improvement work, monitoring improvement initiatives, and providing evidence of achievement to our patients and staff. During 2021/22 the strategy was under review and a refreshed version will be agreed in 2022/23.

Quality Strategy 2018-21 Summary

After extensive consultations our new Quality Strategy is scheduled to be approved by the Board in the summer of 2022, therefore the principles and direction of the 2018-21 strategy remain in place.

Following the success of the Quality Improvement Plan (2015/16) and the Advancing Quality Programme (2016/18) the three-year Quality Strategy was approved by the Board of Directors in April 2018.

We believe that we can demonstrate outstanding care and be one of the best providers of healthcare in the country. Our Quality Strategy gave us the road map to get there. It reflected our quality priorities and took account of national, local and independent reports and enquiries.

Improving the quality of care we deliver, is about making our care safe, effective, patient-centred, timely, efficient and equitable. It is intended that we use quality priorities to monitor service improvement, to demonstrate that high quality care and services are being provided and to highlight areas where further improvements are required. The quality priorities for 2018/21 were sub-divided into four improvement campaigns:

Campaign One: A positive patient experience: We aim to:

- Change behaviours and the way care is delivered to impact positively on how care is experienced by those who use and depend upon the services we provide.

Campaign Two: Care is safer: We aim to:

- Focus on frailty and learning disability adapting to meet the healthcare needs of an increasingly elderly patient population and, by delivering 'better basics', reduce exposure to harm or complications of care.

Campaign Three: Care is clinically effective: We aim to:

- Ensure patient care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.

Campaign Four: We stand out: We aim to:

- Be a leader in the delivery of high-quality, safe healthcare, striving for excellence on our journey to outstanding.

The progress made was monitored and reviewed each month by the Medical Director and Chief Nurse. Progress was reported to the Quality Committee and routinely as part of the cycle of business for the Board of Directors, this will continue for the refreshed strategy. Each Campaign comprised specific improvements workstreams, examples of which are illustrated in Diagram 1.

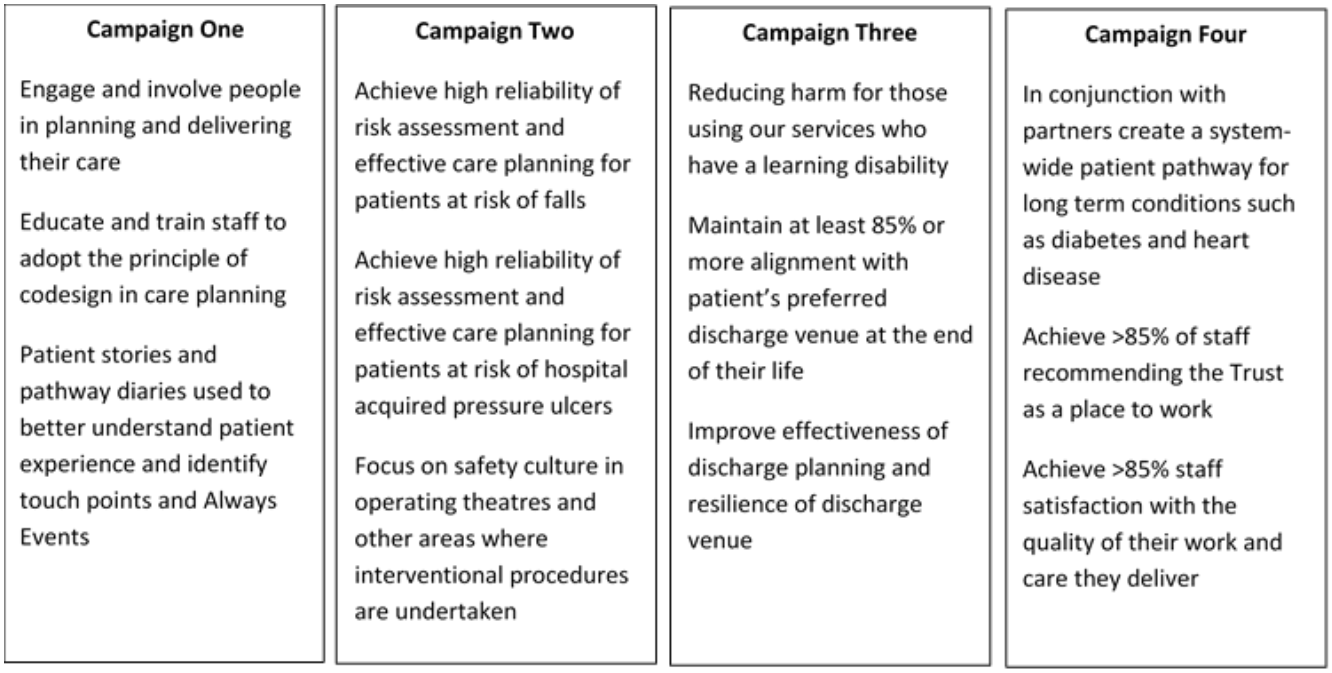


Diagram 1.

As our improvement journey has matured, colleagues have gained confidence in implementing small changes and improvements within their areas. These have positively contributed to the current position where we are recognised regionally and nationally for exemplar practice, benchmarking above the regional or national average in a significant number of indicators.

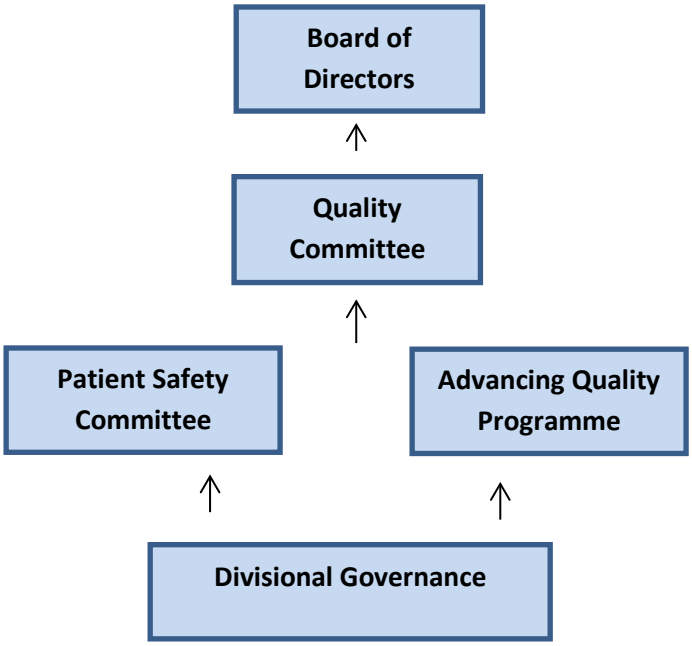
We continue to robustly monitor progress of our improvement work through our safety and quality governance framework, including working much more closely with other improvement processes across the organisation and wider health and social care footprint.

An example of the above is demonstrated in our Nottinghamshire-wide training approach to Quality Improvement (QI), which is delivered jointly between us, Nottingham University Hospitals NHS Trust and Nottinghamshire Healthcare NHS Foundation Trust. This uses the nationally accredited QI training approach, Quality, Service Innovation and Re-design (QSIR) as the platform to build capabilities, networks and a common QI language across traditional organisational boundaries. This has been recognised as national best practice by NHS Improvement's Act Academy.

We launched our QI approach in July 2018 - the Sherwood Six Step – which is underpinned by the globally recognised Institute of Healthcare Improvement's Model for Improvement.

Improvements in Quality Governance

We continue to build on the robust governance structures implemented in 2015, with the continuation of the Patient Safety Committee (formally the Quality Assurance Safety Cabinet) and the Advancing Quality Programme, both jointly chaired by the Executive Medical Director and Chief Nurse. The reporting structure from 'ward to board' provides the required assurances that our patients receive the high quality, safe care they deserve. The reporting structure is illustrated in Diagram 2:



The Patient Safety Committee (PSC) is overseen by the Executive Team, and meets monthly, providing a reporting and assurance role to the Trust Board's Quality (Assurance) Committee. PSC drives the patient safety and quality agenda across the organisation, being the vehicle to monitor the effectiveness of governance in its widest sense and hold defined specialist areas and the clinical divisions to account.

The Advancing Quality Programme (AQP) is overseen by the Executive Team and meets every other month and like PSC provides a reporting and assurance role to the Trust Quality Committee. AQP drives the strategic quality agenda across the Trust by assuring actions from external programmes such as the Care Quality Commission (CQC) and Get It Right First Time (GIRFT) are agreed and managed appropriately.

The PSC and AQP Annual Work Plans are aligned to that of the Quality Committee. Sub-groups ensure that timely and accurate accounts of quality standards are presented, good practice is recognised and rewarded, risks to the safety of patient care are identified and remedial action taken where required. Most importantly, the sub-groups ensure that lessons are learned and shared across the organisation.

Local governance processes have been strengthened, with effective and constructive discussion at specialty and divisional level common place. Performance and quality metrics have been aligned to

avoid duplication and to provide further assurance that the safety and quality of care is not compromised with the need to meet all necessary activity and financial standards.

Involvement of Governors

Our Council of Governors plays an important role in the delivery of safe, high-quality care. Members of the Governing Body act as observers on the Board committees and are also members of our Forum for Patient Involvement. Governors normally take an active role in our formal and informal visits to wards and departments, and provide an invaluable, impartial and observational perspective on how we conduct business. The Covid-19 pandemic has led to the suspension of these in 2021/22; We have a clear plan to reintroduce these in 2022/23. They have continued to support our Quality Committee ensuring a vital link between the organisation, our members and local communities, and support our engagement and communication activities.

Patient Care: Improvements in patient/carer information

The patient information service continues to provide specific and tailored information, education and support. Information is evidence-based, clinically accurate, up-to-date and written in a way to enable patients and their families/carers to better understand their care and treatment.

Leaflets are stored in an easily accessible patient information library on the Trust's website. Accessibility tools and information on interpreting and translation are available.

The patient information leaflet section on our intranet site helps colleagues in their production of patient information leaflets for their respective specialties/services. As well as a policy and instructions on how to create a new/reviewed leaflet, accessible information and health literacy (including a literacy checker) pages are available to further educate colleagues.

To tackle health equalities, mainly poor health and digital literacy among the local population, we signed the Patient Information Forum (PIF) Health and Digital Literacy Commitment Charter in 2020. Aspiring to become health and digital literacy friendly, accredited training sessions were put in place for Trust staff to learn how to implement techniques to enhance approaches and practice that effectively support people with low levels of health and digital literacy.

To further improve effective patient communication, a pilot is currently in place whereby QR code posters (linking to relevant Trust-approved patient information leaflets) have been produced.

The aim is to get the information patients need directly on to their digital devices where they can access it more easily. These posters will not completely replace direct website downloads or paper copies of leaflets (due to poor digital literacy), they will enhance the service, while also supporting the Trust's Green Plan commitments by reducing use of paper.

Complaint Handling

The Trust is committed to resolving any concerns at the earliest opportunity and this is often achieved through the patient, relative or carer discussing their concerns directly with the team. The Patient Experience Team (PET) is available to provide confidential advice and support to any patient, relative or carer who may not feel comfortable raising their concern with the department/service directly, or where they have done so but their concern remains unresolved. The PET aims to resolve any concerns that are raised with them quickly and informally.

The Trust operates a centralised complaints service, which ensures that a patient-centred approach is taken to the management of complaints and that all complaints received are thoroughly investigated and responded to within a timely manner, usually within 25 working days of receipt.

In addition to the valuable learning and improvements that result from individual concerns or complaints, data is analysed to identify any themes and the intelligence generated is shared across the organisation to drive necessary improvements.

Complaint management was paused during the first wave of Covid-19 following guidance from NHSE to pause for three months. There were additional pauses at the start of 2021 and 2022 due to increase in clinical pressures from the rise in Covid-19 cases. These pauses were to allow staff to concentrate on front-line duties and responsiveness to Covid-19. During these times all complaints were acknowledged and reviewed for any patient safety concerns, safeguarding issues, etc. Where concerns were identified, action was taken in accordance with the complaints policy.

During 2021/22 we received 299 complaints, showing a 17% increase from 2020/21. In the same reporting period, we responded to 39% within the agreed 25 days; in some cases, due to Covid-19 pressures and complexities of the complaint investigations, a revised timescale of 40 working days was agreed with the complainant.

During 2021/22 there were 60 re-opened complaints where there further dialogue was required following an initial response, this is approximately 35% higher than in the same reporting period in 2020/21. Two applications were received from the Parliamentary and Health Service Ombudsman (PHSO) during 2021/22; four cases were not accepted by the PHSO; two were upheld/partly upheld and action plans and learning has been completed. The PHSO currently have five on-going investigations at the time of writing this report. Due to the pause on the acceptance of new health complaints in March 2020, the Trust is aware the PHSO has a significant backlog and therefore anticipate a substantial increase in new PHSO complaints over the next year.

Stakeholder relations

We continue to develop our role within our health and care system and how we will work with our partners to improve the lives of our citizens. We play a leading role in the Nottingham and Nottinghamshire Integrated Care System (ICS), which brings together local NHS services, councils and the voluntary sector with the ambition for people living in Nottingham and Nottinghamshire to live longer, happier, healthier and more independent lives.

The Health and Care Bill, which intends to put Integrated Care Systems on a statutory footing and create Integrated Care Boards (ICBs) as new NHS bodies, is expected to take effect from 1st July 2022. This will enable ICBs to be legally and operationally established.

Under the new legislation all statutory NHS providers are required to be involved in at least one provider collaborative. The Trust has actively supported the development of the Nottinghamshire Provider Collaborative and we are currently working to establish a Provider Collaborative Office, to co-ordinate and drive forward the work of the collaborative and to realise benefits for our patients.

In June 2022 we will welcome our new Director of Strategy and Partnerships, who will help us to develop our partnership working within the ICB and Provider Collaborative, as well as with Place Based Partnerships and Primary Care Networks. Through collaboration we will be able to improve patient care and the health of everyone we serve.

This role will build on strong foundations already in place, as the Trust has a number of senior managers and executives already working regularly with system partners through established forums. We have embraced closer system working and welcome a greater level of transparency and consistency between organisations.

The challenges of the past two year have necessitated further joint working between organisations, particularly in relation to the rollout of the Covid-19 Vaccination Programme. The Trust has taken a lead role in the successful deployment of the programme in Nottinghamshire, providing payroll, IT and rostering support for 2,417 colleagues working in vaccination centres.

We are committed to improving patient experience through responding to stakeholder feedback.

Consultation with local groups and organisations

It has been more important than ever to engage with our communities and stakeholders in 2021-22, to keep them informed and engaged while the Trust has been managing our response to the Covid-19 pandemic.

Many traditional forms of face-to-face engagement haven't been available to us. We have had to be flexible and innovative, relying more on digital channels to stay in contact with groups that we have been actively encouraging to stay away from our hospital sites.

Staying in contact with these groups has been vital though, to help them understand what life has been like at our hospitals, to inform services and to communicate essential public health messages.

We continue to work towards the Trust's Healthier Communities, Outstanding Care for All strategy and this year have continued to engage our citizens and partners through a number of channels.

Through the #TeamSFH website, social media accounts and close working with local digital, print and broadcast media we have continued to keep patients and the wider public informed about what is happening at our hospital sites and supporting everyone to keep safe.

We have continued to use these same channels to celebrate our successes and to share important information about service developments at all our sites.

We have also strengthened our links with Primary Care with regular attendance in each other's key meetings opening channels between GPs and the Trust and we are now part of the Integrated Care Board/Place-based Partnership Communications Group, which meets to share information, knowledge, and best-practice to communicate and engage with the public more effectively.

The Forum for Public Involvement continues to meet virtually each month. The group has more than 40 members and sits across the Mid-Nottinghamshire Integrated Care Partnership footprint. It develops and agrees its own agenda and as a result hears regularly from teams across the Trust, for example, Patient Experience and HR. The group also contributes to key Trust documents.

As a Foundation Trust we have an active and effective Council of Governors. Opportunities for Governors to engage with patients and the public have been limited due to Covid-19 restrictions but as part of wider engagement and through the Mid-Nottinghamshire Place-based Partnership, our Chair of Governors Sue Holmes has been leading efforts to establish more links with community groups with a focus on Priority Places (areas of high deprivation and traditionally low engagement with NHS and social care services).

Starting with the Bellamy Road Estate in Mansfield, this work will help us to better understand these communities' needs and reduce barriers to accessing our services – helping us to deliver outstanding care and, ultimately, leading to healthier communities.

During February we opened nominations for people to become Governors.

As a foundation trust, Governors represent our members' and the public's interests 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.

We had vacancies for 12 public governors covering the different areas we serve. We also had vacancies for three staff governors – one for Newark and two for King's Mill and Mansfield Community Hospitals.

We also have a public Trust Membership of 14,500, which we communicate with monthly, through an e-newsletter which features key news and developments at SFH. We also invite members to take part in key events such as the Annual Meeting and share news through social media.

We continued our focus on engaging and recruiting more young members to the membership, establishing links with our local further education colleges and developing a communications and engagement strategy.

Our Patient Experience Team is often the first point of call for patients with both negative and positive experiences of our services, and they work closely with our divisions to ensure we respond appropriately to individuals. The service has a clear governance process for reporting themes or concerns for oversight and action via our Patient Safety Committee. We respond to comments made via Care Opinion, and regularly share both positive and negative comments on social media, encouraging patients to share their feedback to help us improve.

We continue to meet with our MPs, local politicians and other partners and stakeholders, including district council leaders and Healthwatch representatives.

We are the largest employer in our area by a significant margin and we know that by engaging effectively with our staff (evidenced by our Staff Engagement performance among other measures) we are, by extension, also communicating effectively with our service users and community.

We communicate and engage with #TeamSFH colleagues using a range of channels, including staff briefings across all sites, blogs, a weekly e-newsletter, WhatsApp and a closed Facebook group with more than 3,200 members. Specific networks for ethnic minority disabled and LGBTQ+ colleagues has also all been strengthened.

Paul Robinson
Chief Executive Officer **17th June 2022**

Remuneration Report

Scope of the report

The Remuneration Report summarises our remuneration policy and, particularly, its application in connection with the executive directors. The report also describes how the Trust applies the principles of good corporate governance in relation to directors' remuneration as defined in the NHS FT Code of Governance, in sections 420 to 422 of the Companies Act 2006 and the Directors' Remuneration Report Regulation 11 and Parts 3 and 5 of Schedule 8 of the Large and Medium sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) ('the Regulations') as interpreted for the context of NHS Foundation Trusts, Parts 2 and 4 of Schedule 8 of the Regulations and elements of the Foundation Trust Code of Governance.

Annual Statement on Remuneration from the Chair of the Remuneration Committee

The Remuneration Committee met seven times during the year and key decisions made included the interim arrangements for the Chief Executive and Chief Finance Officer/Deputy Chief Executive, the agreement to ensure the consistency of payments in lieu of notice clause across all employee contacts, the annual review and approval of the Terms of Reference for the committee, the establishment of a Director of Strategy and Partnerships to replace the role of Director of Communications, the recruitment process and timeline for the substantive CEO, Chief Nurse, Chief Operating Officer and Director of People. And the cessation of the agreement to share a Director of Corporate Affairs with Nottinghamshire Healthcare NHS Foundation Trust.

Senior managers' remuneration policy

We must attract, develop and retain executive directors and senior managers of a high calibre to ensure the organisation is well led and able to deliver its strategy and vision.

Executive directors and senior managers receive an annual appraisal, in accordance with our performance management framework. This ensures the performance of the executive directors and senior managers is based on the delivery of objectives as defined within the annual plan.

There are, however, no contractual provisions for performance-related pay for executive directors and senior managers and, as such, no performance related payments were made relating to 2021/22.

Our approach to remuneration is modelled on guidance in The NHS Foundation Trust: Code of Governance and the Pay Framework for Very Senior Managers in the NHS (Department of Health).

The key principles of the approach are that pay and reward are firstly assessed relative to the financial performance of the Trust as a whole, and secondly in line with available benchmarks, including NHS Providers, the NHSE published pay ranges and the wider pay policies of the NHS.

Executive appointments to the Board of Directors continue under permanent contracts.

Governance for the approval of remuneration packages, in line with the policy, is in place through the Remuneration Committee, which considers pay on an individual basis attributed to scope and remit of role. Through the Remuneration Committee, the Board assures itself that salaries are commensurate with other organisations of similar size and complexity. It also considers the nature of the patient, quality and safety challenges to provide assurance that any given salary reflects the degree of responsibility and accountability.

Senior manager remuneration

Set out below are the components of the senior managers' remuneration package. All substantive senior managers receive basic pay and business expenses. They also receive the employer's contribution to the NHS pension scheme where they are eligible to join it.

Relocation expenses are paid in accordance with the Trust's general relocation policy, where an appointee is required to maintain two properties or move their primary residence to take up their position.

	Basic pay	Pension	Business expenses	Relocation Expenses	Clinical Excellence Awards	Personal Responsibility Payments
	All senior managers receive a basic pay element to their remuneration, which is pro-rata for part time staff	The Trust pays employer contributions for all senior managers who are enrolled in the NHS pension scheme. This is a % of pay set by NHS Pensions Authority	Reimbursement of business mileage and subsistence expenses incurred on official duties in line with Agenda for Change: National NHS terms	Up to £5,000 is available to newly appointed senior managers in accordance with the terms of the Trust's general relocation scheme	Payment is only applicable to the Medical Director and is in accordance with the local and national scheme	The Trust pays remuneration to senior managers who have additional system / duties above the expressed duties in the contract of employment. For 2021/22 this relates to the Chief Nurse for support offered to Shrewsbury and Telford NHS Trust with their maternity improvement, the Acting Chief Executive in relation to the additional responsibility associated with undertaking the acting Chief Executive Role, and the Acting Chief Finance Officer in

	Basic pay	Pension	Business expenses	Relocation Expenses	Clinical Excellence Awards	Personal Responsibility Payments
						relation to the additional responsibility associated with undertaking the acting Chief Finance Officer role.
How the component supports short-term and long-term objectives of the Trust	Set at point of recruitment, reviewed using pay benchmarking and other relevant information. Recruiting high-calibre senior managers is crucial to the delivery of the Trust's objectives. Benchmarking takes into consideration other similar medium-sized acute district general hospitals to	Ensure the recruitment / retention of directors of sufficient calibre to deliver the Trust's objectives	Ensure the recruitment / retention of directors of sufficient calibre to deliver the Trust's objectives	Ensure the recruitment / retention of directors of sufficient calibre to deliver the Trust's objectives	Ensure the recruitment / retention of directors of sufficient calibre to deliver the Trust's objectives	Ensure the recruitment / retention of directors of sufficient calibre to deliver the Trust's objectives

	Basic pay	Pension	Business expenses	Relocation Expenses	Clinical Excellence Awards	Personal Responsibility Payments
	ensure salary levels are competitive, but also represent value for money					
How the component operates	Standard monthly pay	Contributions paid by both employee and employer, except for any employee who has opted out of the scheme	Reimbursed as incurred, paid via monthly payroll	Reimbursed as incurred on appointment	Determined by local and national policy	Determined by guidance for approval of senior pay
Maximum payment	Basic pay	Contributions are made in accordance with the NHS Pension Scheme	Expenses incurred on official duties reimbursed	£5,000	Determined by local and national policy	£17,500
Framework used to assess performance	Trust appraisal system	N/A	N/A	N/A	N/A	N/A
Performance measures	Individual objectives agreed as part of appraisal process	N/A	N/A	N/A	N/A	N/A
Performance Period	Annual Appraisal	N/A	N/A	N/A	N/A	N/A

	Basic pay	Pension	Business expenses	Relocation Expenses	Clinical Excellence Awards	Personal Responsibility Payments
Amount paid for minimum level of performance and any further levels of performance	No performance-related payment arrangements	N/A	N/A	N/A	N/A	N/A
Explanation of whether there are any provisions for recovery of sums paid to directors, or provisions for withholding payments	Any sums paid in error may be recovered in accordance with Trust Policy. A performance-related clawback of up to 10% arrangement is in place	N/A	N/A	N/A	N/A	N/A

The senior manager remuneration policy does not provide for automatic annual inflation-related increases. Any such increase needs to be expressly approved by the Remuneration Committee.

The Trust does not have any executive directors or senior managers who are members of a different pension scheme who receive an employer contribution from the Trust as part of their remuneration.

From 1st April 2021, the Committee approved: one director received a 5% pay increase following a review of objectives and recognising national influence, while a further Director received a 10% pay increase associated with undertaking a dual role with a neighbouring NHS organisation. None of these increases exceeded or further exceeded the £150,000 threshold.

In accordance with the NHSE letter to Chairs of all NHS Trusts and NHS Foundation Trusts dated 8th September 2021, there was no annual pay award for Very Senior Managers (VSMs) in 2021/22. In summary the letter recognised that NHS Trusts may from time to time use their discretion to make exceptional pay awards to acknowledge exceptional performance. The advice from the NHS People Officer is that if local Remuneration Committees are considering making exceptional pay awards any money spent on non-consolidated awards must come from existing budgets, and these should not exceed 2% of the VSM pay bill. In addition, the letter identified individuals should not receive a non-consolidated pay award which exceeds 5% of their reckonable pay pot and organisations must be mindful of the constraints on the Agenda for Change framework with the cap at 3%. The letter also clarified that if any VSM pay exceeds £150,000 or further exceeds the £150,000 threshold following a pay review ministerial comment/approval is required. Following a benchmarking exercise, the Remuneration Committee recommendation was that the executive directors did not receive an annual pay increase in 2021/22.

During the year Non-Pensionable Personal Responsibility payments have been paid to directors where they have taken on additional responsibilities over and above their substantive role and usually outside of their employing organisation

Senior managers paid more than £150,000 per annum

Where a senior manager is paid more than £150,000 per annum, the Remuneration Committee has taken robust steps to provide assurance that this remuneration is reasonable. This is done by applying the principles of good corporate governance as described in the NHS FT Code of Governance, in Sections 420 to 422 of the Companies Act 2006 and the Directors' Remuneration Report Regulation 11 and Parts 3 and 5 of Schedule 8 of the Large and Medium sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) (the Regulations) as interpreted for the context of NHS Foundation Trusts, Parts 2 and 4 of Schedule 8 of the Regulations. In addition, benchmark information is used, particularly that appertaining to the NHS, such as remuneration surveys conducted and supplied by NHS providers and NHSEI's published pay ranges.

The Remuneration Committee also seeks approval from HM Treasury, NHSE-I, the Department of Health and the Minister of State for Health for salaries that exceed £150,000 per annum, as required by NHS Improvement's guidelines on pay for very senior managers in NHS Trusts and Foundation Trusts.

Since June 2015, any salary approved in excess of £150,000 is subject to a 10% earn-back in the event of under-performance of the post-holder.

Non-Executive Directors' remuneration

Fee	Car allowance	Pension	Business expenses	Relocation Expenses
All Non-Executive Directors received a fee	Not applicable	Not applicable	Refund of business mileage and subsistence expenses incurred on official duties in line with Agenda for Change: National NHS terms	Not applicable

The remuneration for Non-Executive Directors has been determined by the Council of Governors and is set at a level to recognise the significant responsibilities of non-executive directors in NHS Foundation Trusts, and to attract individuals with the necessary experience and ability to make an important contribution to the Trust's affairs.

Non-Executive Directors each have terms of no more than three years and can serve two concurrent terms (no more than six years), dependent on formal assessment and confirmation of satisfactory on-going performance. Non-executive directors can apply for a third term if the Council of Governors is in agreement.

Their remuneration framework, as agreed previously by the Council of Governors, is consistent with best practice and external benchmarking, and remuneration during 2021/22 has been consistent with that framework. Benchmarking is provided via the NHS provider annual remuneration survey. There were no cost-of-living increases applied for non-executive directors during 2021/22.

None of the Non-Executive Directors are employees of the Trust; they receive no benefits or entitlements other than fees and expenses incurred while on Trust business and are not entitled to any termination payments. The Council of Governors as a whole determines the terms and conditions of the Non-Executive Directors.

The Trust does not make any contribution to the pension arrangements of Non-Executive Directors. Fees reflect individual responsibilities, including chairing the committees of the Board, with all Non-Executive Directors otherwise subject to the same terms and conditions.

The balance of the Board complies with the Code of Governance, which requires that at least half the Board of Directors, excluding the Chair, should comprise Non-Executive Directors determined by the Board to be independent, and our constitution, which states the number of executive Directors is less than the number of Non-Executive Directors. There are six Non-Executive Directors, excluding the Chair, and five voting Executive Directors including the Chief Executive.

Termination payments for senior managers and policy on payment for loss of office

Termination payments for senior managers are contained in the contract of employment regarding notice periods. Notice periods set out under senior managers' substantive employment contracts are in line with statutory requirements. Interim contractors and fixed-term senior managers have a notice period of one month.

Entitlements to severance payments are in line with those of other employees within the Trust, namely those provisions contained in section 16 of Agenda for Change: National NHS terms. This is based on length of continuous and reckonable NHS service and basic pay. The basic pay element had a salary cap of £80,000 during 2021

Statement of consideration of employment conditions elsewhere in the Foundation Trust

We do not consult with employees when setting our senior manager remuneration policy. The pay and conditions of other Trust employees, however, were considered. All other national NHS terms are mirrored for Trust senior managers, including annual leave and sick pay.

In accordance with the policy on diversity and inclusion the remuneration committee ensures that in terms of the constitution of the board and with regards to pay and remuneration decisions are made in accordance with the principles of this policy. This links to the Trust's strategy in terms of recruiting and retaining the right people.

Annual Report on Remuneration (not subject to audit)

Senior manager remuneration

Name	Title	Start Date	Expiry	Notice Period
Richard Mitchell	Chief Executive	01/07/017	01/10/2021	6 months
Paul Robinson	(Acting) Chief Executive	02/10/2021	31/03/2022	6 months
Paul Robinson	Chief Financial Officer	23/03/2015	02/10/2021	6 months
Simon Barton	Chief Operating Officer	01/01/2018		6 months
Shirley A Higginbotham*	Director of Corporate Affairs	04/04/2013		6 months
Lorna Branton**	Director of Communications	16/11/2020		3 months
Marcus Duffield	Interim Associate Director of Communications	20/10/2021		3 months
Clare Teeney*	Director of People	02/09/2019		6 months

Emma Challans	Director of Culture & Improvement	09/12/2019		6 months
Julie Hogg	Chief Nurse	09/12/2019		6 months
Dr David Selwyn	Medical Director	09/12/2019		6 months
Richard Mills	Interim Chief Finance Officer	01/10/2021		3 months

*Joint appointment with Nottinghamshire Healthcare NHS Foundation Trust.
** On external secondment

Non-Executive Directors' remuneration

Service Contracts

Senior managers' service contracts do not contain any obligation on the Trust.

Name	Title	Start Date	Expiry	Notice Period
John MacDonald	Non-Executive Director (Chair)	01/03/2017	31/07/2021	1 month
Claire Ward	Non-Executive Director (Chair)	01/10/2021	30/09/2024	1 month
Claire Ward	Non-Executive Director	01/05/2013	30/09/2021	1 month
Tim Reddish	Non-Executive Director	08/07/2013	31/10/2021	1 month
Neal Gossage	Non-Executive Director	10/05/2015	30/04/2022	1 month
Graham Ward	Non-Executive Director	01/12/2015	30/11/2022	1 month
Barbara Brady	Non-Executive Director	01/10/2018	30/09/2024	1 month
Manjeet Gill	Non-Executive Director	01/11/2018	31/10/2024	1 month
Steven Banks	Non-Executive Director	01/12/2021	30/11/2024	1 month
Dr Aly Rashid	Non-Executive Director	10/01/2022	09/01/2025	1 month
Dr Andrew Haynes	Specialist Non-Executive Advisor to the Board	19/04/2021	18/04/2022	1 month

Major decisions on senior managers' remuneration

The remuneration of senior managers was reviewed in 2021/22 as there were a number of changes in senior manager appointments and the roles of senior managers.

Substantial changes to senior managers' remuneration during the year and the context for these

Changes in remuneration were made as a consequence of extended duties outside of the organisation and relevant benchmarking data was considered when making these payments.

Payments for loss of office

No payments for loss of office were made during 2021/22.

Payments to past senior managers

No payments to past senior managers were made during 2021/22, or to any individual who was not a senior manager during the financial year but has previously been a senior manager at any time.

Remuneration and Nominations Committees

We have two remuneration and nominations committees: one which serves as a committee of the Board and is responsible for recruiting and appointing the Chief Executive and executive directors; and the other which serves as a committee of the Council of Governors and is responsible for recruiting and appointing the Chair and Non-Executive Directors and approving the appointment of the Chief Executive.

Our Board appoints the Remuneration and Nominations Committee, its membership comprises only Non-Executive Directors. The committee meets to determine, on behalf of the Board, the remuneration strategy for the organisation, including the framework of executive and senior manager remuneration.

The following Non-Executive Directors have served on the committee, which has met seven times during the year:

Name	**Meetings attended out of possible total**
Graham Ward (Chair of Committee) from May 2021	7/7
Claire Ward (Chair of Committee) to May 2021	1/1
Barbara Brady	5/6
Manjeet Gill	5/7
Neal Gossage	1/1
Dr Aly Rashid	1/2
Steve Banks	1/1

The committee also invited the assistance of our Chief Executive (Richard Mitchell) and (Paul Robinson), the Company Secretary (Shirley A Higginbotham), Director of People (Clare Teeney) and the Deputy Director of People (Rob Simcox). None of these individuals, nor any other executive or senior manager, participated in any decision relating to their own remuneration.

Our Council of Governors appoints the Remuneration and Nominations Committee, its membership comprises of the Chair and public, staff and appointed governors. The Committee meets to determine, on behalf of the Council of Governors, the remuneration for the Chair and Non-Executive Directors, the composition of the Board regarding skills and experience, and to agree the recruitment process for the Chair and Non-Executive Directors.

During the year, the following have served on the Committee, which has met five times:

Name	Meetings attended out of possible total
Sue Holmes (Lead Governor)	5/5
Martin Stott (Public Governor)	5/5
Roz Norman (Staff Governor)	4/5
Lawrence Abrams (Public Governor)	3/5
Philip Marsh (Public Governor)	5/5
Michael Brown (Appointed Governor)	0/1

The Committee also invited the assistance of our Company Secretary (Shirley A Higginbotham) our Senior Independent Director (Tim Reddish) and our Chair (Claire Ward). Neither they, nor any other executive or senior manager, participated in any decision relating to their own remuneration.

The Committee successfully recommended the following to the Council of Governors for approval the:

- Re-appointment of Non-Executive Directors who had reached the end of their tenure,
- Chair's appraisal and objectives
- Objectives for the interim Chair
- Process for the recruitment of a substantive chair and Non-Executive Directors
- Renewal of the specialist advisor role to the Board
- Objectives for the Non-Executive Directors
- Appointment of the Vice Chair

Disclosures required by Health and Social Care Act

Governor and Director Expenses

During the year the total number of Directors who served on our Board was 21 and the number of Governors serving on our Council of Governors totalled 27 during the year. We reimbursed expenses incurred in respect of Trust business as follows:

Directors		**Total paid 2021/2022 £'00**	**Total paid 2020/2021 £'00**
John MacDonald	Chair	6.70	9.80
Claire Ward	Non-executive director	0	0
Tim Reddish	Non-executive director	0	0
Neal Gossage	Non-executive director	0	0.30
Graham Ward	Non-executive director	0	0
Barbara Brady	Non-executive director	0	1.00
Manjeet Gill	Non–executive director	0	0
Steve Banks	Non–executive director	0	N/A
Dr Aly Rashid	Non–executive director	0	N/A
Richard Mitchell	Chief Executive	21.85*	66.51*
Julie Hogg	Chief Nurse	0	0
Clare Teeney	Director of People	0	0
Emma Challans	Director of Culture and Service Improvement	0.60	4.74
Simon Barton	Chief Operating Officer	0	0
Dr Andrew Haynes	Medical Director	0	0
Dr David Selwyn	Medical Director	0	0
Paul Robinson	Chief Financial Officer / Deputy CEO - Chief Executive Officer	1.30	0.90
Shirley Higginbotham	Director of Corporate Affairs	0	0
Robin Smith	Head of Communications	0	0
Marcus Duffield	Interim Associate Director of Communications	0	0
Lorna Branton	Director of Communications	0.10	0
	TOTAL	**30.60**	**83.30**

*includes items for staff health and wellbeing

Governors	Constituency	Area	Total 2021/22 £'00	Total 2020/21 £'00
Ann Mackie	Public Governor	Newark and Sherwood	No claim	No claim
Ian Holden	Public Governor	Newark and Sherwood	No claim	No claim
John Doddy	Appointed Governor	Nottinghamshire County Council	No claim	N/A
John Wood	Public Governor	Mansfield	No claim	No claim
Kevin Stewart	Public Governor	Ashfield	No claim	No claim
Martin Stott	Public Governor	Newark and Sherwood	No claim	No claim
Roz Norman	Staff Governor	King's Mill and Mansfield	No claim	No claim
Susan Holmes	Public Governor	Ashfield	No claim	0.08
Valerie Bacon	Public Governor	Derbyshire	N/A	No claim
Belinda Salt	Public Governor	Mansfield	N/A	No claim
Ben Clarke	Staff Governor	King's Mill and Mansfield	No claim	No claim
Brian Bacon	Public Governor	Derbyshire	N/A	No claim
Craig Whitby	Appointed Governor	Mansfield District Council	No claim	No claim
David Walters	Appointed Governor	Ashfield District Council	No claim	No claim
Dean Whelan	Public Governor	Mansfield	No claim	No claim
Gerald Smith	Public Governor	Mansfield	No claim	0.20
Jacqueline Lee	Staff Governor	Newark	No claim	No claim
Jayne Revill	Staff Governor	King's Mill and Mansfield	No claim	No claim
Lawrence Abrams	Public Governor	Rest of East Midlands	0.70	No claim
Michael Brown	Appointed Governor	Newark and Sherwood District Council	No claim	No claim
Nikki Slack	Appointed Governor	West Notts College	No claim	No claim
Philip Marsh	Public Governor	Ashfield	No claim	No claim
David Ainsworth	Appointed Governor	Local Commissioning Group	No claim	N/A
Linda Davies	Appointed Governor	Newark and Sherwood District Council	No claim	N/A
Richard Boot	Staff Governor	Newark	No claim	No claim
Maxine Huskinson	Public Governor	Ashfield	No claim	N/A
Nadia Whitworth	Appointed Governor	Sherwood Forest Hospitals Volunteers	No claim	N/A
TOTAL			**0.70**	**0.28**

Annual Report on Remuneration (subject to audit)

Senior Managers Disclosure

	2021/22						2020/21					
Name and title	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefit (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefit (bands of £2,500)	Total
	£'000	£	£'000	£'000	£'000	£'000	£'000	£	£'000	£'000	£'000	£'000
Executive Directors												
Mr R Mitchell (Chief Executive Officer) (1)	105 - 110	2,200	0	0	0	105 - 110	180 - 185	6,700	0	0	48 - 50	235 - 240
Mr P Robinson (Chief Executive Officer) (2)	165 - 170	100	0	0	0	165 - 170	100 - 105	100	0	0	0	100 - 105
Ms J Hogg (Chief Nurse) (3)	135 - 140	0	0	0	0	135 - 140	130 - 135	0	0	0	0	130 - 135
Mr S Barton (Chief Operating Officer)	135 - 140	0	0	0	35 - 37.5	170 - 175	135 - 140	0	0	0	23 - 25	155 - 160
Dr D Selw yn (Executive Medical Director) (4)	165 - 170	0	0	0	52.5 - 55	220 - 225	160 - 165	0	0	0	0	160 - 165
Mr R Mills (Acting Chief Financial Officer) (5)	65 - 70	0	0	0	32.5 - 35	95 - 100	N/A	N/A	N/A	N/A	N/A	N/A
Non voting members												
Ms S Higginbotham (Director of Corporate Affairs) (6)	110 - 115	0	0	0	20 - 22.5	130 - 135	110 - 115	0	0	0	20 - 22.5	130 - 135
Ms C Teeney (Director of People (HR) (7)	15 - 20	0	0	0	10 - 12.5	25 - 30	15 - 20	0	0	0	35 - 37.5	50 - 55
Ms E Challans (Director of Culture and Improvement) (8)	110 - 115	100	0	0	0	115 - 120	110 - 115	500	0	0	0	110 - 115
Ms L Branton Head of Communications) (9)	30 - 35	0	0	0	5 - 7.5	35 - 40	30 - 35	0	0	0	20 - 22.5	50 - 55
Mr M Duffied (Head of Communications) (10)	40 - 45	0	0	0	2.5 - 5	45 - 50	N/A	N/A	N/A	N/A	N/A	N/A
Mr R Smith Acting Head of Communications) (11)	N/A	N/A	N/A	N/A	N/A	N/A	40 - 45	0	0	0	25 - 27.5	65 - 70
Mr P Wozencroft (Director of Strategic Planning and Commercial Development) (12)	N/A	N/A	N/A	N/A	N/A	N/A	75 - 80	0	0	0	0	75 - 80
Ms Kerry Beadling-Barron (13)	N/A	N/A	N/A	N/A	N/A	N/A	25 - 30	0	0	0	5 - 7.5	30 - 35
Non-Executive Directors												
Mr J MacDonald (Chair) (14)	0 - 5	0	0	0	0	0 - 5	50 - 55	1,000	0	0	0	50 - 55
Ms C Ward (Chair) (15)	45 - 50	0	0	0	0	45 - 50	N/A	N/A	N/A	N/A	N/A	N/A
Mr T Reddish (16)	5 - 10	0	0	0	0	5 - 10	15 - 20	0	0	0	0	15 - 20
Ms C Ward	0 - 5	0	0	0	0	0 - 5	10 - 15	0	0	0	0	10 - 15
Mr G Ward	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
Mr N Gossage	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
Ms B Brady	10 - 15	0	0	0	0	10 - 15	10 - 15	100	0	0	0	10 - 15
Ms M Gill	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Dr A Rashid (17)	0 - 5	0	0	0	0	0 - 5	N/A	N/A	N/A	N/A	N/A	N/A
Mr S Banks (18)	0 - 5	0	0	0	0	0 - 5	N/A	N/A	N/A	N/A	N/A	N/A
Dr A Haynes (Specialist Advisor to the Board) (19)	10 - 15	0	0	0	0	10 - 15	N/A	N/A	N/A	N/A	N/A	N/A

Notes (2021/22)

1 - Mr R Mitchell CEO Resigned 3rd Oct 21 (Chair of the East Midlands Cancer Alliance, 2 days per month from Nov 19). Chose not to be covered by the pension arrangements during the reporting year
2 - Mr P Robinson (Acting) CEO from 4th Oct 21, CFO to 3rd Oct 21 (Interim Director of Finance, Nottinghamshire ICS 2
3 - Ms J Hogg Appointed Chief Nurse 9th Dec 2019. Chose not to be covered by the pension arrangements during the
4 - Dr D Selwyn Appointed Medical Director 9th December 2019. 2 programme activities per week for the Royal College of
5 - Mr R Mills (Acting) CFO from 4th Oct
21
6 - Ms S Higginbotham (Director of Corporate Affairs / Company Secretary dual role with Nottinghamshire Healthcare NHS Foundation Trust from 1st Oct 2020. Total salary across both organisations £121,100
7 - Ms C Teeney Appointed Director of People (HR) 2nd Sep 2019 dual role with Nottinghamshire Healthcare NHS foundation Trust. Total salary across both organisations £146,300.
8 - Ms E Challans Chose not to be covered by the pension arrangements during the reporting year
9 - Ms L Branton seconded to NHS Digital 1st Nov 21
10 - Mr M Duffield Appointed Head of Communications 20th Oct 21
11 - Mr R Smith, Acting Head of Communications from 1st May 2019 to 30th Nov 20.
12 - Mr P Wozencroft, Retired 30th Sep 20. (Incl Arrears and Lieu of notice)
13 - Ms K Beadling-Baron assigned to work for Nottinghamshire ICS from 1st May 2019 and resigned 31st Jul 20.
14 - Mr J MacDonald, Seconded to University University Hospitals of Leicester 17th Apr 21 & Chair of Joined up Care Derbyshire ICS. Resigned as Chair for Sherwood Forest Hospitals NHS Foundation Trust 17th Jun 21
15 - Ms C Ward, Appointed Chair for Sherwood Forest Hospitals NHS Foundation Trust 17th April 21
16 - Mr T Reddish, Resigned Non Executive Director 31st Oct 21
17 - Dr A Rashid, Appointed Non Executive Director 10th Oct 21
18 - Mr S Banks, Appointed Non Executive Director 1st Dec 21
19 - Dr A Haynes Appointed Specialist Advisor to the Board 19th Apr 21. Chose not to be covered by the pension arrangements during the reporting year

Expenses relate to travel/subsistence claims which may be taxable dependent on value/type

Pensions-related benefit is disclosed for each senior manager based on their time in post as Director.

Notes (2020/21)

1 - Mr R Mitchell (Chair of the East Midlands Cancer Alliance, 2 days per month from Nov 19).
2 - Mr P Robinson (Director of Finance, Nottinghamshire ICS 2 days per week from 12th Dec 19).
3 - Ms J Hogg appointed Chief Nurse 9th Dec 2019. Opted out of the Pension scheme 31st Jan 2020
4 - Dr D Selwyn Appointed Medical Director 9th December 2019. 2 programme activities per week for the Royal College of
5 - Ms S Higginbotham (Director of Corporate Affairs / Company Secretary dual role with Nottinghamshire Healthcare NHS Foundation Trust from 1st Oct 2020. Total salary across both organisations £110,200
6 - Ms C Teeney appointed Director of People (HR) 2nd Sept 2019 dual role with Nottinghamshire Healthcare NHS foundation Trust. Total salary across both organisations £119,200.
7 - Ms L Branton appointed Director of Communications from 16th Nov 20 & lead for the mid-Notts Integrated Care Partnership
8 - Mr R Smith, Acting Head of Communications from 1st May 2019 to 30th Nov 20.
9 - Mr P Wozencroft, Retired 30th Sep 20. (Incl Arrears and Lieu of notice)
10 - Ms K Beadling-Baron assigned to work for Nottinghamshire ICS from 1st May 2019 and left 31st Jul 20.
11 - Ms S Banks Retired 31st Dec 2019.
12 - Dr A Haynes appointed to Nottinghamshire ICS (Executive Medical Director) 9th Dec 19 .
13 - Ms J Bacon, Retired 31st Dec 19 (Incl Arrears and Lieu of notice)
14 - Mr J MacDonald, Chair for Sherwood Forest Hospitals NHS Foundation Trust & Chair of Joined up Care Derbyshire ICS)

Expenses relate to travel/subsistence claims which may be taxable dependent on value/type
Pensions-related benefit is disclosed for each senior manager based on their time in post as Director.

Pension disclosure

Name and Title		Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employer's contribution to stakeholder pension
Executive Directors		**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Mr R Mitchell	***	0	0	0	0	0	0	0	0
Ms J Hogg	**	0	0	0	0	0	0	0	0
Mr S Barton	*	3 - 5	0 - 2.5	35 - 40	60 - 65	556	27	605	0
Dr D Selwyn		3 - 5	7.5 - 10	70 - 75	210 - 215	1658	0	0	0
Mr R Mills	*	0 - 2.5	0 - 2.5	20 - 25	30 - 35	203	17	254	0
(nee Clarke)	*	0 - 2.5	0	25 - 30	0	362	7	405	0
Ms C Teeney	*	0 - 2.5	0	60 - 65	0	812	18	870	0
Ms L Branton	*	0 - 2.5	0	10 - 15	0	106	1	121	0
Mr M Duffield		0 - 2.5	0	0 - 5	0	41	0	52	0

2020/21

Name and Title		Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2020	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	Employer's contribution to stakeholder pension
Executive Directors		**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Mr R Mitchell	*	3 - 5	-3 - 0	40 - 45	70 - 75	516	25	567	0
Ms J Hogg	**	0	0	0	0	0	0	0	0
Mr S Barton	*	0 - 2.5	-3 - 0	30 - 35	60 - 65	514	16	556	0
Dr D Selwyn		-3 - 0	-3 - 0	65 - 70	200 - 205	1602	11	1658	0
(nee Clarke)	*	0 - 2.5	0	20 - 25	0	318	16	362	0
Ms C Teeney	*	0 - 2.5	0	60 - 65	0	711	35	812	0
Ms L Branton	*	0 - 2.5	0	10 - 15	0	61	12	106	0
Mr R Smith		0 - 2.5	0	0 - 5	0	26	3	40	0
Mr P Wozencroft	*	-5 - -3	-15 - -13	30 - 35	65 - 70	824	-4	648	0
Ms K Beadling-Barron	*	0 - 2.5	0 - 2.5	15 - 20	25 - 30	169	20	219	0

Notes

* These members' pension entitlements relate to the total values under two different NHS schemes

** Ms J Hogg chose not to be covered by the pension arrangements during the reporting year. Involvement in the NHS pension scheme terminated from Feb 20

*** Mr R Mitchell chose not to be covered by the pension arrangements during the reporting year. Involvement in the NHS pension scheme terminated from Jan 21

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Fair Pay Multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the Foundation Trust in the financial year 2021-22 was £205,000 - £210,000 (2020-21 was £205,000 - £210,000. This is a change in salary between years of 0.0%. No employees (2020-21, 0) received remuneration in excess of the highest-paid director.

For all employees of the trust as whole the remuneration ranged from £8,603 to £207,600 (2020-21, £8,320 to £206,000). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 2.84%.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The median remuneration is based on annualised, full-time equivalent remuneration of all employees as at the reporting date. This has been calculated excluding any enhancements or overtime payments. This calculation does not include the impact of payments made to agency staff in post at year end. We are working on collating this information to include in the disclosure in future years.

There were no agency Board members at 31 March 2022.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the

highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

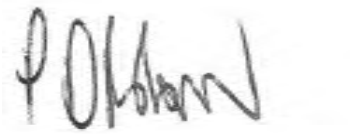
2021/22	25th Percentile	Median	75th Percentile
Salary Component of Pay	20,330	27,780	39,027
Total benefits excluding pension benefits	20,330	27,780	39,027
Pay and benefits: Pay ratio for highest pay director	10.3	7.5	5.3

Related party transactions

No related party transactions have been identified from a review of the register of interests.

Compliance statement

In compliance with the UK Directors Remuneration Report Regulations 2002, the auditable part of the remuneration report comprises executive Director's remuneration and Non-Executive Directors fees.



Paul Robinson
Chief Executive Officer **17th June 2022**

Staff Report

The largest group employed by us is nursing, midwifery and health visiting staff, followed by administration and estates staff, then healthcare assistants and other support staff, and medical and dental staff. The smallest group is those employed as healthcare science staff.

Our average workforce numbers from 1 April 2021 to 31 March 2022 are:

Average number of persons employed (Whole Time Equivalent) Subject to Audit

		2021/22		2020/21
	Total	Permanent	Other	Total
Medical and dental	**707**	634	73	**673**
Ambulance	**2**	2		**4**
Administration and estates	**1,150**	1,150		**1,086**
Healthcare assistants and other support staff	**1,017**	1,017		**1,035**
Nursing, midwifery and health visiting staff	**1,483**	1,299	184	**1,336**
Nursing, midwifery and health visiting learners	**26**	26		**0**
Scientific, therapeutic and technical staff	**391**	373	18	**394**
Healthcare science staff	**147**	147		**129**
Other	**37**	37		**10**
Total average numbers	**4,960**	**4,685**	**275**	**4,667**
Of which:				
Number of employees (WTE) engaged on capital projects	**2**	2		**1**

Although only two full time members of staff are employed to permanently manage capital, other staff costs have been incurred and capitalised relating to specific 2021/22 capital projects.

The permanent WTEs numbers disclosed are based on the average number of monthly employees. This is different to the methodology set out in the FT ARM which is calculated based on weekly numbers.

Breakdown of staff (actual headcount at 31 March 2022)

	Male	Female	Total
Director	8	6	14
Other Senior Manager	86	177	263
Employee	1012	4223	5235
Grand Total	**1106**	**4406**	**5512**

Staff Costs- Subject to audit

	Total	Permanent	Other	Total
	31-Mar-22	31-Mar-22	31-Mar-22	31-Mar-21
	2021/22	2021/22	2021/22	2020/21
Salaries and wages	218,926	218,926	0	197,025
Social security costs	23,021	23,021	0	20,409
Apprenticeship levy	1,102	1,102	0	972
Pension cost - employer contributions to NHS pension scheme	23,655	23,655	0	21,133
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	10,342	10,342	0	9,089
Pension cost - other*	179	179	0	0
Other post employment benefits	0	0	0	0
Other employment benefits	0	0	0	0
Termination benefits	0	0	0	0
Temporary staff - external bank	0	0	0	0
Temporary staff - agency/contract staff	16,885		16,885	15,160
TOTAL GROSS STAFF COSTS	**294,110**	**277,225**	**16,885**	**263,788**
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	0	0	0	0
Recoveries from other bodies in respect of staff cost netted off expenditure	0	0	0	0
TOTAL STAFF COSTS	**294,110**	**277,225**	**16,885**	**263,788**
Included within:				
Costs capitalised as part of assets	231	308	0	308

Sickness absence

Information regarding our sickness absence data is published by NHS Digital at: **https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates**

Health and Safety at Work 2021/22

The Trust recognises the importance of ensuring the health, safety and well-being of all Trust employees as enshrined in the NHS Constitution. The Trust strives to provide all colleagues with a healthy and safe working environment.

The Trust's health and safety team works collaboratively with different organisations, line managers, specialist teams and individuals to secure the health and safety of staff, patients, visitors and contractors. This is in keeping with the ethos of the Health and Safety at Work etc. Act 1974, which recognises that everybody needs to play their part in ensuring that all who come in to contact with the work activities of the Trust are kept safe.

The Trust encourages divisional management teams and staff-side representatives to work in partnership to ensure that all parties are engaged in health and safety management across the organisation.

The Trust's Health and Safety Group acts as the main mechanism for consultation on work-related health and safety matters. This forum reports to the Risk Committee which is chaired by the Chief Executive. The Health and Safety Group also works closely with the Health and Wellbeing group, the Estates Governance Group and the Infection Prevention and Control Committee to ensure that the full range health and safety related risks are properly identified, and suitable and sufficient controls are put in place.

In line with other services 2021/22 has been a very busy year with the spotlight on keeping colleagues as safe as reasonably practicable from the SARS-Cov2 Virus. The Health and safety Team has been working closely with colleagues and the staff-side on issues such as Respirator fit testing, PPE specification, risk assessments, signage and cleaning practices.

In August 2021 HSE inspectors spent three days at the Trust conducting a proactive inspection of the Trust's management arrangements for reducing the risk of staff suffering injury due to violence and aggression or from musculoskeletal disorders (MSDs. The inspectionwas comprehensive, and all parties involved gained valuable learning from the inspection. HSE did not take any enforcement action against the Trust.

The Trust uses a range of both reactive and proactive measures to monitor health and safety performance. One measure adopted is the rate of non-fatal injuries occurring that require reporting to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

In 2021/22 The Trust reported 14 staff injuries (17 in the previous year) and zero patient injuries under the reporting requirements of RIDDOR. On average the Trust headcount for 201/22 was 5,402 (5,308 in previous year) excluding bank and agency staff. The Trust's rate of RIDDOR reportable non-fatal injury per 100,000 employees was 259 against a reported latest national average rate for the human health activities sector of 314 non-fatal injuries per 100,000 employees. The Trust's rate of injuries in 2020/21 was 320 against a national average of 350 non-fatal injuries per 100,000 health care workers.

In line with both local and national health and safety priorities the work plan for the coming year will focus on improving staff wellbeing, with a focus on work-related musculoskeletal disorders, and the prevention of work-related violence and aggression.

Staff policies and actions applied during the financial year

We follow a clear governance structure for the approval and ratification of policies and procedures for matters relating to current and prospective staff members. Each policy document has a complete Equality Impact Assessment covering all relevant equality strands. This ensures that we are able to mitigate any possible areas of direct or indirect discrimination as part of the approval and ratification process.

The associated people related policies capture aspects from the commencement of employment, identifying relevant statutory and mandatory training, and ensuring development to support career progression. Our policies also establish minimum expectations in relation to conduct, behaviour and performance, as well as supportive approaches to allow staff members to raise matters of concern in a safe and protected way.

We continue to operate fair recruitment practices to ensure equal access to employment opportunities for all. We have been awarded 'Disability Confident Employer' status which supports the Trust to make the most of the talents disabled people can bring to the workplace.

This is used on our recruitment material to show we encourage applications from applicants with disabilities. As an employer this status means we are committed to the following:

- Interviewing all applicants with a disability who meet the essential criteria for a job vacancy
- Supporting and empowering staff on an annual basis to declare any disabilities via wellbeing conversations to support development and use abilities at work.
- Making every effort when employees become disabled to make sure they stay in employment
- Taking action to ensure that all employees develop the appropriate level of disability awareness
- Reviewing these commitments every year and assessing what has been achieved, planning ways to improve on them and letting employees and Jobcentre Plus know about progress and future plans

We continue to be a signatory to the Charter for Employers who are Positive about Mental Health, reflecting the general philosophy of the Mindful Employer Charter which helps us to support staff who experience mental ill health. This has also been supported through the embracing the Time to Change agenda with focus of supporting employees with the opportunities to talk about the mental health.

Information to be published under Regulation 8 revised Trade Union (Facility Time Publication Requirements) Regulations 2017

Table 1: Relevant union officials

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
41	**34.37**

Table 2: Percentage of time spent on facility time

How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	**23**
1-50%	**15**
51%-99%	**0**
100%	**3**

Table 3: Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First Column	Figures
Provide the total cost of facility time	99,918.12
Provide the total pay bill	277,225,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.36%

Table 4: Paid trade union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	5.1%

Expenditure on consultancy

Consultants have been used where specific expertise is required which is not available in- house or where the capacity to complete a time limited exercise does not exist. Consultancy has been used in year for one Executive level appointment. We spent £0.187m on consultancy during the year, (2020/21 £0.125m).

Off-payroll engagements

The following tables disclose the number of staff with a significant influence over the management of the organisation where payment has been made directly to these staff or their companies, rather than via the Trust payroll.

Table 1: For all off-payroll engagements as of 31 March 2022, for more than *£245* per day and that last for longer than six months

Number of existing engagements as of 31 March 2022	0
Of which...	
No. that have existed for less than one year at time of	0
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2021 and 31 March 2022, for more than *£245* per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2021 and 31 March 2022	0
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022	
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	0

Process for off-payroll arrangements

Our policy is to avoid the use of off-payroll arrangements for engaging highly paid employees. The only event in which they are used, exceptionally, is where there is a business need to secure skilled expertise we do not currently have for a specific short-term purpose within a defined timescale, and where for whatever reason it is not feasible to engage someone as a direct employee. We have robust recruitment processes in place, including exploring framework providers in the first instance, to minimise any potential need for off payroll requirements.

Should appointments be made, they will be retained only for the minimum possible time until the requirement for the work is concluded, or a permanent recruitment has been secured. Any off-payroll engagement is subject to approval by a board member based on a clear case of need and is followed up to ensure that the arrangement has been concluded within the expected timescale.

Exit packages (subject to audit)

	2021/22			2020/21		
	Number of Compulsory Redundancies	Number of Other Departures agreed	Total Number of exit Packages by Cost Band	Number of Compulsory Redundancies	Number of Other Departures agreed	Total Number of exit Packages by Cost Band
<£10,000	0	0	0	0	0	0
£10,001 - £25,0000	0	0	0	0	5	5
£25,001 - £50,000	0	1	1	2	1	3
£50,001 - £100,000	0	0	0	0	1	1
£100,001 - £150,000	1	0	1	0	0	0
£150,001 - £200,000	0	0	0	0	1	1
>£200,000	0	0	0	0	0	0
Total number of packages by type	1	1	2	2	8	10
Total resource used	135	37	172	70	338	408

	2020/21		2019/20	
	Agreements Number	**Total Value of Agreements £000**	**Agreements Number**	**Total Value of Agreements £000**
Voluntary redundancies including early retirement	0	0	2	70
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirement in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	2	172	6	298
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non contractual payments requiring HMT approval	0	0	2	40
Total	2	172	10	408
Of which:				
non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

Staff Survey

National Staff Survey

Staff Experience and Engagement

During 2021/22 Covid-19 continued to challenge our people. As part of our response, the HR, training and education, wellbeing, engagement, and organisational development teams have worked closely to deliver collaborative support to teams across the organisation. Based upon the NHS People Plan and NHS People Promises, a three-year joint People, Culture and Improvement Strategy has been developed for 2022/23 onwards. The work undertaken in 2021/22 has helped to shape this strategy and identified key priorities around staff engagement and support, with a view that the new strategy will further develop and improve our organisational culture. We want empower our people by giving them the knowledge, skills and tools to improve our culture and provide high quality care to our patients.

Each year the Trust Cultural Improvement action plan is refreshed and has specifically focused on improving themes from our annual staff survey and quarterly Pulse Surveys (previously Staff Friends and Family Tests). Evidence from our National Staff Surveys, quarterly Pulse Surveys, Freedom to Speak Up Guardian and HR workforce data indicates that many of our HR, Improvement, People Development and Organisational Development (OD) initiatives have contributed to improving our culture.

Engagement with staff and wellbeing offers were strengthened during the Covid-19 pandemic. This included regular communication updates with colleagues (sometimes even daily), the creation of a wellbeing den across each site, psychological support services and wellbeing road shows. We undertook a Learning From Covid exercise which helped to make further improvements in our organisational engagement; wellbeing; leadership development; and colleague experience offers.

Further organisational engagement initiatives have been introduced in 201/22, such as leading remotely and virtually trough on-line toolbox talks, using MS Teams to deliver training online, significant expansion of e-learning programmes and bespoke organisational development team interventions. In addition to this, we have actively continued to raise the profile of our Civility, Respect and Kindness programme at a Trust and system level, hosting a successful system wide learning event in September 2021.

The Trust culture improvements include:

- Despite the challenges of the past year, colleagues would still strongly recommend the Trust as a great place to work (74.8% compared to 59.4% national comparator average)
- Colleagues feel more valued than the average for our peer group (126 Acute and Community Trusts) with our National Staff Survey score nearly 10% above the national average
- Colleagues want to stay at this Trust, in part because of the way we support and develop them (National Staff Survey score for this question is 10% more than the national average)

- Launching breakaway training to support areas experiencing high incidents of physical violence from patients/public to staff
- Continuing to improve our on-boarding experience for new starters to ensure that it is a personal experience that is slick, informative, and effective
- Improved communication and engagement through the Covid-19 pandemic
- Continued to support agile working with more colleagues working flexibly between home and site
- Successful virtual ward initiative to support bank workers to join the Trust in a supportive and clear way
- Continued to grow and define our health and wellbeing offers and resources, including recruiting a wellbeing lead and staff clinical psychologist
- Continued to support wellbeing dens across all three sites
- Created online engagement sessions with local schools and colleges and themed career sessions to support succession planning.
- Supported more than 195 staff to undertake apprenticeships with 91 starting in 2021/22
- Employed new Head of Learning and OD with focus on leadership development and talent management
- Carried out wellbeing 'checking in, not checking up' visits in partnership between OD and the wellbeing team
- Delivered system wide Civility and Respect learning event
- Delivered a two-day Proud2bAdmin engagement event with Proud2bAdmin network launch and recognition event in line with World Admin Day in April 2022
- Built on our successful Sherwood Forest Virtual Exercise Group aimed to increase colleague morale, and physical and emotional wellbeing. This has grown from under 300 members to now more than 700 members

NHS Staff Survey

The NHS staff survey is conducted annually. From 2021/22 the survey questions align to the seven elements of the NHS People Promise and retains the two previous themes of engagement and morale. These replace the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2021 survey among trust staff was 66.4% (2020 61.1%).

For the fourth year running the Trust scored the highest engagement score as the best acute trust to work at in the Midlands and was the overall third best acute or acute/community trust in England, which is a fantastic achievement.

It is important to note that nationally all trusts in our comparator group (acute and acute community trusts) have seen an overall deterioration in their results as, a result of the immense pressure our workforce has been under for the past two years We sit favourably against other comparator organisations when benchmarked but we have declined in a number of scores.

Therefore, a strong people recovery plan is underway alongside service recovery in 2022/23 and beyond.

2021/22

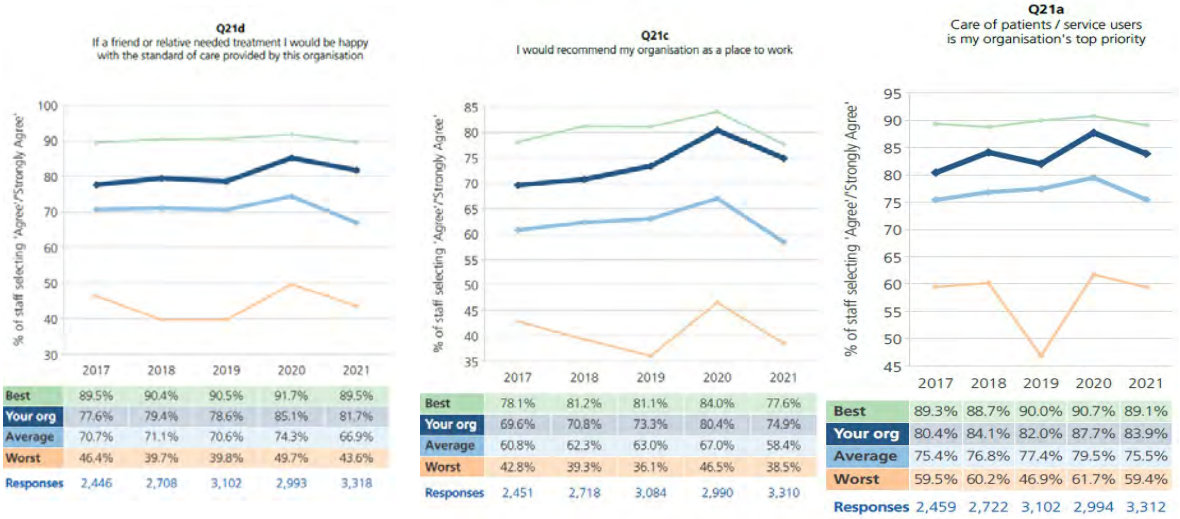
Scores for each indicator together with that of the survey benchmarking group (acute and acute community trusts) are presented below.

Table

Indicators ('People Promise' elements and themes)	**Trust Score**	**Benchmarking Group Score**		
People Promise	**Score**	**Score**	**Regional Position**	**National Position**
We are compassionate and inclusive	7.6	7.2	2nd	4th
We are recognised and rewarded	6.2	5.8	2nd	4th
We each have a voice that counts	7.1	6.7	Joint 1st	3rd
We are safe and healthy	6.2	5.9	Joint 1st	3rd
We are always learning	5.8	5.2	2nd	3rd
We work flexibly	6.5	5.9	Joint 1st	3rd
We are a team	7.0	6.6	Joint 1st	4th
Staff Engagement	7.3	6.8	1st	4th
Morale	6.4	5.7	1st	2nd

Sherwood Forest Hospitals sits above the national average for our comparator peer group in all nine themes and we are within 0.2 points of the highest achieving organisation in seven out of these nine themes. Please note, these are new indictor themes for 2021 and therefore cannot be compared to previous years.

The graphs below summarise the Trust 2021 National Staff Survey results for our three key questions.



2019/20 and 2020/21

Scores for each indicator together with that of the survey benchmarking group (acute and acute community trusts) are presented below.

Table:

	2019/20		2020/21	
	Trust Score	Benchmarking Group Score	Trust Score	Benchmarking Group Score
Equality, Diversity and Inclusion	9.3	9.0 Average 9.4 Best	9.3	9.1 Average 9.5 Best
Health and Wellbeing	6.1	5.9 Average 6.7 Best	6.4	6.1 Average 6.9 Best
Immediate Managers	7.1	6.8 Average 7.4 Best	7.2	6.8 Average 7.3 Best
Morale	6.5	6.1 Average 6.7 Best	6.7	6.2 Average 6.9 Best
Quality of Care	7.7	7.5 Average 8.1 Best	7.9	7.5 Average 8.1 Best
Safe environment – bullying and harassment	8.1	7.9 Average 8.5 Best	8.3	8.1 Average 8.7 Best
Safe environment – violence	9.3	9.4 Average 9.6 Best	9.3	9.5 Average 9.8 Best
Safety Culture	6.9	6.7 Average 7.2 Best	7.2	6.8 Average 7.4 Best
Staff Engagement	7.2	7.0 Average 7.5 Best	7.4	7.0 Average 7.6 Best
Quality of Appraisals	5.8	5.6 Average 6.6 Best	Not an indicator group in 20/21	
Team Working	6.9	6.6 Average 7.2 Best	6.9	6.5 Average 7.1 Best

Key Areas for Improvement

- Strengthened recruitment and retention focus underpinned by a clear workforce strategy, to improve responses to “enough staff in the organisation to do my job properly”.
- Reduce variation of experience of colleagues with protected characteristics, and foster closer partnership working with our growing staff networks
- Focus on further improvements in how we treat each other; Civility, Respect, Kindness, Diversity, Equality, and Inclusion
- Continue to support colleagues experiencing and reporting physical violence from patients/service users and families, provide additional training and link into zero tolerance communication campaigns with public/patients at a system level
- Reduce variability of management capability through targeted leadership and management training and development
- Increase visibility and support from our executive and senior leadership teams, particularly across the Newark and Mansfield sites.
- Further develop our talent management approach and offer to support succession planning. Specific programme of work to be developed around fairness in career development
- Review appraisal process and documentation to ensure appraisals are adding value
- Refresh our reward and recognition offer to ensure it is equitable and person centred
- Better inform the Trust about cultural improvements made at a Trust and local level through the development of a new active Staff Engagement Culture Collaborative model, and our “You Said, Together We Did” rolling communications campaign
- Focus our people and improvement coaches to better support colleagues in an inclusive and compassionate manner
- Continually evaluate and improve our well-being and resilience offer to colleagues, as part of our Wellbeing Strategy.

Actions and Monitoring

The results have been communicated to colleagues in a number of ways including electronic and face-to-face briefings. Some of the positive results also feature in our recruitment campaigns.

The reports are analysed including a review of the anonymous comments that were captured in the free text as these provide further important context. Analysis is also undertaken by staff group, division, department, and site. Our Culture and Improvement Cabinet will consider the themes and comments in detail and maintain oversight of Trust cultural improvements, with regular updates to the Trust People, Culture, and Improvement Committee.

Our divisions are sent a copy of the Trust report, their divisional results and the free text anonymous comments. They then actively explore the themes further with their teams and develop improvement initiatives pertinent to their division to address areas of concern. This also applies to corporate areas. We will undertake engagement sessions with divisional triumvirate

leadership teams for them to present their reflections on their findings and to identify what support they need to improve the culture within their divisions.

The results are triangulated with other data sources such as the quarterly pulse surveys, workforce Key Performance Indicators (KPIs) and Speaking Up concerns. This enables more targeted actions and interventions to be identified, supported by our OD Team and HR business partners. New for 2021/22 we have designed an in-house survey explorer tool hosted on the intranet to allow any leader or individual in the organisation to review their own area's results.

The diversity and inclusivity results will be scrutinised by our staff networks and overarching People and Inclusion Committee and appropriate actions incorporated into its work programme. The performance of the programme is reported through to the People Culture and Improvement Committee. Such performance and activity is reviewed in light of key priorities associated with the Trust's requirements under the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Equality Delivery System (EDS).

Future Priorities and Targets

Priority Area	**Executive Lead**	**Timescales**
To build on what we do well	**Director of Culture and Improvement**	
To engage with the Divisions on a regular basis using the newly designed in-house culture insights approach to celebrate successes and focus collaborative support to areas in need		Monthly
To develop a Trust engagement calendar with values-based campaigns each month/quarter sponsored by relevant Executive Directors		May 22 onwards
Address the violence experienced from patients, carers and visitors	**Chief Nurse**	Sept 22
Violence and Aggression Working Group to continue, and reframe areas of focus in-light of most recent results		May 22
Continue to roll out breakaway and clinical holding skills training course to better protect staff		Ongoing
Focussed programme of work to attract and retain people to work at Sherwood	**Director of People (DoP) / Director of Culture and Improvement (DCI)**	Sept 22
Develop robust workforce strategy to maximise recruitment and retention opportunities	DoP	May 22
Refresh reward and recognition offer to ensure staff feel valued and recognised	DCI	April 22
Continue to provide a people focussed employee support service to reduce absence from work	DoP	Ongoing

Reduce variation of experience (where you work/what role you do)	**Director of Culture and Improvement**	
Civility, Respect and Kindness working group to continue, and reframe areas of focus in light of most recent results		April 22
Increase offer of Civility Saves Lives toolbox talk and include in managers induction		May 22
Support career development and talent recognition across all services and SFH workforce, including review of appraisal process and documentation		June 22
Improve sense of belonging across the administration professional group through a Proud2bAdmin movement		April 22
Tackle issues of poor Equality Diversity and Inclusion experience	**Director of People**	
'Ready to talk, ready to listen' approach rolled out to 'get underneath' the numbers and hear lived experiences		Start April 22
To continue to engage with EDI Staff Networks to feedback Staff Survey Results and co-create actions for improvement		June 22
Further embed Trust anti-racism strategy and continue targeted zero tolerance campaigns		Ongoing
Focussed work on improving the experience of colleagues with a disability		September 22

Equality Reporting

Last year the Trust launched a new Equality Diversity and Inclusion strategy that was aligned to the objectives of the Trust and the NHS People Plan and People Promise. Since then, the Trust has responded to the regional Midlands NHSE-I strategy (launched in May 2021) with the addition of a six high impact action plan to address inequity in recruitment and development for those from ethnic minority backgrounds. As part of a system approach, we worked with partner organisations within the Nottingham and Nottinghamshire ICS to produce a system 6 high impact action plan.

In response to the call for action against racism and the continuing evidence from our Staff Survey showing disparity in abuse against ethnic minority colleagues compared to colleagues from a white background (2020 results), the Trust has also developed an Anti-Racism Strategy to complement the existing EDI strategy and 6 high impact action plan. Launched in February 2022, the strategy outlines the actions the Trust will take in the upcoming 18-24 months, including colleagues being empowered to refuse to treat a patient who is racist towards them, celebrating diversity within the trust and providing education Trust-wide to embed Anti-Racism in our workplaces.

Mandatory Reporting
The Trust has met its obligations to report on Gender Pay, the Workforce Race Equality Standard and the Workforce Disability Equality Standard and the results of these are published on our website. The results are examined and appropriate action plans to address any disparity are put in place.

Gender Pay Gap
Sherwood Forest Hospitals has complied with the expectations associated with the gender pay regulations. Our response for 2021/22 can be viewed at the following link: Gender pay gap for Sherwood Forest Hospitals NHS Foundation Trust - GOV.UK - GOV.UK (gender-pay-gap.service.gov.uk)
WRES and WDES
Our reports for 2020/21 can be accessed via our website:
Sherwood Forest Hospitals (sfh-tr.nhs.uk)

We also meet our obligation to report our compliance with the Public Sector Equality Duty through our annual EDI Activity Report which is published in June each year.

Staff Networks:
We have continued to promote staff networks throughout the Trust and encourage colleagues to be involved with the activities of the networks. Like the previous year, engagement has been difficult for colleagues due to continued pressure from Covid-19 and winter pressures.

Despite difficulties, staff networks have contributed to key activities including Black History Month, International Day of Persons with Disabilities and Pride. This year we held a march at Newark Hospital for the very first time and Kings Mill Hospital colleagues also took part in a

march around the boundary of the hospital in our Pride march this year; Kings Mill Hospital's march was also featured on the national NHS Pride event.

Following the successful launch of the Carers Passport for patients and their carers during Carers Week in June 2021, the Trust established a working group to launch the passport for staff who are unpaid carers. As a result, a new staff network has been established for Carers in the organisation.

Sherwood Forest has also supported the organisation of, and participation in events for the Nottingham and Nottinghamshire Integrated Care System.

Policy

We have recently updated our EDI policy and have produced a guidance document for all staff for the first time which aims to support all colleagues in contributing to an inclusive workforce for all.

Modern Slavery

This section outlines the Trust's responsibilities and responses to line with section 54 of the Modern Slavery Act 2015, it sets out the steps that the Trust has taken, and is continuing to take, to make sure that modern slavery and/or human trafficking is not taking place within our business or supply chain.

Modern slavery encompasses slavery, servitude, human trafficking and forced labour. We have has a zero-tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings and to put effective systems and controls in place to safeguarding against any form of modern slavery taking place within our business or our supply chain.

We publish assurance on our Trust website that we do not support commissioning of any services linked to Modern Slavery and engage with any reviews locally and nationally where our patients may have been subject to modern slavery.

All our staff have a personal responsibility for the successful prevention of modern slavery and human trafficking, with the Procurement Department taking a lead responsibility for compliance in the supply chain.

During 2021/22 procurement and the safeguarding team have continued to work in collaboration to actively ensure all staff within the procurement team are aware of the risk of modern slavery and the responses required where this is suspected.

Our Policies on Slavery and Human Trafficking

We are aware of our responsibilities towards patients, carers, employees and the local community and expects all suppliers to adhere to the same ethical principles. Our supply chain includes procurement of agency staff, medical services, medical and other consumables, facilities maintenance, utilities and waste management. We are committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business. Our internal policies replicate our commitment to acting ethically and with integrity in all our business relationships.

Currently all awarded suppliers sign up to our terms and conditions of contract which provide provision to ensure each supplier's commitment to anti-slavery and human trafficking in their supply chain; and that they conduct their business in a manner that is consistent with Trust policies.

We operate several internal policies to ensure that we are conducting business in an ethical and transparent way. These include the following:

Recruitment Policy: We operate a robust recruitment policy and under due diligence to identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain we:

- Complete pre-employment checks on staff we employ, confirming their identities and right to work in the United Kingdom.

- Ensure agencies are on NHS improvement nationally approved frameworks and are audited to provide assurance that pre-employment clearance has been obtained for agency staff to safeguarding against human trafficking or individuals being forced to work against their will.

- Follow NHS Agenda for Change Terms and Conditions to ensure that staff receive fair pay rates and contractual terms.

- Consult with Trade Unions on any proposed changes to employment terms and conditions.

Equal Opportunities: We have a range of controls to protect staff from poor treatment and/or exploitation, which complies with legal and regulatory frameworks. These include terms and conditions of employment, mandatory Equality, Diversity and Inclusion training for all staff and access to further training and development.

Safeguarding Policies: We adhere to the principles inherent in our Think Family Safeguarding Adult and Safeguarding Children policies. These are compliant with Nottinghamshire multiagency arrangements and provide clear guidance to support our staff if they are raising safeguarding concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain.

Speaking Up (Raising Concerns) Policy: We operate a Speaking Up Policy to support all employees to be able know that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisal

Employment policies (including Policy and Procedure for Disclosure and Barring Service (DBS) Checks, Employment Records and Information Policy and Procedures, Professional Registration Policy, Induction Policy). These policies explain our vetting and barring procedures, including conducting eligibility to work in the UK checks for all employees to safeguarding against human trafficking, or individuals being forced to work against their will. The Trust adheres to the National NHS employment Checks/Standards including employee's UK address, their right to work in the UK and obtaining suitable references

Working with Suppliers

Sherwood Forest Hospitals will work to identify and mitigate risk and put in place contractual terms allowing the Trust to gain assurance that slavery and human trafficking have no place in

our business. We will work with suppliers to ensure that they treat their obligations towards modern slavery with the same importance that we do.
Suppliers are vetted through a robust Selection Questionnaire process before being appointed to any framework agreement.

All contracts are awarded under the NHS Terms and Conditions which contain clauses giving Sherwood Forest Hospitals the right to terminate a contract for failure to comply with labour laws.

When procuring goods and services, we additionally apply NHS Terms and Conditions (for non-clinical procurement) and the NHS Standard Contract (for clinical procurement). Both require suppliers to comply with relevant legislation.

The staff of Sherwood Forest Hospitals must contact and work with the Procurement department when looking to work with new suppliers so appropriate checks can be undertaken.

Where it is verified that a subcontractor has breached child labour laws or human trafficking, then this subcontractor will be excluded in accordance with Regulation 57 of the Public Contracts Regulation 2015. The Trust will require that the main contractor substitute a new subcontractor.

The Procurement team upholds the Chartered Institute of Procurement and Supply (CIPS) Code of Professional Conduct.

Training
Advice and training about modern slavery and human trafficking is available to staff through our mandatory safeguarding adults and children training programmes, safeguarding policies and procedures, and the Trust safeguarding team. It is also discussed at our mandatory safeguarding induction day for staff starting employment with Sherwood Forest Hospitals. It also forms part of the training for our Safeguarding Champion Network.

We are continuously looking at ways to increase awareness across the organisation, and to ensure a high level of understanding of the risks involved with modern slavery and human trafficking in our supply chains and in our business.

Our Performance Indicators

- We will know the effectiveness of the steps we are taking to ensure that modern slavery and/or human trafficking is not taking place within our business or supply chain if:

- No reports are received from our staff, the public, or law enforcement agencies to indicate that modern slavery practices are operational within our organisation.

- We monitor referrals to the Social Care and will actively refer any cases we identify through the delivery of our services that may indicate any of our service users have been victim to modern day slavery, whilst in the community.

- We report quarterly and annually via our safeguarding reporting mechanisms data relating to any safeguarding issues, along with trends and themes.

Valuing our Members

Membership information at 31 March 2022

Public breakdown by constituency

Mansfield	4,431
Ashfield	4,429
Newark & Sherwood	3,301
Rest of East Midlands	2,208
Rest of England	124

Public membership breakdown

	Number of members	Membership profile	Population profile
Age (years)			
0-16	2	0.01%	19.70%
17-21	32	0.22%	5.97%
22+	13, 294	92.38%	74.33%
Not stated	1,062	7.38%	0.00%
Ethnicity			
White	12,658	87.96%	85.42%
Mixed	28	0.20%	1.9%
Asian	83	0.57%	6.46%
Black	29	0.21%	1.8%
Other	8	0.06%	0.56%
Not stated	1,424	9.90%	0.00%

Gender			
Male	5,122	35.59%	49.49%
Female	9,072	63.04%	50.51%
Not stated	196	1.36%	0.00%

Membership activity, events and communication

As with the previous years, the Governor's Membership and Engagement Committee has continued to focus on how best to engage with members. We have continued to issue a monthly e-newsletter, Trust Matters, which includes a digital event.

Annual General Meeting / Annual Members' Meeting

This year's AGM was held via Microsoft Teams on Tuesday 28 September 2021. The link to the event was shared with all public and staff members, stakeholder and members of the general public to allow them to view the event.

We will continue to work closely with our members to help us to be truly accountable for the quality of the services we provide to our local communities.

Members can contact their governors either through our website or by contacting the Director of Corporate Affairs, Sherwood Forest Hospitals NHS Foundation Trust, Trust Headquarters, Level 1, King's Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL or by emailing sfh-tr.governors@nhs.net.

Valuing our Governors

As an NHS Foundation Trust, we are accountable to the Council of Governors, which represents the views of members. The two key statutory duties of the Council of Governors are:

- To hold the non-executive directors individually and collectively to account for the performance of the Board of Directors.
- To represent the interests of our members and of the public.

In addition, the Council of Governors, among other matters, is responsible for making decisions regarding the appointment or removal of the Chair, the Non-Executive Directors and our External Auditors.

Our Constitution makes clear the process to appoint or remove the Chair and the other Non-Executive Directors, including the Governors' role in deciding the remuneration and allowances and other terms and conditions of office of the Non-Executive Directors.

The Council met a number of times during the year (see table). The meetings were well attended, with debate across several areas of interest.

One of the key roles of the Governors is engagement with their constituencies to gain feedback and report to the Council and subsequently the Board of Directors. Our governors achieve this by holding regular 'Meet Your Governor' events across all three hospital sites and in the community. At these events new members are recruited and patients, visitors and staff can discuss their views of the services provided. Due to the pandemic these haven't taken place this year. Governors have continued to feedback where possible comments, from patients and the public on an ad hoc basis.

The Governors continue to observe Board Committees to fulfil their statutory duty of holding the Non-Executive Directors to account. This enables the governors to gain assurance regarding how the Non-Executive Directors hold the executive to account and how strategic objectives are progressed and implemented. The observers then report their observations from the meetings back to the quarterly Council of Governors meetings, this year all Council of Governors meetings have been held via video conferencing due to the pandemic.

We held Governor elections in March 2022, to fill vacancies across the Public Constituencies of Ashfield, Newark and Sherwood and Rest of East Midlands constituencies, and the staff Constituencies of Kings Mill Hospital and Mansfield Community Hospital and Newark Hospital. The new Governors will take up their roles from May 2022. We have also appointed new governors from our partner organisations, Newark and Sherwood District Council, and Nottinghamshire County Council. The Council of Governors have remained incredibly proactive in undertaking all their statutory and non-statutory duties, during very challenging circumstances. External development is offered and undertaken through an expressions of interest process where the Governors who attend share their learning with other Governors and regular internal development is undertaken through quarterly workshops - the topics of which are suggested and agreed by the Governors.

Attendance at Council of Governor meetings

There have been four general Council meetings and two extra-ordinary Council meetings during the year. The following table details the Governors, the constituency they represent, their attendance and the date elected/appointed.

Attendance at Full COG (scheduled meetings)

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			11/05/2021	10/08/2021	09/11/2021	08/02/2022			
Ann Mackie	Newark & Sherwood	Public	P	P	X	X	3	01/05/19	30/04/22
Ben Clarke	King's Mill Hospital	Staff	X				3	01/09/19	31/08/22
Councillor Craig Whitby	Mansfield District Council	Appointed	P	A	P	P	4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed	P	P	P	P	1	23/04/20	31/05/21
Councillor Kevin Rostance	Nottinghamshire County Council	Appointed	X					15/10/20	31/05/21
Councillor Linda Dales	Newark & Sherwood District Council	Appointed				A	1	15/07/21	31/05/22
Councillor Michael Brown	Newark & Sherwood District Council	Appointed	X				1	18/05/20	31/05/21
David Ainsworth	Mansfield & Ashfield CCG	Appointed	P	A	X	A	N/A	20/02/20	N/A
Dean Whelan	Mansfield	Public	X				3	01/09/22	31/08/22
Gerald Smith	Mansfield	Public	P	A	X	X	3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public	P	P	P	P	3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff	P	P	X	A	3	01/05/19	30/04/22
Jayne Revill	King's Mill Hospital	Staff	X	A	X	X	3	01/05/19	30/04/22
John Wood	Mansfield	Public	P	P	P	P	3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public	P	P	P	P	3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public	P	A	A	A	3	01/05/19	30/04/22
Martin Stott	Newark & Sherwood	Public	P	A	P	P	3	01/05/19	30/04/22
Maxine Huskinson	Ashfield	Public	X	P	P	X	3	01/11/20	31/10/23
Nadia Whitworth	Volunteers	Appointed		P	A	A	3	10/05/21	10/05/24
Nikki Slack	Vision West Notts	Appointed	A	A	A	A	N/A	17/07/19	N/A
Paul Baggaley	Newark & Sherwood	Public	P				3	01/11/20	31/10/23
Philip Marsh	Ashfield	Public	P	P	A	P	3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public	P	X	X	X	3	01/05/19	30/04/22
Roz Norman	King's Mill Hospital	Staff	P	P	P	P	3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public	P	P	P	P	3	01/11/20	31/10/23

Attendance at Extraordinary COG meetings

NAME	AREA COVERED	CONSTITUENCY	EO COG 21/09/2021	EO COG 14/03/2022	TERMS OF OFFICE	DATE ELECTED	TERM ENDS
Ann Mackie	Newark & Sherwood	Public	P	X	3	01/05/19	30/04/22
Ben Clarke	King's Mill Hospital	Staff			3	01/09/19	31/08/22
Councillor Craig Whitby	Mansfield District Council	Appointed	X	P	4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed	P	P	1	23/04/20	31/05/21
Councillor Kevin Rostance	Nottinghamshire County Council	Appointed				15/10/20	31/05/21
Councillor Linda Dales	Newark & Sherwood District Council	Appointed			1	15/07/21	31/05/22
Councillor Michael Brown	Newark & Sherwood District Council	Appointed			1	18/05/20	31/05/21
David Ainsworth	Mansfield & Ashfield CCG	Appointed	P	P	N/A	20/02/20	N/A
Dean Whelan	Mansfield	Public			3	01/09/22	31/08/22
Gerald Smith	Mansfield	Public	X	A	3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public	P	A	3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff	P	P	3	01/05/19	30/04/22
Jayne Revill	King's Mill Hospital	Staff	X	X	3	01/05/19	30/04/22
John Wood	Mansfield	Public	P	P	3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public	P	P	3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public	P	A	3	01/05/19	30/04/22
Martin Stott	Newark & Sherwood	Public	P	P	3	01/05/19	30/04/22
Maxine Huskinson	Ashfield	Public	A	P	3	01/11/20	31/10/23
Nadia Whitworth	Volunteers	Appointed	P	A	3	10/05/21	10/05/24
Nikki Slack	Vision West Notts	Appointed	X	A	N/A	17/07/19	N/A
Paul Baggaley	Newark & Sherwood	Public			3	01/11/20	31/10/23
Philip Marsh	Ashfield	Public	P	P	3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public	X	X	3	01/05/19	30/04/22
Roz Norman	King's Mill Hospital	Staff	A	A	3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public	P	P	3	01/11/20	31/10/23

Key:

P= Present

A= Apologies

X= Did not attend

Not in post

Non-Executive Director Attendance at Council of Governors

NAME	FULL COG AND EXTRAODRINARY MEETING DATES					
	11/05/2021	10/08/2021	21/09/2021	09/11/2021	08/02/2022	14/03/2022
Tim Reddish	P	P	P			
Neal Gossage	P	P	P	P	P	A
Graham Ward	P	P	P	P	P	A
Claire Ward	P	P	P	P	P	P
Barbara Brady	P	P	A	P	P	P
Manjeet Gill	P	P	A	A	P	A
Steve Banks					P	A
Dr Aly Rashid					P	A

Lead Governor Report 2021-2022

And so it has continued……vain hopes that we would be 'back to normal' this year. Governors' statutory duties have been restricted particularly regarding engaging with the public and patients. We did manage a few 'Meet Your Governor' sessions outside the main front door of Kings Mill in the summer when we heard overwhelming praise and thanks for our staff who have worked so well and tirelessly during these very difficult two years, I hope they know how much they are appreciated by the people we talk to. Some governors have recently visited Food Clubs to ask the views of the wider public about our services and I do hope that this will be extended in the coming months.

The 15 steps programme has not taken place for two years now but hopefully will be starting again in late spring.

Governors have still been able to 'Hold the Non-Executive Directors to account as all of the meetings we observe have been held via Microsoft Teams, as have Board meetings.
Once again, the Young Members scheme has been stalled but I have great hopes again for this year that it will finally get up and running.

After Governor Elections which were held in March/April, we have many new Governors scheduled to formally start in post in May 2022: -

Ashfield Public Governors

Newly elected	Liz Barrett
	Jane Stubbings
Not due for election	Sue Holmes
	Maxine Huskinson

Mansfield Public Governors

Newly elected	Janice Bramley
	Michael Longdon
	Ruth Scott
Re-elected	John Wood

Newark and Sherwood Public Governors

Newly elected	Keith Blundell
Re-elected unopposed	Ian Holden
	Anne Mackie
One Vacancy	

Rest of the East Midlands Public Governors

No nominations
Two vacancies

Staff Governors

Kings Mill Hospital and Mansfield Community Hospital

Newly elected Vickram Desai
Justin Wyatt

Newark Hospital

No nominations
One Vacancy

I look forward to welcoming and working with the new governors. I am quite sure t they will find it a very interesting, positive and at times challenging experience.

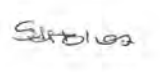
Sadly, we lose Martin Stott, Public Governor for Newark and Roz Norman, Staff Governor who have both completed the maximum three terms in office. I thank them both for the considerable work they have done over the past nine years during some very challenging times – seeing us move from 'Special Measures' to Good as a Trust and 'Outstanding' for Kings Mill Hospital.

Philip Marsh and Kevin Stewart (both Ashfield) have also made great contributions to the Council of Governors but sadly were not re-elected – there always is great competition in Ashfield, and Gerald Smith (Mansfield), Lawrence Abrams (Rest of the East Midlands) and Jackie Lee (Staff Governor – Newark Hospital) did not stand for re-election. We owe thanks to them all for the contributions.

I cannot finish without recognising our wonderful clinical staff for the way they have continued to provide excellent care and treatment during unprecedented times. Our back-office staff – the hundreds of people who make it all possible also deserve recognition – they are often the unsung heroes. Our volunteers too – the heart of our hospitals, are also back on site now and it is so good to see them out and about again.

The vaccination hub has been highly successful – indeed singled out for mention by the Prime Minister. I am personally grateful to have received all my vaccinations there. Congratulations to them.

We all continue to be very proud of our hospitals and can only hope that 'this time next year…….'



Sue Holmes
Lead Governor

NHS Foundation Trust Code of Governance

Sherwood Forest Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Relating to	***Code of Governance* reference**	**Summary of requirement**	**Reference Page numbers**
Board and Council of Governors	A.1.1	The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.	75 -7 6 90 - 92
Board, Nomination Committee(s), Audit Committee, Remuneration Committee	A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors. Part of this requirement is also contained within paragraph 2.22 as part of the directors' report.	22 - 23 47 - 48 87
Council of Governors	A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	75 - 76

Council of Governors	n/a	The annual report should include a statement about the number of meetings of the council of governors and individual attendance by governors and directors.	77 - 79
Board	B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	22 - 23
Board	B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	Sherwood Forest Hospitals (sfh-tr.nhs.uk)
Board	n/a	The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated.	43 - 44
Nominations Committee(s)	B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	45 - 46
Nominations Committee(s)	n/a	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.	45 - 46
Chair / Council of Governors	B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise and included in the next annual report.	23
Council of Governors	B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	75 - 76

Council of Governors	n/a	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151 (6) of the Health and Social Care Act 2012).	N/A
Board	B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	35 46 87 95
Board	B.6.2	Where there has been external evaluation of the board and/or governance of the trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	16 26
Board	C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report). See also ARM paragraph 2.93.	97 - 98
Board	C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	97 - 98 110 - 111

Audit Committee / control environment	C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	91 – 92 124
Audit Committee / Council of Governors	C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	N/A
Audit Committee	C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed. • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	90 - 92
Board / Remuneration Committee	D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	N/A
Board	E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors,	75 - 76

		develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	
Board / Membership	E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	74 - 75
Membership	E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	75
Membership	n/a	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership. • information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members.	74 - 75
Board / Council of Governors	n/a	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of governors' and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report. See also ARM paragraph 2.22 as directors' report requirement.	24

Our Board of Directors is focused on achieving long-term success for the organisation and our vision of becoming an outstanding organisation, through the application of sound business strategies and the maintenance of high standards in corporate governance and corporate responsibility. The following statements explain our governance policies and practices and provide insight into how the Board and management run the Trust for the benefit of patients, carers, the community and our membership.

Our Board of Directors brings a range of experience and expertise to its stewardship of the organisation and continues to demonstrate the vision, oversight and encouragement required to enable our organisation to thrive and improve on a continuous basis. During the past year we welcomed new members to the Board, each bringing excellent skills and expertise to the organisation and providing crucial stable leadership.
At the end of the year the Board comprised seven Non-Executive Directors including the Chair (holding majority voting rights), six Executive Directors (voting), including the Chief Executive, two corporate Directors (non-voting) and one specialist advisor (non-voting)

The Chair is responsible for the effective working of the Board, for the balance of its membership subject to Board and Governor approval, and for making certain that all Directors play their full part in setting and delivering our strategic direction and ensuring effective and efficient performance. The Chair conducts annual appraisals of the Non-Executive Directors as well as the Chief Executive.

The Chief Executive is responsible for all aspects of the management of the organisation. This includes developing appropriate business strategies agreed by the Board, ensuring that related objectives and policies are adopted throughout, the effective setting of budgets, and monitoring performance. The Chief Executive is also responsible for conducting the annual appraisals of the executive and corporate Directors of the Board.

The Chair, with the support of the Director of Corporate Affairs ensures the Directors and Governors receive accurate, timely and clear information. Directors are encouraged to update their skills, knowledge and familiarity with the organisation's business through their induction, on-going participation at Board and committee meetings, attendance and participation at development events and through meetings with Governors.

There is an understanding that any Non-Executive Director, wishing to do so in the furtherance of their duties, may take independent professional advice through the Director of Corporate Affairs at the organisation's expense.

Our Non-Executive Directors offer a wide range of skills and experience and bring an independent perspective on issues of strategy, performance and risk through their contribution at Board and committee meetings. The Board considers that, throughout the year, each Non-Executive Director has been independent in character and judgement and met the independence criteria set out within Monitor's (now part of NHS Improvement) Code of Governance. Non-Executive Directors have ensured they have sufficient time to carry out their duties. During the year, time has been spent with Governors to help understand external views of the organisation and our

strategies, and all Chairs of Board committees and the Chief Executive attend the Council of Governors meetings.

Several key decisions and matters are reserved for the Board's approval and are not delegated to management. Our Board delegates certain responsibilities to its committees, to assist it in carrying out its function of ensuring independent oversight. The Board of Directors has a formal schedule of matters reserved for its decisions and has in-date and relevant terms of reference for all Board committees. Monthly updates on our performance are discussed at the Board of Directors meetings. The Board delegates the management of overall performance to the Chief Executive who leads the setting of clear priorities so that the organisation is managed efficiently to the highest quality standards and in keeping with our values.

The Board committees report annually on their effectiveness and review their Terms of References and work plans to ensure alignment with the organisation's priorities and the Board work schedule.

Our engagement policy outlines the mechanisms by which the Council of Governors and Board of Directors communicate with each other to support engagement, ensure compliance with the regulatory framework and specifically provide for any circumstances where the Council of Governors may raise concerns about the performance of the Board of Directors, compliance with the Trust's Provider Licence, or other matters related to the overall wellbeing of the organisation.

Counter fraud

Our Board of Directors attaches significant importance to the issue of fraud and corruption. Reported concerns have been investigated by the local counter fraud specialists in liaison with NHS Counter Fraud Authority (NHSCFA). All investigations are reported to the Audit and Assurance Committee.

Functional Standard Summary:

Functional Standard 013: Counter Fraud ("the functional standard") was applied to the NHS for the first time from April 2021. It contains 12 components with 13 requirements (component 1 having 2 separate requirements). Requirements **1A** and **9** are scored **GREEN** or **RED**. The remaining requirements are scored **GREEN**, **AMBER** or **RED**.

The table below shows how the Trust scored itself for each component as part of the 2021 Counter Fraud Functional Standard Return (CFFSR), and the projection for the 2022 CFFSR.

Functional Standard Requirement	2021 CFFSR	Projected 2022 CFFSR
Component 1A: Accountable individual	G	G
Component 1B: Accountable individual	G	G
Component 2: Counter fraud, bribery and corruption strategy	G	G
Component 3: Fraud, bribery and corruption risk assessment	R	G
Component 4: Policy and response plan	G	G
Component 5: Annual action plan	A	G
Component 6: Outcome-based metrics	A	G
Component 7: Reporting routes for staff, contractors and public	G	G
Component 8: Report identified loss	R	G
Component 9: Access to trained investigators	G	G
Component 10: Undertake detection activity	A	G
Component 11: Access to and completion of training	G	G
Component 12: Policies and registers for gifts and hospitality and COI	G	G

In respect of fraud risks and social media, our digital communications team issued awareness raising advice on this in their bulletin in November 2021. They will be shortly following up with further awareness in upcoming communication bulletins in respect of cyber security, phishing emails and social media security. The Local Counter Fraud Service (LCFS) has delivered training sessions on social engineering and social media and this will continue in the new financial year and has been incorporated into the work plan for future events.

We continue to work to maintain an anti-fraud culture and we have in place a range of policies and procedures to minimise risk in this area. Colleagues have access to counter fraud awareness training which forms part of employee induction training and several bulletins were issued during the year to highlight how colleagues should raise concerns and suspicions. In November 2021 we took part in Fraud Awareness Month and several alerts were issued to employees, for example, online fraud, telephone scams and a counter fraud staff survey. We also disseminate the counter fraud newsletter 'Fraudulent Times' which helps raise awareness of fraud cases and how to identify where and how fraud can occur.

NHS Resolution

Our CNST premium has increased by £2.57m in 2021/22 (£12.75m to £15.32m). This represents a 20.1% increase. Note the premiums are the net charge including the rebate received in respect of the maternity incentive scheme

Committees of the Board

All committees of the Board are chaired by a Non-Executive Director. In 2021/22 these committees included:

- The Audit and Assurance Committee, the principal purpose of which is to enhance confidence in the integrity of the Trust's processes and procedures relating to internal control and corporate reporting.

- The Quality Committee, which enables the Board to obtain assurance regarding standards of care and to ensure that adequate and appropriate clinical governance structures, processes and controls are in place.
- The Finance Committee, which oversees the development and implementation of our strategic financial plan and the management of the principal risks to achieving that plan.
- The People, Culture and Improvement Committee's principal purpose is to provide scrutiny and assurance of the development, delivery and impact of the Trust's workforce strategy and plan, together with providing assurance concerning organisational development activity undertaken to promote and embed an effective organisational culture.
- The Remuneration and Nomination Committee ensures the remuneration packages are sufficient to attract, retain and motivate Executives and senior officers (Directors) of the highest quality.

Audit and Assurance Committee

The Audit and Assurance Committee was chaired by Non-Executive Director Graham Ward, who is a fellow of the Chartered Institute of Management Accountants and has extensive financial expertise. The Committee's Terms of Reference make it clear that membership exclusively comprises Non-Executive Directors, with executives and others considered being 'in attendance'. Attendance of Non-Executive members at meetings is detailed below:

Graham Ward	7/7
Barbara Brady	6/7
Manjeet Gill	3/5
Steve Banks	2/2

In assessing the quality of our control environment, the Committee received reports during the year from the external auditors, KPMG, and the internal auditors, 360 Assurance, on the work they had undertaken in reviewing and auditing the control environment.
The Committee works with the Local Counter Fraud Service and Trust colleagues to actively promote, raise awareness and encourage people to raise concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The Local Counter Fraud Service has a standing invitation to all meetings, with relevant policies readily available on our intranet. The Audit and Assurance Committee routinely receives financial information, including cash and liquidity and the going concern status of the organisation, as well as operational information.

Principal review areas
The five key duties of the Committee as set out in the terms of reference.

1. <u>Governance and internal control</u>

The Committee has reviewed relevant disclosure statements, in particular the Annual Governance Statement (AGS) together with the Head of Internal Audit Opinion, External Audit opinions (Financial and Quality Accounts) and other appropriate independent assurances and

consider that the AGS is consistent with the Committee's view on the Trust's system of internal control.
The Committee has received update reports on Information Governance and members were pleased to note that the Data Security Protection Toolkit compliance had been maintained.

2. Internal audit

Through the year the Committee has worked effectively with internal audit to strengthen the Trust's internal control processes. The Committee has also in year:

- Reviewed and approved the internal audit operational plan and more detailed programme of work initially and then on an on-going basis to consider the impact of the Covid-19 pandemic, while ensuring the provision of the internal audit service continued to be sufficient in supporting the Committee in fulfilling its role

- Considered the major findings of internal audit and are assured that the Head of Internal Audit Opinion and AGS reflect any significant internal control issues

- Invited lead directors of any internal audit reports issued with Limited Assurance to attend Committee meetings, present the report and provide assurance that actions will be implemented within agreed timescales

- Worked with colleagues internally and externally to address deteriorating performance regarding the provision of evidence and the achievement of internal audit actions, and the impact of the pandemic on timely completion of actions

- Held regular review of outstanding audit actions, and are assured that a robust progress monitoring process is in place

3. Counter Fraud Service

The Committee received regular progress reports on activity conducted as part of the agreed Counter Fraud Work Plan, including:

- Annual Report
- Updates on investigations
- Conflicts of Interest Policy and Declarations of Interest Register review
- Risk assessment in line with Counter Fraud Functional Standards

4. External audit

The Committee reviewed and agreed external audit's annual plan, noting that the Trust's main risk remains to be the valuation of land and buildings and that KPMG's audit focus this year is the implementation of IFRS 16 (leases) transition.
The Committee reviews and comments on reports prepared by external audit and welcomes their advice on areas of specific expertise.

5. Management

The Committee has continually challenged the assurance process when appropriate and has requested and received assurance reports from Trust management and various other sources both internally and externally throughout the year. This process has also included calling managers to account when considered necessary to obtain relevant assurance.

Standards of business conduct

The Board of Directors recognises the importance of adopting the organisation's Standards of Business Conduct. These standards provide information, education and resources to help colleagues make well-informed business decisions and to act on them with integrity.

Internal audit (360 Assurance)

The Audit Plan for 2021/22 was developed in line with the mandatory requirements of the Public Sector Internal Audit Standards. 360 Assurance, an external service, has worked with us to ensure the plan was aligned to the risk environment. In accordance with the internal audit work plan, full scope audits of the adequacy and effectiveness of the control framework in place are either complete or under way. All audits with Limited Assurance are reported directly to the Audit and Assurance Committee and the lead director is asked to present the findings and confirm agreement of the actions and timescales. Audits with Significant Assurance are reported directly to the most appropriate Board committee; however, our Audit and Assurance Committee receives a report stating which reports have been reported to other committees. Outstanding recommendations from internal audit are reported to our Audit and Assurance Committee. This ensures all recommendations are sustainably implemented within the organisation. Where owners of recommendations have not completed the actions by the implementation date they are invited to Audit and Assurance Committee to report on progress.

External audit service

The External Audit contract was retendered during 2020/21 and the Council of Governors, supported by the Chair of the Audit and Assurance Committee, subsequently appointed KPMG as our external auditors, for a period of three years, starting with the 2020/2021 Annual Accounts and Report.

We incurred £117,875 net of VAT in audit service fees in relation to the statutory audit of the accounts for the 12-month period to 31 March 2022 (£105k net of VAT for the period to 31 March 2021). Non-audit services amounted to £Nil net of VAT (£Nil net of VAT for the period to 31 March 2021) in respect of the Quality Report.

KMPG has not provided any non-audit services to the Trust during the year, and this is the second year of their appointment.

Remuneration and Nomination Committee

As at 31 March 2022 and on-going, membership of the Remuneration and Nomination Committee comprises Graham Ward as Chair and Barbara Brady, Manjeet Gill and Dr Aly Rashid, all Non-Executive Directors. The attendance of Non-Executive Directors is detailed within the Remuneration Report.

The primary role of the Committee is to recommend to the Board the remuneration strategy and framework, giving due regard to the financial health of the organisation and to ensure the executives are fairly rewarded for their individual contributions to the organisation's overall performance. The Remuneration Report is set out in its own section of this report.

Remuneration and Nomination Committee of the Council of Governors

The Council of Governors' Remuneration and Nominations Committee comprises Claire Ward as Chair and representatives from the public, staff and appointed Governor classes. The role of this Committee is to ensure that appropriate procedures are in place for the nomination, selection, training and evaluation of Non-Executive Directors and for succession plans. The Committee is also responsible for setting the remuneration of Non-Executive Directors, including the Chair. It considers Board structure, size and composition, thereby keeping under review the balance of membership and the required blend of skills, knowledge and experience of the Board.

Compliance with the Code of Governance

The purpose of the Code of Governance is to assist the Board in improving governance practices by bringing together best practice in public and private sector corporate governance. The Code is issued as best practice advice, but also imposes some disclosure requirements.

The Board of Directors is committed to high standards of corporate governance. Throughout the year ending 31 March 2022, the Board considers that it was fully compliant with the NHS Foundation Trust Code of Governance with the following exceptions, where we have alternative arrangements in place.

In March 2020, NHSE/I issued guidance regarding 'Reducing burden and releasing capacity at NHS providers to manage the Covid-19 pandemic'. The Board reviewed its own processes to provide assurance to the Board that Corporate and Financial Governance continued to comply with guidance, our own assurance processes and the scheme of delegation. We continued with this process during 2021/22, deferring items on workplans as required as the impact of the pandemic peaked and fell during the year, all Board and Committee meetings continue to be carried out online and the public board is broadcast as a live event.

The agendas consisted of all essential items, including year-end performance against access and quality standards and updates from committees. The Finance Committee focused on financial governance.

It was agreed any urgent decisions or approvals required outside of the Board or Committee meetings would be undertaken by:

- CEO and Chair for corporate decisions
- Chair, Members of Quality Committee, Medical Director and Chief Nurse for all patient safety decisions
- Chair, Members of Finance Committee and CFO for all financial decisions.

All decisions and approvals made in this way were to be ratified at the next meeting of the Committee or Board, whichever is first in the meeting calendar.

In common with the health service and public sector, we are operating in a fast-changing and demanding external environment. We recognise the need to deliver significant increases in efficiency while maintaining high quality care at a time when budgets are tight and demand is high. We will continue to build on the improvements made to date in responding to these challenges, working through our exceptional and dedicated members of #TeamSFH.

The roles and responsibilities of the Council of Governors are described in our Constitution, together with details of how any disagreements between the Board and Council of Governors would be resolved. The types of decisions taken by the Council of Governors and the Board, including those delegated to committees, are described in the approved Terms of Reference.

We have a detailed scheme of delegation which is regularly reviewed. This sets out, explicitly, those decisions reserved to the Board, those which may be determined by standing committees and those which are delegated to managers.

The Chair, the Chairs of all Board Committees and the Chief Executive are invited to attend all public meetings of the Council of Governors; other Executive Directors are invited to attend as appropriate to specific agenda items. There has been limited scope during the year for Governors and Non-Executive Directors to take part in internal assurance visits to clinical areas across our sites due to the restrictions imposed by the pandemic. It is expected these will resume in spring 2022.

In an NHS Foundation Trust, the authority for appointing and dismissing the Chair rests with the Council of Governors. The appraisal of the Chair is therefore carried out for and on behalf of our Council of Governors by the senior independent director, supported by the lead Governor. Together they review the Chair's performance against agreed objectives and discuss any development needs before reporting the outcome of the appraisal to the Nomination and Remuneration Committee of the Council of Governors. This Committee in turn reports to the Council of Governors.

The directors of the Board are appraised by the Chief Executive who, in turn, is appraised by the Chair. The Council of Governors does not routinely consult external professional advisers to market test the remuneration levels of the Chair and other Non-Executive Directors. The recommendations made to the Council of Governors are based on independent advice and benchmarking as issued from time to time by national body NHS Providers.

NHS Oversight Framework

NHSEI NHS System Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. The framework looks at five national themes:

- Quality of care, access and outcomes
- Preventing ill health and reducing inequalities
- Finance and use of resources
- People
- Leadership and capability

Based on information from these themes, providers are segmented from 1 to 4, where 4 reflects providers receiving the most support, and 1 reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

As at March 2022, the latest information published on the NHS Improvement website from November 2021 places Sherwood Forest Hospitals Foundation Trust in segmentation 2, and the Nottinghamshire Integrated Care System in segmentation 3.

The latest segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

Foundation Trust License

There are no additional conditions on our Foundation Trust Licence.

Statement of the Chief Executive's responsibilities as the Accounting Officer of Sherwood Forest Hospitals NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Sherwood Forest Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Sherwood Forest Hospitals NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

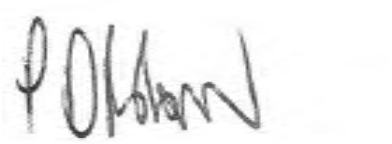
In preparing the accounts and overseeing the use of public funds the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



Paul Robinson
Chief Executive Officer **17th June 2022**

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, while safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Sherwood Forest Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Sherwood Forest Hospitals NHS Foundation Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Regulation

The Care Quality Commission (CQC) undertook a full announced inspection of our Core Services during February 2020 including a well-led review and use of resources assessment; the final report was received in May 2020. We improved our overall rating of Good and King's Mill Hospital improved its rating to Outstanding

	Safe	Effective	Caring	Responsive	Well Led	Overall
King's Mill Hospital	Good	Good	Outstanding	Good	Outstanding	Outstanding
Newark	Good	Good	Good	Good	Good	Good
MCH	Good	Good	Outstanding	Good	Good	Good
Overall	Good	Good	Outstanding	Good	Good	Good

An extract from the Final CQC report states:

Our rating of the trust stayed the same. We rated it as good because:

We rated safe, effective, responsive and well-led as good and caring as outstanding for core services, the trusts well led was rated as good. We rated eight of the trust services as good and one, which was end of life care at Newark hospital as requires improvement overall. We rated well led for the trust as good overall.

We are fully compliant with the registration requirements of the Care Quality Commission.

The Trust has regular engagement meetings, involving the Medical Director and Chief Nurse with the Trust CQC Relationship Manager and the regional CQC Inspection Manager. The meetings are held every six to eight weeks and include a discussion on a wide range of issues ranging from examples of good practice in addition to areas of concern.

To demonstrate on-going compliance the Trust undergoes inspections by the Care Quality Commission of all core service areas across the Trust providing further opportunity to ensure the Trust continues to meet the requirements of its registration.

Capacity to handle risk

Our Board of Directors provides leadership on the overall governance agenda. On the Board's behalf our Risk Committee has maintained and kept under review a policy for the management of risk. Our Board of Directors is supported by a range of Committees that scrutinise and review assurances on internal control; such Committees include the Audit and Assurance Committee, Finance Committee, Quality Committee and People, Culture and Improvement Committee. Our Risk Committee is an executive committee focussing on all high or significant risk exposures and oversees risk treatment to ensure: (a) the correct strategy is adopted for managing risk; (b) controls are present and effective; and (c) action plans are robust for those risks that remain intolerant. Our Risk Committee is chaired by our Chief Executive (CEO) and comprises the Executive Team and selected members of the Senior Leadership Team. Senior managers and specialist advisers routinely attend each meeting. We have kept under review and updated risk management policies during the year. The output of the Risk Committee's work is reported to our Board and the CEO also ensures the Risk Committee works closely with front line divisional teams and all Committees of the Board to anticipate, triangulate and prioritise risk, working collectively to continuously balance and enhance risk treatment.

Training is provided to relevant colleagues on risk assessment, incident reporting and incident investigation. In addition, the Board has set out the minimum requirements for employee training required to control key risks as part of the requirements for essential training.

Incidents, complaints, claims, patient feedback and audit findings are routinely analysed to identify risks and single points of failure and learn from them. Lessons for learning are disseminated to colleagues using a variety of methods including customised briefings, bulletins, and personal feedback where necessary.

All significant risk exposures are reported to the Board of Directors and Risk Committee at each formal meeting. All new significant risks are escalated to the Chief Executive and subject to

validation by the Executive Team and Risk Committee. The residual risk score determines the escalation of risk and this is clearly established and embedded.

The Board of Directors regularly scans the horizon for emergent opportunities or threats and considers the nature and timing of the response required to ensure risk is kept under prudent control at all times.

The risk and control framework

The risk management process is set out in six key steps as follows:

1. **Determine priorities**
   The Board of Directors determines corporate objectives annually and these establish the priorities for Executive Directors and clinical services.

2. **Risk Identification**
   Risk is identified in many ways. We identify risk proactively by assessing corporate objectives, work-related activities, analysing adverse event trends and outcomes, and anticipating external possibilities or scenarios that may require mitigation.

3. **Risk Assessment**
   Risk assessment involves the analysis of individual risks, including any plausible risk aggregation (the combined effect of different risks) where relevant. The assessment evaluates the severity and likelihood of each risk and determines the priority based on the overall level of risk exposure.

4. **Risk Response (Risk Treatment)**
   For each risk, controls are established, documented, and understood. Controls are implemented to *avoid risk*; *seek risk* (take opportunity); *modify risk*; *transfer risk* or *accept risk*. Gaps in control are subject to action plans which are implemented to reduce residual risk. The Board of Directors has considered its appetite for taking risk and expressed its appetite in the form of target risk ratings in the Board Assurance Framework.

5. **Risk Reporting**
   Significant risks are reported at each formal meeting of the Board of Directors and Risk Committee. In addition, in the event of a significant risk arising, arrangements are in place to escalate a risk to the Chief Executive and the Executive Team. The level at which risk must be escalated is clearly set out in the Risk Management and Assurance Policy. The Audit and Assurance Committee and Board of Directors lead the acquisition and review of assurances, in line with the Board Assurance Framework, to keep risk under prudent control. The Board of Directors has in place an up-to-date and continually reviewed Board Assurance Framework.

6. **Risk Review**

   Those responsible for managing risk regularly review the output from the risk register to ensure it remains valid, reflects changes and supports decision making. In addition, risk profiles for all Divisions remain subject to detailed scrutiny as part of a rolling programme by the Risk Committee. The purpose of the rolling programme of review is to track how the risk profile is changing over time; evaluate the progress of actions to treat risk; ensure controls are aligned to the risk; ensure risk is managed in accordance with the Board's appetite; check resources are reprioritised where necessary; and ensure risk is escalated appropriately.

Incident reporting and investigation is recognised as a vital component of risk and safety management and is critical to the success of a learning organisation. An electronic incident reporting system is operational throughout the organisation and is accessible to all colleagues. Incident reporting is promoted through induction and routine mandatory training programmes, regular communications, patient safety walk rounds or other visits and inspections that take place. In addition, arrangements are in place to raise any concerns at work confidentially and anonymously if necessary.

The most significant strategic risks facing us continue to be: (i) the maintenance of sufficient numbers of skilled employees to deliver our full range of clinical services; (ii) financial sustainability due to the requirement to increase activity while substantial cost pressures remain; and (iii) demand that overwhelms our capacity to deliver care effectively. These risks are inter-related and incorporated into the Board Assurance Framework (BAF). Should one or more of these risks materialise, or any other risk captured in the BAF, it may trigger a compound effect upon the safety/quality of care and/or financial sustainability. Our Board of Directors has focused throughout the year on delivering sustainable improvements in the quality and safety of clinical services, and strengthening our ability to meet demand, supported by refreshed recruitment and retention strategies and prudent financial management.

Standards of safety and care are perpetual risks, as are financial sustainability, working closely with local health and care partners and the potential for major disruptive incidents. Capacity and demand for care, and workforce capacity are expected to remain for the foreseeable future, and strategic partnerships will further develop over the coming months and years.

A breakdown of the risks addressed in the BAF, and how those risks are being mitigated, is captured in table 1 below.

Table 1: Clinical, Operational and Financial Sustainability Risks

Potential Risk	How the risk might arise	How the risk is being mitigated	How are the outcomes assessed
Significant deterioration in standards of safety and care.	This may arise if safety-critical controls are not complied with, there are shortfalls in staffing to meet patient need, demand exceeds capacity for a prolonged period, or there is a loss of organisational focus on safety and quality in the governance of Sherwood Forest Hospitals.	Maintaining a strong emphasis and focus on safety, clinical outcomes and patient experience as part of the Trust's governance and performance management framework; striving for excellence and challenging unsatisfactory performance regarding organisational control; delivering training, complying with safety-critical organisation policies and procedures, and learning from adverse events are ways we are currently mitigating this risk.	Progress and outcomes are monitored through the Quality Committee, supported by the Patient Safety Committee and other sub-groups. This includes safety and quality indicators, incident investigations and key performance indicators.
Demand that overwhelms capacity.	This risk may arise if growth in demand for care exceeds planning assumptions and capacity in secondary care; primary care is unable to provide the service required or there is a significant failure of a neighbouring acute provider. The risk may also arise if there are unexpected surges in demand, such as those created by pandemic disease.	Managing patient flow, developing and maintaining effective working relationships with primary and social care teams, working collaboratively across the wider health system to reduce avoidable admissions to hospital are some of the risk treatment strategies that will feature in how we mitigate this risk going forward.	Progress and outcome are monitored through the Quality Committee, supported by the Patient Safety Committee. This includes safety and quality indicators, incident investigations and key performance indicators.
A critical shortage of workforce capacity and capability.	Due to the number of clinical staff eligible for retirement, the availability of newly qualified practitioners, and increasing competition for the clinical workforce, we anticipate the staffing challenges to be significant.	The People, Culture and Improvement Strategy is specifically designed to help mitigate this risk. By focussing on attracting and retaining high calibre practitioners, building and sustaining high-performing teams, by engaging and developing clinical teams, and adapting to meet the needs of a changing workforce, we aim to make Sherwood Forest Hospitals the employer of choice.	Progress and Outcomes are monitored through the People, Culture and Improvement Committee, supported by the People and Inclusion Cabinet. This includes vacancy levels, training and development progress.
Failure to achieve the Trust's financial strategy.	*The delivery of high-quality* care helps to mitigate financial risk by reducing avoidable expenditure, minimising harmful care that extends length of stay or requires additional treatment. This risk may	A local and system-wide Financial Improvement Plan is specifically designed to address the financial challenge and deliver financial outturn in accordance with agreed control totals, gradually progressing towards break-	Frequent assessment of performance and forecast trajectories is monitored through the Finance Committee.

	arise if the trust is not able to secure sufficient funds to meet planned expenditure, maintain or replace vital assets, and/or is not able to reduce expenditure in line with system-wide control totals.	even (no surplus or deficit at the year-end). To safeguard quality, proposals to reduce expenditure are subject to Quality Impact Assessment – overseen by the Medical Director and Chief Nurse.	
Inability to initiate and implement evidence-based improvement and innovation.	This risk may arise if there is a lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care.	Maintaining a strong emphasis and focus on safety, clinical outcomes and patient experience as part of the Trust's improvement agenda; striving for excellence and challenging unsatisfactory performance regarding organisational development; delivering training, complying with safety-critical organisation policies and procedures, and learning from adverse events are ways we are currently mitigating this risk.	In addition to the Trust's Improvement Strategy, frequent correspondence and discussions with our partners and commissioners to ensure focus is maintained on quality and systems improvement, whilst maintaining compliance with regulatory requirements.
Working more closely with local health and care partners does not fully deliver the required benefits.	*This risk, which is currently being mitigated, may arise where strategic partners are unable to balance competing demands and/or work collaboratively across the whole health and social care system.*	Active participation and engagement with all ICS and ICP stakeholders to ensure effective planning, implementation and governance at a system level. We Continue to play a leading role in the Integrated Care System.	Frequent review of progress through ICS and Place Based Partnership engagement to monitor the effectiveness of system planning and project implementation.
A major disruptive event.	This risk, which is currently being mitigated, may arise where there is an expected or unexpected event which could lead to rapid operational instability and put safety and quality at risk. Such events include fire, cyber security and prolonged loss of utility (water, gas, electricity supplies).	This risk is mitigated through planned preventative maintenance, proactive inspection, regular testing of business continuity arrangements and horizon scanning.	This is monitored through the Risk Committee, supported by various sub-groups. Includes reporting of emerging risks and events to ensure effective management and mitigation.
Failure to deliver sustainable reductions in the Trust's impact on climate change.	This risk may arise if the Trust's vision to further embed sustainability, through actions outlined in our Green Plan, are not achieved.	This risk is mitigated through management of the action plan, engagement and awareness campaigns (internal/external stakeholders) and Environmental Sustainability Impact Assessments built into project implementation processes.	This is monitored through the Risk Committee, supported by various sub-groups. It includes reporting of progress and emerging risks to ensure effective management.

It is not envisaged these risks will change over the coming year. The Internal Audit Plan and Counter Fraud Plan are approved by Board members and are aligned, where appropriate, with the principal risks in the BAF. The Audit and Assurance Committee uses the reports of management and internal audit to provide assurance to the Board as to the effectiveness of the BAF as a component of the internal control framework.

Clinical Audit 2021/22

The Covid-19 pandemic has continued to impact the clinical audit programme in 2021/22 in terms of both clinical engagement in the face of organisational challenges, staff deployment, and in collating and communicating outcomes and learning.

Nevertheless, there have been gains; there is now a programme in place, led by the Chief Clinical Registrar and the Improvement team, to coach trainee doctors in audit activities earlier in their rotation, so that they can benefit from guidance and support to lead improvement. We also have a transparent and accessible digital Audit platform in place, where Trust-wide outcomes and learning can be viewed by any colleagues participating in clinical audit.

1. **National clinical audits 2021/22**
   During **2021/22**, Sherwood Forest Hospitals NHS Foundation Trust participated in 52 national clinical audits and three National Confidential Enquiries into Patient Outcomes and Death (NCEPOD).

   Total Number of audits in the 2021/22 plan: = 365
   Number of local / other audits: = 313
   Number of national audits, including NCEPOD: 55
   Number of audits fully completed: = 142
   Percentage of completed audits = 38%

   Some of the key learning from National Audits during 2021/22 is as follows:

   The Sentinel Stroke National Audit Programme (SSNAP) has reported that we have achieved the standard for 24 of the 30 standards of care criteria that they audit against. We have shown strong performance against the criteria (100%) for patients starting Thrombolysis where eligible, the percentage of applicable patients receiving a joint health and social care plan on discharge and the percentage of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation.

   Epilepsy 12 National Clinical Audit - the results of the audit show that 86% of our children and young people had an input to their care from an Epilepsy Nurse Specialist which is favourable against the national figure of 63%. The audit also found that 90% of patients had input into their epilepsy care from a paediatrician with expertise in epilepsy.

This learning has been made visible across the organisation through a poster, and this approach is being considered for other audits in terms of raising visibility and sharing organisational outcomes and learning.

The Society for Acute Medicine Benchmarking Audit (SAMBA) 2021 provides a snapshot of the care provided for acutely unwell medical patients in the UK over a 24-hour period on Thursday 17th June 2021. Sherwood Forest Hospitals met the key performance indicators in more than 90% of the metrics. 92% (National average 77.4%) of patients had an early warning score recorded within 30 minutes of arrival to hospital. 96% (National average 87.4%) of unplanned admissions were seen by a tier 1 clinician within four hours of arrival to hospital. 98% (National average 67.8%) of unplanned admissions who required a medical consultant review were seen within the target time.

National Lung Cancer Audit (NLCA) Sherwood Forest Hospital (79.8%) is above the national average (75% in 2020) for the percentage of patients that are seen by a Cancer Nurse Specialist. It also displays a favourable median time from diagnosis to treatment for patients of 13 days compared to the national figure of 27 days in 2020.

National Emergency Laparotomy Audit (NELA) - Year 7 The report shows that Preoperative input by a consultant surgeon when there's a documented risk of death of more than 5% has improved from 74.6% of cases in Year 6 to 100% in Year 7. In addition, the results also show that we achieved a high score regarding consultant surgeon and anaesthetist presence in theatre when risk of death of more than 5%.

Looking forward to 2022/23 we aim to:

Strengthen both the assurance and visibility of clinical audit within the organisation via the Improvement in Clinical Audit Group, Advancing Quality Programme and by learning from, and sharing activities on key Trust-wide themes. This has started via the 'Antimicrobial Stewardship Quality Improvement Group' which has brought together different teams working in silos, into one cohesive project team.

To further connect audit to the continuous improvement and learning cycle; this will focus on process outcomes by being more directly involved as a team at Divisional Governance level, to influence more locally and to pull forward learning and good practice across the organisation.

Continue our focus on developing and progressing the QIP Club for trainee doctors, sharing this development both inside and outside the organisation.

To align to and contribute to Trust strategies; People, Culture and Improvement Strategy, the Continuous Improvement Strategy, the Quality Strategy and to support the nursing's Pathway to Excellence approach.

Workforce

Our workforce plan is linked to the national NHS People Plan and associated People Promise. This strategy was nationally introduced in July 2020 and is underpinned by an annual implementation plan, with progress regularly reported to our Board and associated Committees. A key part of the implementation plan has been to respond the challenges faced during the global pandemic of Covid-19 and the recovery of our workforce.

Our workforce strategy and plan reflect our numerical and skill mix requirements and is aligned with the Integrated Care System People and Culture Strategy. It focused on supporting the workforce during the global pandemic of Covid-19. It is consistent with our financial, quality and activity plans and supports the Developing Workforce Safeguards recommendations as it is the result of a structured cross-trust approach. However, it is noted that due to the pandemic our workforce strategy for 2021/22 was focused on the recovery and restoration of services and a new three-year Workforce Strategy will be introduced for 2022-2025 to achieve local, regional, and national priorities.

During 2021/22 the planning arrangements were paused, and as a result our plans have been carried over, however, the work we have undertaken on restoration and recovery has moved forward our workforce plans. We are developing a strategic workforce plan for 2022/2023 which is being co-designed with divisional colleagues, and is linked to the wider ICS workforce plan.

In relation to workforce plans our divisional teams are supported by HR and Finance teams to ensure workforce capacity is both affordable and sufficient to deliver on projected activity levels, in the short, medium and longer term. This bottom-up approach to ensuring we have safe and adequate staffing levels is supported by our executive-led People and Inclusion Cabinet.

Regular, staffing establishment reviews are also carried out and we have invested in E-Rostering, E-Job Planning and Clinical Activity Manager system. These all help better align our staffing to our activity and acuity levels.

We have expanded our temporary staffing offer as well as the governance around the processes. Additionally, we have had a programme of recruiting to vacancies; as such we have seen our Trust vacancy level reduce over the past 12 months.

Part of our approach to workforce planning is to ensure that we optimise our existing workforce. E-Rostering and E-Job Planning are key parts of our strategy and they are already well embedded in the organisation for both nursing and medical colleagues.

Key risks concerning workforce capacity and capability are contained in the Board Assurance Framework and were regularly reviewed by the People, Culture and Improvement Committee during 2021/22. They will continue to be reported in 2022/23. New roles are being developed to support our medium-term and longer-term workforce requirements, which will be linked to the Strategic Workforce Plan.

Over the past 12 months the Board has prioritised supporting staff with their health and wellbeing. Areas of focus over the past 12 months have been advertising and embedding the wellbeing support through an Employee Assistance Programme (EAP), supporting physical and emotional wellbeing, implementation of rest and recuperation zones and signposting to wellbeing offers available internally and externally. In addition, the Trust has implemented an additional onsite Clinical Psychology Service to provide extra support to staff who experience trauma within their work, and we have invested in our in-house Occupational Health service.

The Trust has embedded a Just and Restorative Culture focussing on why issues have arisen and what has contributed to errors or concerns rather than apportioning blame. This piece of work links into our wider civility work. This approach has resulted in a significant decline in the number of employee relation incidents.

We will continue to work closely with Health Education East Midlands (HEEM) and be guided by the People and Culture Board and national policy. We continued to work with partners such as East Midlands Leadership Academy (EMLA), and Regional NHS England / Improvement (NHSI/E) Teams to develop the existing workforce.

The Apprenticeship Levy continues to be an effective tool in supporting workforce transformation across our organisation and the wider ICS. We intend to develop and grow year-on-year the number of apprenticeships we support. We are determined to achieve an appropriate balance of clinical and non-clinical apprenticeships. The levy is also being used to support leadership development with levy funded Masters and MBA Programmes.

International recruitment of both doctors and nurses is a key part of our workforce strategy. We have also assessed the risk associated with European Union nationals in our workforce. The impact of Brexit on our workforce supply has been minimal, due to our limited reliance on EU staff.

As an NHS employer the Trust ensures, staff entitled to membership of NHS Pension Scheme are offered the scheme and measures are in place to ensure Scheme regulations are complied with regarding relevant deductions and contributions. The Trust also ensures that in accordance with Scheme rules records are accurately kept and updated in accordance with Regulation timescales.

Under the review of the Trust's People, Culture and Improvement Committee assurance is provided regarding the Trust's obligations to ensure equality, diversity, inclusion and human rights legislation are complied with.

We have adopted the NHS Improvement Workforce Safeguards (2018), and these are reported to the People, Culture and Improvement Committee. These standards ensure our staffing governance processes are informed, safe and sustainable, these includes:

- Embedding the National Quality Board standards
- Ensuring safe staffing processes include evidence-based tools, professional judgement and outcomes

- Receiving assurance from the Chief Nurse and the Medical Director that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable
- Having an effective workforce plan that is updated annually and signed off by the Board of Directors.

Compliance with NHS Foundation Trust Condition 4 (Foundation Trust governance)

The annual self-certification provides assurance that NHS providers are compliant with the conditions of their NHS provider licence. Compliance with the licence is routinely monitored through the Single Oversight Framework, on an annual basis. The licence requires providers to self-certify they have:

a) Complied with governance arrangement (condition FT4)

Our self-certification was approved by the Board in May 2021. The self-certification process requires a response to the following five questions:

1. The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time .

3. The Board is satisfied that the Licensee has established and implements:
   (a) Effective board and committee structures
   (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees
   (c) Clear reporting lines and accountabilities throughout its organisation.

4. The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:

   a. To ensure compliance with the Licensee's duty to operate efficiently, economically, and effectively
   b. For timely and effective scrutiny and oversight by the Board of the Licensee's operations
   c. To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board, and statutory regulators of health care professions
   d. For effective financial decision-making, management, and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern)
   e. To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making
   f. To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence
   g. To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery
   h. To ensure compliance with all applicable legal requirements.

5. The Board is satisfied that there are systems and /or processes referred to in paragraph 4 (above) that should include but not be restricted to systems and processes to ensure:
    a. That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided
    b. That the Board's planning and decision-making processes take timely and appropriate account of quality-of-care considerations
    c. The collection of accurate, comprehensive, timely and up to date information on quality of care
    d. That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care
    e. That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders
    f. That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

6. The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

The Board considered the risks to each element of the self-certification and confirmed evidence of compliance with condition 4; the key elements are noted below.

During the year due to the pressure on the organisation due to the pandemic our governance processes were reviewed and slimmed down to ensure the key items remained the focus with some items being deferred to later in the year.

Our governance committee structure has provided our Board of Directors with assurance during the year regarding quality, including compliance with the CQC standards and finance, particularly regarding specific issues raised by NHS Improvement in terms of loans and working capital facility.

During the year, our Board has received assurance regarding the performance through the Single Oversight Framework Integrated Performance Report and supporting exception reports for indicators rated as red on the performance dashboard, bringing together performance metrics and information relating to workforce, quality priorities, staffing and finance.

Reports to Board from the Board committees provide further assurance to the Board on the effectiveness of risk management and internal control, including the reporting of incidents through either Quality Committee for clinical incidents and Audit and Assurance Committee for Information Governance incidents. Reports from internal and external audit are reported to Board through the committee structure with any escalations being highlighted in the committee chair's report to Board.

We are registered to provide healthcare on the following hospital sites – King's Mill Hospital, Newark Hospital, Mansfield Community Hospital and Ashfield Health Village. The registration requirements are reviewed on an annual basis with our CQC Local Team. In response to the rollout of the Covid-19 vaccination programme the Trust applied under set regulations the extension of its registration to the following vaccination sites – The Mansfield Vaccination Centre, Newark Showground, King's Meadow Campus, Richard Herrod Centre, Gamston Community Hall and Forest Recreation Ground. The Trust also provides vaccination centres at King's Mill Hospital and Ashfield Health Village, this falls under the Treatment of Disease, Disorder, and Injury condition of our current registration.

The Chief Executive, Medical Director, Chief Nurse, and the Deputy Director of Governance and Quality Improvement facilitate a regular engagement meeting every six weeks with our CQC Relationship Manager and the Lead Inspector. This meeting provides an opportunity for us to demonstrate on-going improvements in care but also an opportunity for CQC colleagues to gain assurance that timely and appropriate actions are in place to address issues raised through incident reporting, complaints and patient experience feedback. Since July 2017 CQC colleagues have visited a specialty area during the engagement meeting to enable them to meet SFH colleagues and further understand about the care we provide to our patients. These visits have been received very positively by both parties and have provided additional assurance that we understand where we provide excellent care and where there is further work to do. The success of this approach negated the need for additional staff focus groups and individual meetings during the most recent CQC Inspection resulting in a more streamlined visit.

We are fully compliant with the registration requirements of the Care Quality Commission.

We have published on our website an up-to-date register of interests, including gifts and hospitality, for decision-making colleagues (band 7 and above) within the past 12 months, as required by the Managing Conflicts of Interest in the NHS guidance.

As an employer with employees entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and has plans in place which take account of the Delivering a Net Zero Health Service report under the Greener NHS programme. We ensure our obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency, and effectiveness of the use of resources

Our Board of Directors performs an integral role in maintaining the system of internal control, supported by the Board Committees and internal and external audit.

The internal audit plan is agreed by the Audit and Assurance Committee and is focused on key risk areas, identified through our Board Assurance Framework and via escalation processes from other board committees. Follow up audits are also included in the plan to ensure that actions are implemented, and improvements sustained.

The Board receives regular updates and assurance on the economic, efficient and effective use of resources, including:

Finance Committee - the Finance Committee receives detailed financial operating and outturn information, including historical and forecast pay and non-pay spending analysis, monitoring of the underlying financial position and assurance about financial control. A regular update on the financial position of the ICS is presented to the Finance Committee.

Risk Committee - this Committee receives assurance regarding the risks on the Board Assurance Framework, with divisional risks reviewed on a cyclical basis. The risks reviewed include those relating to workforce recruitment and retention, organisational sustainability and financial performance.

Trust Board - the Board receives assurance from its committees mentioned above. The main element of performance reporting is the Single Oversight Framework (SOF) which provides the Trust Board with key operational performance indicators on a monthly basis. For each of these indicator's standards and thresholds are agreed up front to help drive when indicators are flagged for specific follow up. The SOF highlights performance in different domains in line with the Trust's strategy and draws out key areas for improvement within each domain.

Transformation and Efficiency Cabinet - the Cabinet leads on the delivery of longer-term strategic change on behalf of the Trust Board with a nominated executive lead supporting the programme leads. The cabinet meets monthly to review progress to deliver transformational change that will improve services for the local population and deliver financial efficiencies.

Incident Control Team (ICT) - since the onset of the pandemic the Trust has had in place an Incident Control Team, chaired by the Trust's Accountable Emergency Officer (the Chief Operating Officer). The group meets weekly (or more regularly as required by the pandemic) and decisions made are ratified in the following Executive meeting.

People and Inclusion Cabinet - the People and Inclusion Cabinet provides scrutiny and assurance of the development, delivery and impact of the Trusts People and Inclusion strategy and plan. This includes the review of associated BAF risks, to provide assurance that those risks are being effectively mitigated or managed in a controlled way, and to provide assurance that suitable

structures, systems and processes are in place and functioning to support colleagues to deliver high-quality patient care.

PFI contract management is overseen by a contract management team, who ensure the outputs in the PFI specifications are met. Due to the contribution of the scheme to the wider underlying deficit the Trust has engaged with PFI specialists to review the nature of the contract. A monthly report is taken to Trust Board to update on PFI-related issues.

In response to the Covid-19 pandemic an interim financial framework was introduced across the NHS for the financial year 2020/21. This framework continued in 2021/22 and under this framework the Trust has largely been funded through fixed allocations. During the first half of the financial year (H1) these fixed allocations were supplemented with additional retrospective funding to match costs and to ensure a balanced health service position. These ceased in the period October 2021 to March 2022 (H2) where control totals were agreed with organisations, with the intention of still ensuring break even across the NHS.

Throughout the financial year, income and expenditure has been reviewed on an actuals basis and changes to run rate are reviewed and explained as part of the monthly reporting process. The Trust has also worked closely with our Counter Fraud Specialist and Internal Auditors throughout the pandemic.

We have ended the year with a deficit of £1.25m. Adjusting for asset impairments and other non-control total items gives a control total basis deficit of £13.18m. This value is aligned with the forecast outturn agreed between the Nottinghamshire ICS and NHSEI for the financial year 2021/22. Details relating to this position are included elsewhere in this report. Although the financial outturn is consistent with the agreed position we remain in a financially challenged position with a significant underlying deficit.

The Trust's Standing Financial Instructions have remained in place throughout the pandemic. Covid related expenditure is only incurred following approval (except for some pay costs for covering Covid-related absences, which are reviewed through month-end processes). All non-Covid costs are reviewed monthly against the financial plan and forecast, with a variance analysis completed on any significant movements. In addition, the Trust continues to report an underlying financial position the Finance Committee on a monthly basis.

During 2021/22 the Trust has not accessed additional interim revenue support in the financial year, however, capital of £10.85m was agreed with NHSEI and drawn down in the form of Public Dividend Capital.

The pandemic has continued to lead to significant changes in working practices and presented challenges in relation to recruitment and retention of employees. We have continued to actively recruit to our employee establishment and have been successful in reducing our number of vacant posts, although recruitment difficulties continue in the nursing and medical workforce. Changing demands and unprecedented levels of staffing absence rates, including those directly

related to Covid-19, have necessitated the requirement for additional temporary staffing during the year.

This has influenced an increase in agency expenditure to £16.89m in 2021/22, compared to a notional ceiling for the year of £12.66m. Although the formal agency expenditure ceiling was relaxed for 2021/22 the Trust has maintained controls to manage agency usage and costs.

The use of bank employees has been particularly important in the past year and the Trust has continued to grow this resource, with over 6,975 staff now on the Trust's bank. In addition, the Trust has taken on responsibility for the roster management of the Covid Vaccination Programme in Nottinghamshire. This has significantly increased pay costs, but; these costs are matched by funding from NHSEI.

The Transformation Team is responsible for supporting the Trust to deliver the overall Financial Improvement Programme (FIP). Identification of FIP schemes is led by the Transformation Team and supported by divisional teams and finance. The Trust uses benchmarking information from the Model Hospital and other sources including the Trusts Patient Level Information and Costing System (PLICS) to help to identify opportunities. For 2021/22 the Trust has reported efficiency savings of £5.8m. Development of the FIP plan for 2022/23 has started with a planned FIP of £11.7m. An Internal Audit of the Financial Improvement Plan and Programme Management Office, received a limited assurance audit opinion, there were three recommendations in the report two medium and one low, all three have been completed and evidence provided to Internal Audit who have approved the completion.

Despite the revised financial frameworks that have been in place since 2020/21 the Trust continues to operate at a recurrent underlying deficit and faces future uncertainty regarding future contracting and income arrangements. Close working with Nottinghamshire ICS partners to manage resource allocations at a system level will be crucial in ensuring financial sustainability.

The Nottinghamshire ICS has strengthened governance arrangements over the past year, which has supported closer system working and encouraged a greater level of transparency and consistency between organisations. The introduction of an ICS Transformation Cabinet and an ICS Finance Committee will facilitate the sustainable recovery and transformation of services. It is currently expected that the ICS will become a legislated body from Q2 which will be responsible for managing resources and ensuring delivery of the ICS agreed control totals in 2022/23.

These conditions indicate that there is uncertainty which may cast doubt about the Trust's ability to continue as a Going Concern, however, the assurance provided by the immediate continuing provision of healthcare services and improved access to funding through changes in the NHS financing regime significantly mitigates this and under the existing guidance as issued by the Financial Reporting Council, Practice Note 10, the accounts have been prepared on a going concern basis.

The Board of Directors has taken steps to ensure that this remains the case for the next 12 months.

A detailed going concern paper was reviewed and approved by the Audit and Assurance Committee in support of this assessment and is subject to an external audit review as part of the annual accounts process.

Information Governance

Information Governance (IG) is the responsibility of both the Director of Corporate Affairs, who is also our Senior Information Risk Owner (SIRO) and the Medical Director who is our Caldicott Guardian. The SIRO is supported by a network of information asset owners, who ensure the integrity of, and monitor access to, the systems for which they are responsible. The Director of Corporate Affairs as SIRO and the Caldicott Guardian share the chair of the IG Committee. A working group also operates as part of the IG structure. The reporting and management of risks relating to data and security are safeguarded by ensuring all our employees are reminded of their data security responsibilities through education, at induction and through mandatory training requirements. More than 4,000 colleagues received mandatory IG training in 2021/22, and regular reminders are shared via internal communications. Near misses and lessons learned are used to inform the training programme, ensuring that the programme remains dynamic and reflects current and meaningful issues to facilitate greater employee engagement and ownership of IG processes.

Work continues to raise the profile of IG using a variety of mediums to ensure that incidents and lessons learned are brought to the attention of all employees.

Reports are shared at appropriate divisional and corporate meetings and colleagues are notified about updates to policies and guidelines via the Bulletin as soon as they are published on the intranet.

Risk Management and Assurance

As part of ensuring continued compliance with the IG agenda, we review the Terms of Reference for the IG Committee on an annual basis. The group has a strategic focus to ensure effective policies, processes and management arrangements are in place covering all aspects of information governance, including:

- Information security
- Data quality
- Digital continuity
- Records management
- Information disclosure
- Information sharing
- Legal and regulatory compliance.

This strategically focused group meets on a bi-monthly basis and is supported by the IG Working Group, which reviews Data Impact Assessments, as part of the wider stakeholder engagement.

This is to assess the level of risk and consider both the likelihood and the severity of any impact on individuals' rights and freedoms. The group also reviews national guidance to inform both strategy and policy development together with implementation plans and processes.

The IG Committee monitors the completion of the Data Protection Security Toolkit (DPST) submission, data flow mapping, and information asset registers. We have implemented the DPST requirements achieving 110/110 standards by the June 2021 deadline We are on target to achieve the same for 2021/22

The SIRO and Caldicott Guardian received formal training on their statutory responsibilities during 2021/22 to refresh skills and awareness of legislative changes.

Data Flow Mapping

Data from and to SFH is mapped and reviewed on an annual basis. The data flow mapping template has been updated in line with GDPR legal basis Article 6 and Article 9, which now includes categories of data subject / personal data, categories of recipients, information transferred overseas, whether data is retained or disposed of in line with polices, if not why not, and whether there is a data sharing agreement in place.

The SIRO is responsible for the development and implementation of the organisation's Information Risk agenda. During 2021/22 we have undertaken an annual review of information flow mapping to ensure we are assured information flows into and out of the organisation are identified, risk assessed and addressed. This is then expanded to ensure we have assurance all information is stored securely and appropriately and any partners in delivery of either shared care or information storage achieve the same high levels of information governance assurance. Information flows that have been provided have been reviewed and approved by the SIRO.

Serious Incidents Requiring Investigation (SIRI)

As part of the Annual Governance Statement, we are required to report on any Serious Incidents (SIRIs) or Cyber Incidents which are notified on the DSPT reported through to either the ICO or NHS Digital.
To date there has been one incident that required reporting to the Information Commissioners Office (ICO). We have had no further action from the regulators after investigation. The incident consisted of a compromise of the integrity of information.

Information Sharing

The IG department is actively involved in developing meaningful partnership working with neighbouring healthcare providers. The intention being to ensure the sharing of patient data is protected in line with national guidance in a seamless, robust and effective way across partner organisations.

Freedom of Information (FOI)

During 2021/22 the Trust processed a total of 600 FOI requests. This function is managed by the Information Governance Team and the activity is demonstrated in the table below.

Total	Breached timeframe of 20 days	Escalated to ICO
600	138	0

Any breaches in the 20-working day statutory response timeframe are due to complex requests that require input from multiple teams or due to an issue with a gap in the process, which has now been addressed and we will ensure where possible full compliance. The Impact of the ongoing Covid-19 pandemic has also affected compliance rates; several the FOIs are assigned to departments who are inundated with Covid-19 related work, such as the infection control team and information services.

Of the requests, 527 are currently completed, five on hold waiting further information and 68 still in progress. Of the requests completed 355 have been completed within 20 days which show a compliance rate of 67.3%.

Subject Access Requests (SARs)

The Trust has received 2,846 requests for access to patient records. Most cases are processed in line with national guidance which is exemplary given some of these cases represent hundreds of pages of information and require methodical attention to detail to ensure information is released appropriately.

There have been no complaints to the Information Commissioner – any requests for review of content of records by patients have been handled locally and achieved satisfactory resolution for patients.

From July 2021 the access team at KMH has been processing all the SAR requests for the trust.

April 21 to March 22 Total		Completed within 21 days	Completed 21-30 days	Completed more than 30 days
Kings Mill	2,731	2638	93	0
Newark	99	94	4	1
IG – Staff	16	10	4	2

Horizon Scanning

Data security will continue to have an increased focus over the next few years. It is impossible to eradicate human error in our work practices and therefore we will begin to see more clinical systems being digitised. While providing a more efficient and safe way of working, introduces a greater cyber-attack landscape. We are currently seeing more sophisticated phishing attacks and hackers are exploiting more vulnerabilities within our systems, which poses a high risk to the data we hold.

Data portability for patients will become increasingly common practice and we need to ensure data can be moved from one IT environment to another in a safe and secure manner. The introduction of the ICS is crucial to ensure data portability is progressed. The new Health and Social Care Bill which received Royal Assent in April 2022 aims to reform how health and care services begin to work together and data will need to be moved across geographical boundaries.

Legislation will need to be up-to-date and relevant in the digital age and we are already seeing some updates, which could have an impact on the Trust as we become more aware of ethics and human rights, the UK GDPR will need to be updated to reflect these changes.

Biometric controls are already in place in many of our personal lives with fingerprint unlocking on devices and voice activated smart assistants and this is set to become more widely used in healthcare settings.

Data Quality and Governance

SOP – Quality Assurance and sign off process

In accordance with the NHS Standard Contract, the Trust is required to participate in a range of national audits and clinical outcome reviews. In addition, the Trust is required to make routine information submissions to NHS Digital, NHSEI, Unify and the CCG. These submissions are quality assured and signed off before submission for the following reasons:

- **Quality assurance of data pre-submission** – to ensure the data has integrity and can be used in confidence to inform decision making and service development
- **Sign off data pre-submission** – to ensure that data are a true and accurate reflection of the Trust's position.

A comprehensive list of routine external submissions, together with the relevant operational and Executive Director leads is maintained. Quality assurance of National Audits is provided by clinical lead and head of service before signing off by the Clinical Chair and Executive Medical Director. Information requirements for example elective waiting time data is quality assured pre submission by the Divisional General Manager before signing off by the relevant Executive Director.

The relevant Executive Director may delegate responsibility for frequent, routine submissions, such as the daily situation report, but the Executive Director will remain the accountable officer for the submission.

The Trust assures the quality and accuracy of its Audit and Information requirements (for example elective waiting time data), and mitigates risks to the quality and accuracy of this data through the quality assurance and sign off procedure above and the work of the Data Quality Team which covers the following areas:

- **Validation** – in response to known areas of data quality concern (as identified through reporting or operational processes), we will:
    - Actively validate data sets to ensure decision making is based on accurate information
    - Ensure operational/clinical teams are informed to enable necessary action to be taken in cases where patient care is affected.

- **Addressing errors** – where data errors are identified, in addition to informing operational/clinical teams to enable the patient impact to be understood and addressed, we will:
    - Identify the root cause
    - Correct the information, as necessary
    - Ensure feedback is provided to the originator of the root cause (for example user, system provider, etc.)
    - Ensure action is taken to reduce or prevent repetition of the issue

- **Reporting** – use of key performance indicators (KPIs) to:
    - Monitor levels of data quality
    - Identify improvements or deterioration in data quality
    - Identify areas for validation, corrections, training, process improvements or ad hoc audits

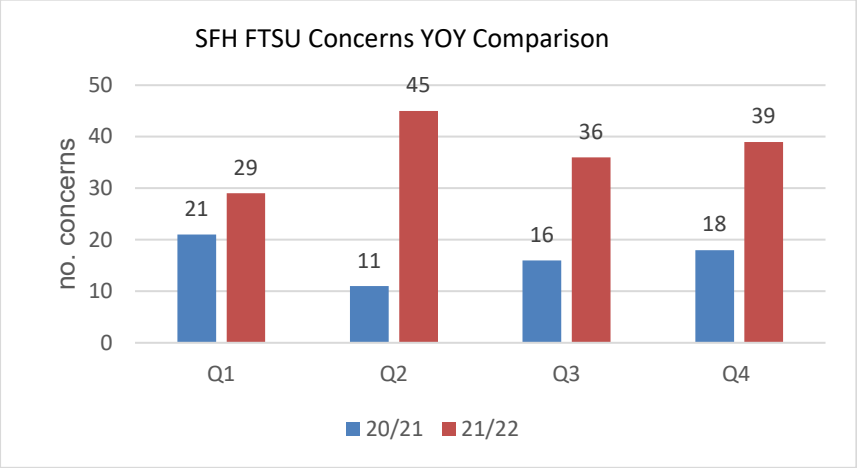
- **Auditing** – delivery of an audit programme to:
    - Systematically check for data quality issues across the Trust, through sampling of records and providing appropriate feedback
    - Allow for ad hoc audits in response to suspected Data Quality weaknesses

- **Training** – delivery of Data Quality training for relevant members of staff. In addition, we provide targeted training in response to themes or repeated errors, as identified through:
    - Audit
    - Reporting
    - Operational issues

- **Process improvements** – where necessary, we systematically change operational processes to maximise data quality. Any such process changes are:
    - Clinically and operationally owned, designed and supported
    - Underpinned by procedural documents
    - Not be to the detriment of patient care
    - Reviewed once implemented

Freedom to Speak Up

During the year 2021/22 , 149 cases were raised to the FTSU Guardian compared with 69 cases raised the previous year



There is a significant increase in concerns raised to the FTSU Guardian during the year and contributing to the increase is the appointment of a full time Guardian and active investment in and recruitment of FTSU Champions. The Trust now has more than 20 Champions, and this has increased visibility of and accessibility to our speak up culture. We have had a noticeable increase in our medical workforce raising concerns aided by appointment of a medical FTSU Champion

Top two themes:

1. Incivility, bullying and harassment

2. Leadership styles and behaviours

Organisational learning from the themes is fed through Culture and Improvement workstreams, regular and direct communication with the Executive Team and FTSU Guardian involvement in Training & Development Programmes.

Feedback is requested from all those that raise concerns. No case of detriment for speaking up has been reported in this year. Feedback received on the process is positive and colleagues say they would use it again to raise concerns .

Quality

A review of our performance from 1 April 2021 to 31 March 2022 indicates there are appropriate controls in place. These controls include:

- Corporate level leadership for the quality account is assigned to the Chief Nurse
- Quality governance, quality and performance reports are included in our performance management framework
- Internal audits of some of our indicators have tested how the indicators included in the Quality Report are derived, from source to reporting, including validation checks
- Key individuals involved in producing the report are recruited on the basis that they have the appropriate skills and knowledge to deliver their responsibilities

We have engaged with a wide range of stakeholders in our activity to improve the quality of care provided. The same assurance processes are used for other aspects of performance.

The global pandemic has disrupted business as usual over the past year; nonetheless the Advancing Quality Programme remains the vehicle to drive the Quality Priorities. The Programme is closely monitored, updated and amended as required throughout the year with regular progress reports through the Advancing Quality Programme Board, the Trust Quality Committee and Board of Directors as part of the routine cycle of business.

We used the following intelligence sources to identify and agree the Quality Priorities for 2021/22.

- Stakeholder and regulator reports and recommendations
- Clinical Commissioning Group (CCG) feedback and observations following their quality visits
- Commissioning for Quality and Innovation (CQUIN) priorities
- National inpatient and outpatient surveys
- Feedback from our Board of Directors and Council of Governors
- Emergent themes and trends arising from complaints, serious incidents and inquests
- Feedback from senior leadership assurance visits and our ward accreditation programme
- Nursing and midwifery assurance framework and nursing metrics
- Quality and safety reports
- Internal and external reviews
- National policy
- Feedback and observations from Healthwatch through partnership working
- Feedback from stakeholders, partners, regulators, patients and staff in the development of our Advancing Quality Programme

The indicators are shared with each of the Trust's Clinical Divisions and through to the Board of Directors. Specific indicators within the report are monitored and reported through the Trust performance and governance framework namely the:

- Monthly divisional performance review meetings
- Patient Safety Committee

- Nursing, Midwifery and Allied Healthcare Professional Committee
- Maternity Assurance Committee
- Quality Committee.

Ockenden Report

The Ockenden Final report from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust was published on 30 March 2022. This built on Donna Ockenden's interim report published in December 2020. NHSE/I and the Secretary of State for Health have fully accepted the report and offer sincere apologies to families involved.

Within the report, there are 15 areas for national action and 60 local actions for learning for Shrewsbury and Telford Hospital NHS Trust. Four key pillars identified throughout the report are:

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

The interim report published in 2020 made clear recommendations in the form of Immediate and Essential Actions for all Maternity Services across England. Sherwood Forest Hospitals are fully compliant in six of the seven immediate actions and have processes in place to ensure that as a maternity system we reach full compliance with the final action.

As a Trust, we're proud of what we've achieved and how we are performing but we are not complacent. We have worked hard to ensure our maternity and neonatal services deliver good and safe care. This is reflected in the feedback we receive from families and our safe outcomes as a service. We recently received the results of a CQC Maternity Survey carried out among women that gave birth at Sherwood Forest and we scored very well, particularly in areas such as staff treating new mums with respect and dignity during the birth, being supportive and speaking to them in a way that they understand, as well as involving them in decision making.

Recognising the impact publication and the subsequent headlines may have on maternity teams generally, we have ensured we have a strong visible leadership presence.

The board of directors alongside the externally supported Maternity Assurance Committee will have full oversight of 15 actions released at the end of March 2022.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in the ISA 260 report for the Audit and Assurance Committee and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Assurance Committee, and the other Board Committees and plan to address any weaknesses and ensure that continuous improvement of the system is in place.

The process for maintaining and reviewing the effectiveness of the system of internal control was monitored by the Board and its committees. The chairs of these committees play a key role in assuring me of the performance, quality and financial position of the organisation, which in turn supports the management of risks across the organisation.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through their internal audit work. The Head of Internal Audit has provided me with a Significant opinion for 2021/22. See below:

> *I am providing an opinion of significant assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.*
> *In providing my opinion three main areas are considered:*
> *• Board Assurance Framework and strategic risk management*
> *• individual assignments outturn*
> *• follow up of actions.*
> *I am providing significant assurance in relation to the Board Assurance Framework and strategic risk management.*
> *I am providing significant assurance in respect of the outturn of internal audit reviews. Whilst we have a number of limited assurance reports included as part of this opinion (from the 2020/21 plan not reported in the previous annual report and the 2021/22 plan), the Trust has worked in partnership with internal audit and has sought to identify areas for improvement where there are known issues. We have, therefore, considered this in concluding our opinion for this element.*
> *I am providing a moderate assurance opinion for the follow up element of the opinion. In comparison with previous years, the Trust's performance has deteriorated in 2021/22. That said, the Audit and Assurance Committee has maintained good oversight of the position and the Trust has also enhanced the internal processes for monitoring the implementation of actions.*

This reflects the improvements made by the organisation in both embedding risk management and implementing and sustaining a robust Board Assurance Framework assurance process through the Board Risk Committee, which is chaired by me as the Chief Executive.

There have been 20 internal audit assignments during the year, including two advisory reports regarding system wide assurance in respect of the 2021/22 Operational Planning Review and Transformation and Efficiency Planning, eight significant assurance reports, 1 advisory report and six Limited Assurance reports, these are:

Internal Audit Report	High Risk Actions	Medium Risk Actions	Low Risk Actions	Date Actions Due for Completion
Financial Improvement Plan – Programme Management Office	0	2	1	All completed during 2021-22
Consultant Job Planning	0	3	1	1 Low risk outstanding at March 2022, completed April 2022
Patient Consent	0	6	3	April and July 2022
Clinical Effectiveness	0	7	0	April, June and August 2022
Contract Management Review	0	3	0	December 2022
Venous Thromboembolism (VTE) Management	0	5	1	September and December 2022

All the reports, with Limited Assurance have been presented to the Audit and Assurance Committee, by the executive lead, and the actions identified are monitored through the most appropriate committee. All internal audit reports which are rated as Significant Assurance are presented to the most appropriate committee, where the actions are also monitored. Any actions which become overdue are reported back to the Audit and Assurance Committee and the action owners are invited to attend.

The follow up element of the Head of Internal Audit Opinion provided moderate assurance due to the reduction in the number of actions implemented at first follow up falling to 67% with an overall implementation rate of 83%, in comparison with previous years our performance has deteriorated, however the Audit and Assurance Committee has maintained good oversight of the position and challenges throughout the year and we have enhanced our internal processes for monitoring of the implementation of actions to ensure managers are supported in achieving the deadlines agreed in the individual internal audit reports.

Managers and Executive Directors provide me with assurance through regular Board and management reports, all which evidence areas of effective internal control and risk management. The Audit and Assurance Committee and the Risk Committee ensure effective operation of risk management and focus on the establishment and maintenance of controls designed to give assurance that assets are safeguarded, waste and inefficiency are avoided, reliable information is produced and value for money is sought continuously.

My review for 2021/22 is also informed by:

- Regular executive reporting to Board and escalation processes through the Board Committees
- Assessment of financial reports submitted to NHS Improvement
- Patient surveys
- Staff surveys
- Clinical Audit.

Conclusion

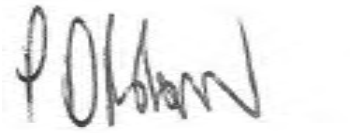
There are no significant control issues in our response to the Covid-19 pandemic. We have continued to take effective decisions and actions ensure the organisation responded effectively to the pandemic's impact on our services and patients. We have led with compassion and with support and we have communicated well.

We maintained our focus, on the transactional aspects of the impact of the pandemic including, Personal Protective Equipment (PPE) planning and fit testing of masks and because of the good work of our procurement team, working with others within the organisation and beyond, we have had sufficient PPE throughout the pandemic crisis and on-going in 2021/22. Our infection control team, working with others, have effectively led on infection prevention and control across our three sites, segregating the hospitals into different sections and we have followed national guidance throughout.

In line with government guidance, during 2021 we continued to support colleagues to work from home and the way we communicate and interact with each other has changed with the use of MS Teams and other platforms. All the feedback I have received from many sources state colleagues have felt the organisation has been well led and we have communicated clearly and inclusively.

The governance processes we implemented in March 2020 and have continued during 2021/22, has strengthened Clinical leadership. The Clinical Chairs are active participants in decision making and the medical managers' forum has evolved.

I am satisfied the organisation has a sound system of internal control supported by a robust governance structure.



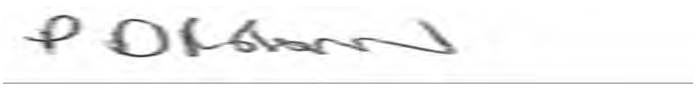
Paul Robinson
Chief Executive Officer **17th June 2022**

Annual accounts for the year ended 31 March 2022

Foreword to the accounts

Sherwood Forest Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2022, have been prepared by Sherwood Forest Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.



Signed ……

Name **Paul Robinson**
Job title **Chief Executive Officer**
Date **17 June 2022**

Statement of Comprehensive Income

	Note	2021/22 £000	2020/21 £000
Operating income from patient care activities	3	385,658	328,440
Other operating income	4	66,115	94,132
Operating expenses	6, 8	(437,504)	(423,652)
Operating surplus/(deficit) from continuing operations		**14,269**	**(1,080)**
Finance income	11	24	-
Finance expenses	12	(14,876)	(14,772)
PDC dividends payable		(679)	-
Net finance costs		**(15,531)**	**(14,772)**
Other gains / (losses)	13	16	(42)
Surplus / (deficit) for the year		**(1,246)**	**(15,894)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	1,550	(783)
Revaluations	17	-	225
Other reserve movements		-	(4)
Total comprehensive income / (expense) for the period		**304**	**(16,456)**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		(1,246)	(15,894)
Remove net impairments not scoring to the Departmental expenditure limit		(11,737)	10,417
Remove (gains) / losses on transfers by absorption		-	-
Remove I&E impact of capital grants and donations		(534)	(366)
Removal of Donated Depreciation		338	304
Remove net impact of inventories received from DHSC group bodies for COVID response		-	-
Adjusted financial performance surplus / (deficit)		**(13,179)**	**(5,235)**

Statement of Financial Position

	Note	31 March 2022 £000	31 March 2021 £000
Non-current assets			
Intangible assets	14	5,512	6,716
Property, plant and equipment	15	299,258	279,108
Receivables	19	492	1,271
Total non-current assets		**305,262**	**287,095**
Current assets			
Inventories	18	4,965	4,114
Receivables	19	14,656	20,312
Cash and cash equivalents	20	6,324	25,187
Total current assets		**25,945**	**49,613**
Current liabilities			
Trade and other payables	21	(40,238)	(50,214)
Borrowings	23	(10,151)	(9,957)
Provisions	24	(153)	(180)
Other liabilities	22	(5,582)	(1,853)
Total current liabilities		**(56,124)**	**(62,204)**
Total assets less current liabilities		**275,083**	**274,504**
Non-current liabilities			
Trade and other payables	21	-	-
Borrowings	23	(219,776)	(229,927)
Provisions	24	(670)	(1,095)
Total non-current liabilities		**(220,446)**	**(231,022)**
Total assets employed		**54,637**	**43,482**
Financed by			
Public dividend capital		415,445	404,594
Revaluation reserve		16,511	15,183
Income and expenditure reserve		(377,319)	(376,295)
Total taxpayers' equity		**54,637**	**43,482**

The notes on pages 138 -184 form part of these accounts.

Name **Paul Robinson**
Position **Chief Executive Officer**
Date **17 June 2022**

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**404,594**	**15,183**	**(376,295)**	**43,482**
Surplus/(deficit) for the year	-	-	(1,246)	**(1,246)**
Other transfers between reserves	-	(18)	18	**-**
Impairments	-	1,550	-	**1,550**
Revaluations	-	-	-	**-**
Public dividend capital received	10,851	-	-	**10,851**
Public dividend capital repaid	-	-	-	**-**
Other reserve movements	-	(204)	204	**-**
Taxpayers' and others' equity at 31 March 2022	**415,445**	**16,511**	**(377,319)**	**54,637**

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**149,615**	**15,977**	**(360,633)**	**(195,041)**
Surplus/(deficit) for the year	-	-	(15,894)	**(15,894)**
Other transfers between reserves	-	(23)	23	**-**
Impairments	-	(783)	-	**(783)**
Revaluations	-	225	-	**225**
Public dividend capital received	254,979	-	-	**254,979**
Other reserve movements	-	(213)	209	**(4)**
Taxpayers' and others' equity at 31 March 2021	**404,594**	**15,183**	**(376,295)**	**43,482**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2021/22 £000	2020/21 £000
Cash flows from operating activities			
Operating surplus / (deficit)		14,269	(1,080)
Non-cash income and expense:			
Depreciation and amortisation	6.1	13,494	12,135
Net impairments	7	(11,737)	10,417
Income recognised in respect of capital donations	4	(534)	(366)
(Increase) / decrease in receivables and other assets		6,444	8,107
(Increase) / decrease in inventories		(851)	352
Increase / (decrease) in payables and other liabilities		1,690	14,285
Increase / (decrease) in provisions		(451)	110
Other movements in operating cash flows		1	(4)
Net cash flows from / (used in) operating activities		**22,325**	**43,956**
Cash flows from investing activities			
Interest received		11	3
Purchase of intangible assets		(639)	(4,990)
Sales of intangible assets		-	-
Purchase of PPE and investment property		(26,049)	(11,998)
Sales of PPE and investment property		111	65
Net cash flows from / (used in) investing activities		**(26,566)**	**(16,920)**
Cash flows from financing activities			
Public dividend capital received		10,851	254,979
Public dividend capital repaid		-	-
Movement on loans from DHSC		-	(233,958)
Capital element of PFI, LIFT and other service concession payments		(9,957)	(9,744)
Interest on loans		-	(746)
Other interest		(10)	(2)
Interest paid on PFI, LIFT and other service concession obligations		(14,867)	(14,761)
PDC dividend (paid) / refunded		(639)	-
Net cash flows from / (used in) financing activities		**(14,622)**	**(4,232)**
Increase / (decrease) in cash and cash equivalents		**(18,863)**	**22,804**
Cash and cash equivalents at 1 April - brought forward		**25,187**	**2,383**
Cash and cash equivalents at 31 March	20.1	**6,324**	**25,187**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Interests in other entities

The Trust is the Corporate Trustee of Sherwood Forest Hospitals General Charitable Fund. The Charity is not consolidated as the balances are not deemed material, however, the revenue and capital grants are reflected in the accounts. Non consolidated balances as at 31 March 2022 were £1.1m.This decision is ratified by the Board on an annual basis.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Standard credit terms apply to invoiced revenue with all NHS debt due for payment within 14 days and all non NHS receivables due within 30 days of the invoice date. Invoices are not raised where revenue is recognised on performance of a contractual obligation until this has been met.

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2020/21 and 2021/22 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at a [Integrated Care System/Sustainability and Transformation Partnership] level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other income

Income from various sources including items such as pharmacy sales and on site creche services.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations.

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.The Trust following advice form the District Valuer does not separately recognise any components within the PFI property as it is the responsibility of the PFI provider to maintain all assets at condition B until the date of transfer to the Trust in 2043.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust’s Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Lifecycle replacement costs are reviewed and charged to revenue or capital when they meet the capital definition and are then accounted for as part of the annual valuation assessment." In 2021/22 all lifecycle replacement costs were capitalised in line with the PFI model.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	1	57
Dwellings	1	57
Plant & machinery	5	15
Transport equipment	-	-
Information technology	5	8
Furniture & fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, e.g., an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g., application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	**Max life**
	Years	**Years**
Software licences	5	10

Note 1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.13 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount;

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	After 10 years up to 40 years	0.95%	1.99%
Very long-term	Exceeding 40 years	0.66%	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 2.4.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets but are disclosed in note 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 25, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.19 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.20 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.21 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.23 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.26 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.27 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	5,124
Additional lease obligations recognised for existing operating leases	(5,124)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	**-**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(1,006)
Additional finance costs on lease liabilities	(49)
Lease rentals no longer charged to operating expenditure	1,001
Other impact on income / expenditure [If this line is material, further disclosure should be added and/or this line disaggregated]	-
Estimated impact on surplus / deficit in 2022/23	**(54)**
Estimated increase in capital additions for new leases commencing in 2022/23	**1,910**

From 1 April 2022, the principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI imputed lease liability will be remeasured when a change in the index causes a change in future imputed lease payments and that change has taken effect in the cash flow. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred. This is expected to increase the PFI liability on the statement of financial position upon transition to IFRS 16. The effect of this has not yet been quantified.

Other standards, amendments and interpretations

Financial year for which the change first applies	Standard
Not EU-endorsed.* Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.	IFRS 14 Regulatory Deferral Accounts
Standard, as interpreted and adapted by the FReM, is to be effective from 1 April 2021.	IFRS 16 Leases
Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted.	IFRS 17 Insurance Contracts

Note 1.28 Critical judgements in applying accounting policies

In applying the Trust's accounting policies management are required to make judgements, estimates and assumptions concerning the carrying amounts of assets and liabilities that are not readily apparent from other sources. Estimates and assumptions are based on historical experience and any other factors that are deemed relevant. Actual results may differ from these estimates and are continually reviewed to ensure validity remains appropriate. These revisions are recognised in the period in which they occur or the current and future periods, as appropriate.
Assumptions have been made regarding the treatment of Lifecycle costs which have all been capitalised in year, £1.90m based on the PFI model.

External Valuation where reliance has been placed on the valuation report as at 31 March 2022, as this represents the best available evidence of current value. Further details are included in note 1.9, note 7 and note 17.

Note 1.29 Sources of estimation uncertainty
The External valuation report has bene used has been used as the basis of property valuation which is based on estimated values. There are no other assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Note 2 Operating Segments

"No segmental analysis is shown as Sherwood Forest Hospitals NHS Foundation Trust acts solely in the UK and operates as a segment providing healthcare. The "Chief Operating Decision Maker" is deemed to be the Trust Board.

The Board currently receives only high level financial information and does not therefore review information or allocate resources in any way that could be perceived to represent operating segments.

The Trust is split into 5 clinical divisions, Urgent and Emergency Care, Medicine, Surgery, Women's and Children's and Diagnostics & Outpatients. In addition there is a supporting corporate function. All of these divisions are engaged directly in the provision of healthcare and hence are reported as one segment."

A detailed analysis of all income is disclosed in note 3 to these accounts.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2021/22	2020/21
	£000	£000
Acute services		
Block contract / system envelope income	333,841	287,267
High cost drugs income from commissioners (excluding pass-through costs)	15,475	14,588
Other NHS clinical income	-	712
Ambulance services		
A & E income	-	-
Patient transport services income	-	-
Other income	-	-
Community services		
Block contract / system envelope income	17,697	13,584
Income from other sources (e.g. local authorities)	2,834	2,457
All services		
Private patient income	96	95
Elective recovery fund	4,682	-
Additional pension contribution central funding*	10,342	9,089
Other clinical income	691	648
Total income from activities	**385,658**	**328,440**

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2021/22	2020/21
Income from patient care activities received from:	**£000**	**£000**
NHS England	26,322	26,379
Clinical commissioning groups	354,914	297,764
Department of Health and Social Care	-	-
Other NHS providers	738	712
NHS other	63	81
Local authorities	2,834	2,761
Non-NHS: private patients	96	95
Non-NHS: overseas patients (chargeable to patient)	64	39
Injury cost recovery scheme	627	609
Non NHS: other	-	-
Total income from activities	**385,658**	**328,440**
Of which:		
Related to continuing operations	385,658	328,440
Related to discontinued operations	-	-

NHS Injury Cost Recovery scheme income is subject to a provision for impairment of receivables of 23.76% to reflect expected rates of collection. (22.43% 2020/21)

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2021/22	2020/21
	£000	£000
Income recognised this year	64	39
Cash payments received in-year	13	9
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	35	13

Note 4 Other operating income

	2021/22			2020/21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	799	-	**799**	771	-	**771**
Education and training	12,423	501	**12,924**	11,612	380	**11,992**
Non-patient care services to other bodies	29,694		**29,694**	26,795		**26,795**
Reimbursement and top up funding	16,650		**16,650**	43,413		**43,413**
Income in respect of employee benefits accounted on a gross basis	228		**228**	229		**229**
Receipt of capital grants and donations		534	**534**		366	**366**
Charitable and other contributions to expenditure		1,904	**1,904**		7,396	**7,396**
Support from the Department of Health and Social Care for mergers		-	**-**		-	**-**
Rental revenue from finance leases		-	**-**		-	**-**
Rental revenue from operating leases		690	**690**		700	**700**
Amortisation of PFI deferred income / credits		-	**-**		-	**-**
Other income	2,692	-	**2,692**	2,470	-	**2,470**
Total other operating income	**62,486**	**3,629**	**66,115**	**85,290**	**8,842**	**94,132**
Of which:						
Related to continuing operations			66,115			94,132
Related to discontinued operations			-			-

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2021/22	2020/21
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end		574
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods		-

Note 5.3 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2021/22	2020/21
	£000	£000
Income from services designated as commissioner requested services	384,871	327,697
Income from services not designated as commissioner requested services	787	743
Total	**385,658**	**328,440**

Note 5.4 Profits and losses on disposal of property, plant and equipment

No land and buildings assets used in the provision of commissioner requested services have been disposed of during the year.

Note 6.1 Operating expenses

	2021/22	2020/21
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,083	887
Purchase of healthcare from non-NHS and non-DHSC bodies	2,992	1,389
Purchase of social care	-	-
Staff and executive directors costs	293,695	263,228
Remuneration of non-executive directors	152	143
Supplies and services - clinical (excluding drugs costs)	34,672	36,007
Supplies and services - general	3,425	3,384
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	27,079	23,026
Inventories written down	-	-
Consultancy costs	187	125
Establishment	4,202	4,559
Premises	20,052	21,394
Transport (including patient travel)	456	362
Depreciation on property, plant and equipment	11,651	10,559
Amortisation on intangible assets	1,843	1,576
Net impairments	(11,737)	10,417
Movement in credit loss allowance: contract receivables / contract assets	280	675
Movement in credit loss allowance: all other receivables and investments	-	-
Increase/(decrease) in other provisions	(55)	86
Change in provisions discount rate(s)	-	-
Fees payable to the external auditor		
audit services- statutory audit	118	105
other auditor remuneration (external auditor only)	-	-
Internal audit costs	129	100
Clinical negligence	15,499	12,931
Legal fees	50	102
Insurance	-	-
Research and development	-	-
Education and training	1,562	1,395
Rentals under operating leases	353	403
Early retirements	104	184
Redundancy	80	68
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	22,045	22,129
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	143	60
Car parking & security	-	-
Hospitality	130	119
Losses, ex gratia & special payments	177	255
Grossing up consortium arrangements	-	-
Other services, eg external payroll	-	-
Other	7,137	7,984
Total	**437,504**	**423,652**
Of which:		
Related to continuing operations	437,504	423,652
Related to discontinued operations	-	-

Note 6.2 Other auditor remuneration

	2021/22 £000	2020/21 £000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	-	-
Total	**-**	**-**

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2020/21: £1 million).

Note 7 Impairment of assets

	2021/22 £000	2020/21 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(11,737)	10,417
Other	-	-
Total net impairments charged to operating surplus / deficit	**(11,737)**	**10,417**
Impairments charged to the revaluation reserve	(1,550)	783
Total net impairments	**(13,287)**	**11,200**

Material impairments / (reversals) charged to the SOCI resulting from changes in market price

	2021/22 £000	2020/21 £000
Reversals of impairments charged to the SOCI in previous years		
Tower 1,2,3 Kings Mill Site	(7,177)	-
Newark Site	(1,116)	-
Trust Admin Building		-
Kings Treatment Centre	(3,374)	-
FM building		-
Block 40		-
Elipse	(702)	-
Renal		-
Other	(3,808)	(19)
Impairments charged to SOCI in year		
PFI lifecycle	1867	1806
FM building	183	55
Histopathology / Mortuary	125	834
PFI Tower 1,2,3 / E.D		3571
Other	2,265	4170
	(11,737)	**10,417**

The District valuer has undertaken an on site review of the Trust estate as at 31 March 2022. This takes account of numerous factors contributing to an overall assessment of each building asset on a modern equivalent basis: these include functional and external obsolescence, investment into the property since the previous valuation and any changes of use.

Note 8 Employee benefits

	2021/22 Total £000	2020/21 Total £000
Salaries and wages	218,926	197,025
Social security costs	23,021	20,409
Apprenticeship levy	1,102	972
Employer's contributions to NHS pensions	33,997	30,222
Pension cost - other	179	-
Temporary staff (including agency)	16,885	15,160
Total gross staff costs	**294,110**	**263,788**
Recoveries in respect of seconded staff	-	-
Total staff costs	**294,110**	**263,788**
Of which		
Costs capitalised as part of assets	231	308

Note 8.1 Retirements due to ill-health

During 2021/22 there were 2 early retirements from the trust agreed on the grounds of ill-health (none in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £123k (0k in 2020/21).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

National Employment Savings Trust (NEST)

The National Employment Savings Trust (NEST) Corporation is the Trustee of the NEST occupational pension scheme. The scheme, which is run on a not-for-profit basis, ensures that all employers have access to suitable, low-charge pension provision. The Trust is required to comply with workplace pension legislation and to auto enrol employees into a pension scheme. Where employees are ineligible to join the NHS Pension Scheme the Trust enrols the employee into NEST. NEST is a defined contribution scheme.

As at 31 March 2022 there were 7,801 members of the NHS Pension Scheme, 788 are enrolled within NEST and 4,263 are not currently contributing through a workplace pension scheme.

Note 10 Operating leases

Note 10.1 Sherwood Forest Hospitals NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where Sherwood Forest Hospitals NHS Foundation Trust is the lessor.

Contingent Rent described in Operating Lease revenue is a technical disclosure resulting from the IFRS disclosure requirements in respect of the PFI asset.

	2021/22	2020/21
	£000	£000
Operating lease revenue		
Minimum lease receipts	690	700
Total	**690**	**700**

	31 March 2022	31 March 2021
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	500	399
- later than one year and not later than five years;	1,783	35
- later than five years.	-	7
Total	**2,283**	**441**

Note 10.2 Sherwood Forest Hospitals NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Sherwood Forest Hospitals NHS Foundation Trust is the lessee.

	2021/22	2020/21
	£000	£000
Operating lease expense		
Minimum lease payments	353	403
Total	**353**	**403**

	31 March 2022	31 March 2021
	£000	£000
Future minimum lease payments due:		
- not later than one year;	224	309
- later than one year and not later than five years;	836	1,059
- later than five years.	46	46
Total	**1,106**	**1,414**

Future minimum sublease payments to be received

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2021/22	2020/21
	£000	£000
Interest on bank accounts	24	-
Total finance income	**24**	**-**

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2021/22	2020/21
	£000	£000
Interest expense:		
Interest on late payment of commercial debt	10	2
Main finance costs on PFI and LIFT schemes obligations	5,485	5,707
Contingent finance costs on PFI and LIFT scheme obligations	9,382	9,054
Total interest expense	**14,877**	**14,763**
Unwinding of discount on provisions	(1)	9
Total finance costs	**14,876**	**14,772**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2021/22	2020/21
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	10	2
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 13 Other gains / (losses)

	2021/22	2020/21
	£000	£000
Gains on disposal of assets	111	65
Losses on disposal of assets	(95)	(107)
Total gains / (losses) on disposal of assets	**16**	**(42)**

- -

Note 14.1 Intangible assets - 2021/22	2021/22	2020/21
	Software licences	**Software licences**
	£000	**£000**
Valuation / gross cost at 1 April 2021 - brought forward	**9,593**	**17,845**
Additions	639	3,009
Reclassifications	-	22
Disposals / derecognition	-	(11,283)
Valuation / gross cost at 31 March 2022	**10,232**	**9,593**
Amortisation at 1 April 2021 - brought forward	**2,877**	**12,574**
Provided during the year	1,843	1,576
Reclassifications	-	-
Disposals / derecognition	-	(11,273)
Amortisation at 31 March 2022	**4,720**	**2,877**
Net book value at 31 March 2022	**5,512**	
Net book value at 1 April 2021		**6,716**

Asset Lives	**Minimum life Years**	**Maximum life years**
Software Licenses	5	10

Note 15.1 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 - brought forward	**17,681**	**230,701**	**2,373**	**230**	**41,763**	**20,769**	**612**	**314,129**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	4,709	194	701	7,577	5,429	-	**18,610**
Impairments	-	(4,250)	-	-	-	-	-	**(4,250)**
Reversals of impairments credited to operating expenses	975	15,012	-	-	-	-	-	**15,987**
Reversals of impairments credited to revaluation reserve	-	1,550	-	-	-	-	-	**1,550**
Revaluations	-	(5,742)	-	-	-	-	-	**(5,742)**
Reclassifications	-	230	-	(230)	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(1,322)	(179)	-	**(1,501)**
Valuation/gross cost at 31 March 2022	**18,656**	**242,210**	**2,567**	**701**	**48,018**	**26,019**	**612**	**338,783**
Accumulated depreciation at 1 April 2021 - brought forward	**-**	**-**	**-**	**-**	**22,549**	**12,058**	**414**	**35,021**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	5,742	-	-	3,384	2,457	68	**11,651**
Revaluations	-	(5,742)	-	-	-	-	-	**(5,742)**
Disposals / derecognition	-	-	-	-	(1,249)	(156)	-	**(1,405)**
Accumulated depreciation at 31 March 2022	**-**	**-**	**-**	**-**	**24,684**	**14,359**	**482**	**39,525**
Net book value at 31 March 2022	**18,656**	**242,210**	**2,567**	**701**	**23,334**	**11,660**	**130**	**299,258**
Net book value at 1 April 2021	**17,681**	**230,701**	**2,373**	**230**	**19,214**	**8,711**	**198**	**279,108**

Note 15.2 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	**17,456**	**250,526**	**2,186**	**387**	**35,431**	**16,292**	**506**	**322,784**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2020 - restated	**17,456**	**250,526**	**2,186**	**387**	**35,431**	**16,292**	**506**	**322,784**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	8,762	187	-	7,302	4,477	106	**20,834**
Impairments	-	(11,219)	-	-	-	-	-	**(11,219)**
Reversals of impairments	-	19	-	-	-	-	-	**19**
Revaluations	225	-	-	-	-	-	-	**225**
Reclassifications	-	(17,387)	-	(157)	(22)	-	-	**(17,566)**
Disposals / derecognition	-	-	-	-	(948)	-	-	**(948)**
Valuation/gross cost at 31 March 2021	**17,681**	**230,701**	**2,373**	**230**	**41,763**	**20,769**	**612**	**314,129**
Accumulated depreciation at 1 April 2020 - as previously stated	**-**	**11,662**	**-**	**-**	**20,419**	**10,412**	**364**	**42,857**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2020 - restated	**-**	**11,662**	**-**	**-**	**20,419**	**10,412**	**364**	**42,857**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	5,882	-	-	2,981	1,646	50	**10,559**
Reclassifications	-	(17,544)	-	-	-	-	-	**(17,544)**
Disposals / derecognition	-	-	-	-	(851)	-	-	**(851)**
Accumulated depreciation at 31 March 2021	**-**	**-**	**-**	**-**	**22,549**	**12,058**	**414**	**35,021**
Net book value at 31 March 2021	**17,681**	**230,701**	**2,373**	**230**	**19,214**	**8,711**	**198**	**279,108**
Net book value at 1 April 2020	**17,456**	**238,864**	**2,186**	**387**	**15,012**	**5,880**	**142**	**279,927**

Note 15.3 Property, plant and equipment financing - 2021/22

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022									
Owned - purchased	18,656	11,445	-	701	21,889	-	11,657	126	**64,474**
On-SoFP PFI contracts and other service concession arrangements	-	229,639	-	-	-	-	-	-	**229,639**
Off-SoFP PFI residual interests	-	-	2,567	-	-	-	-	-	**2,567**
Owned - donated/granted	-	1,126	-	-	1,445	-	3	4	**2,578**
NBV total at 31 March 2022	**18,656**	**242,210**	**2,567**	**701**	**23,334**	**-**	**11,660**	**130**	**299,258**

Note 15.4 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021									
Owned - purchased	17,681	12,567	-	230	17,670	-	8,707	190	**57,045**
On-SoFP PFI contracts and other service concession arrangements	-	216,973	-	-	-	-	-	-	**216,973**
Off-SoFP PFI residual interests	-	-	2,373	-	-	-	-	-	**2,373**
Owned - donated/granted	-	1,161	-	-	1,544	-	4	8	**2,717**
NBV total at 31 March 2021	**17,681**	**230,701**	**2,373**	**230**	**19,214**	**-**	**8,711**	**198**	**279,108**

Note 16 Donations of property, plant and equipment

The Trust received donations during the year of £873k. (2020/21 £485k). No restrictions were placed on these donations of which £535k funded the purchase of tangible capital assets.

Note 17 Revaluations of property, plant and equipment

An independent desktop revaluation was undertaken of the Trust's buildings by the District Valuer with an effective date of 31st March 2022. The review was performed by Rob Mapletoft, (MRICS), RICS registered valuer.

This walk round on site revaluation has been undertaken on the following basis:

Assets in existing use:

For specialised properties (i.e. those for which no active market exists), depreciated replacement cost has been used and is considered to be a satisfactory approximation of current value in existing use.

Within this methodology, consistent with previous years, a Modern Equivalent Asset (MEA) approach was undertaken referenced to National Indices acceptable to the RICS. Consideration was given to improvements carried out during the year and where appropriate asset lives were adjusted accordingly based on the remaining useful life advised by the District Valuer. This had minimal effect on remaining lives. Modern Equivalent Asset (MEA) concept is applied: the “replacement cost” being based on the cost of a modern replacement asset that has the same productive capacity as the property being valued.

The Trust has no assets identified as no longer in operational use and therefore ' surplus' or any assets held for sale.

The carrying value of land building and dwellings valued on an open market valuation basis at 31 March 2022 is detailed in note 15.1.

The useful economic asset lives for intangibles and plant and equipment are initially assessed when an asset is first recognised. Periodically the Trust does review these lives to identify and adjust for any assets impaired or where the useful economic life requires adjustment. This exercise was undertaken in 2019/20 for I.T assets.

The asset lives for individual buildings and dwellings are in accordance with the latest valuation report prepared by the external valuer.

Note 18 Inventories

	31 March 2022	31 March 2021
	£000	£000
Drugs	1,888	1,442
Work In progress	-	-
Consumables	2,879	2,488
Energy	198	184
Other	-	-
Total inventories	**4,965**	**4,114**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £32,245k (2020/21: £32,246k). Write-down of inventories recognised as expenses for the year were £0k (2020/21: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £1,509k of items purchased by DHSC (2020/21: £7,168k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 19.1 Receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables	10,810	16,790
Allowance for impaired contract receivables / assets	(448)	(402)
Prepayments (non-PFI)	2,350	1,684
Interest receivable	13	-
VAT receivable	1,434	1,757
Other receivables	497	483
Total current receivables	**14,656**	**20,312**
Non-current		
Contract receivables	1,164	1,324
Allowance for impaired contract receivables / assets	(1,117)	(883)
PFI lifecycle prepayments	45	49
Other receivables	400	781
Total non-current receivables	**492**	**1,271**
Of which receivable from NHS and DHSC group bodies:		
Current	7,461	12,751
Non-current	400	781

Note 19.2 Allowances for credit losses

	2021/22		2020/21	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**1,285**	**-**	**966**	**-**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**1,285**	**-**	**966**	**-**
Transfers by absorption	-	-	-	-
New allowances arising	280	-	675	-
Changes in existing allowances	-	-	-	-
Reversals of allowances	-	-	-	-
Utilisation of allowances (write offs)	-	-	(356)	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2022	**1,565**	**-**	**1,285**	**-**

The majority of carrying debt relates to NHS organisations, therefore no significant credit risk is assumed in non impaired receivables.

Note 20.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2021/22	2020/21
	£000	£000
At 1 April	**25,187**	**2,383**
Transfers by absorption	-	-
Net change in year	(18,863)	22,804
At 31 March	**6,324**	**25,187**
Broken down into:		
Cash at commercial banks and in hand	6	6
Cash with the Government Banking Service	6,318	25,181
Total cash and cash equivalents as in SoFP	**6,324**	**25,187**
Total cash and cash equivalents as in SoCF	**6,324**	**25,187**

Note 20.2 Third party assets held by the trust

Sherwood Forest Hospitals NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2022	31 March 2021
	£000	£000
Bank balances	-	-
Monies on deposit	5	1
Total third party assets	**5**	**1**

Note 21.1 Trade and other payables

	31 March 2022	31 March 2021
	£000	£000
Current		
Trade payables	5,514	4,680
Capital payables	3,891	11,868
Accruals	17,364	19,758
Receipts in advance and payments on account	922	437
Social security costs	3,216	2,954
Other taxes payable	3,048	2,808
PDC dividend payable	40	-
Other payables	6,243	7,709
Total current trade and other payables	**40,238**	**50,214**
Non-current		
Other payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	4,280	2,171
Non-current	-	-

Note 21.2 Early retirements in NHS payables above

The payables note above includes no amounts in relation to early retirements.

Note 22 Other liabilities

	31 March 2022	31 March 2021
	£000	£000
Current		
Deferred income: contract liabilities	5,582	1,853
Total other current liabilities	**5,582**	**1,853**
Non-current		
Deferred income: contract liabilities	-	-
Total other non-current liabilities	**-**	**-**

Note 23.1 Borrowings

	31 March 2022	31 March 2021
	£000	£000
Current		
Obligations under PFI, LIFT or other service concession contracts	10,151	9,957
Total current borrowings	**10,151**	**9,957**
Non-current		
Obligations under PFI, LIFT or other service concession contracts	219,776	229,927
Total non-current borrowings	**219,776**	**229,927**

Note 23.2 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2021	**-**	**-**	**-**	**239,884**	**239,884**
Cash movements:					
Financing cash flows - payments and receipts of principal	-	-	-	(9,957)	**(9,957)**
Financing cash flows - payments of interest	-	-	-	(5,485)	**(5,485)**
Non-cash movements:					
Application of effective interest rate	-	-	-	5,485	**5,485**
Carrying value at 31 March 2022	**-**	**-**	**-**	**229,927**	**229,927**

Note 23.3 Reconciliation of liabilities arising from financing activities - 2020/21

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2020	**234,704**	**-**	**-**	**249,628**	**484,332**
Prior period adjustment	-	-	-	-	**-**
Carrying value at 1 April 2020 - restated	**234,704**	**-**	**-**	**249,628**	**484,332**
Cash movements:					
Financing cash flows - payments and receipts of principal	(233,958)	-	-	(9,744)	**(243,702)**
Financing cash flows - payments of interest	(746)	-	-	(5,707)	**(6,453)**
Non-cash movements:					
Application of effective interest rate	-	-	-	5,707	**5,707**
Carrying value at 31 March 2021	**-**	**-**	**-**	**239,884**	**239,884**

Note 24.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Equal Pay (including Agenda for Change)	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2021	**303**	**63**	**128**	**-**	**781**	**1,275**
Transfers by absorption	-	-	-	-	-	**-**
Change in the discount rate	-	-	-	-	-	**-**
Arising during the year	30	-	54	-	-	**84**
Utilised during the year	(48)	(5)	(29)	-	-	**(82)**
Reversed unused	(24)	-	(48)	-	(381)	**(453)**
Unwinding of discount	(1)	-	-	-	-	**(1)**
At 31 March 2022	**260**	**58**	**105**	**-**	**400**	**823**
Expected timing of cash flows:						
- not later than one year;	44	4	105	-	-	**153**
- later than one year and not later than five years;	176	20	-	-	-	**196**
- later than five years.	40	34	-	-	400	**474**
Total	**260**	**58**	**105**	**-**	**400**	**823**

Pensions relate to liabilities for employees who retired pre 1994 for whom the Trust retains responsibility for the payments being made.

Equal Pay relates to untaken annual leave as at 31 March, which is due to employees and is being carried forward into the next financial year.

Other relates to pension tax liability where there is an offsetting accounts receivable balance held with the DoHSC.

Note 24.2 Clinical negligence liabilities

At 31 March 2022, £272,599k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Sherwood Forest Hospitals NHS Foundation Trust (31 March 2021: £143,504k).

Note 25 Contingent assets and liabilities

	31 March 2022 £000	31 March 2021 £000
Value of contingent liabilities		
NHS Resolution legal claims	-	-
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	(63)	(83)
Gross value of contingent liabilities	**(63)**	**(83)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(63)**	**(83)**
Net value of contingent assets	**-**	**-**

The contingent liability relates to the element of insurance excess (on Public and Employee claims) not provided for based on the current estimate of future payment.

Note 26 Contractual capital commitments

	31 March 2022	31 March 2021
Property, plant and equipment	2,700	3,494
Intangible Assets	400	800
Total	**3,100**	**4,294**

Note 27 On-SoFP PFI, LIFT or other service concession arrangements

The Trust is currently committed to two on-statement of financial position PFI schemes as the transaction meets the IFRIC 12 definition of a service concession, as interpreted in the Government Accounting Manual. The Trust is required to account for the PFI scheme 'on-statement of financial position' and therefore the Trust treats the assets as if it were assets of the Trust.

The Trust has entered into private finance initiative contracts with:

a) Central Nottinghamshire Hospitals plc to construct and refurbish the Trust's buildings on the King's Mill and Newark hospital sites and then to operate them (estates, facilities management and life cycle replacement) for the Trust for the period to 2043. The contract requires that throughout the contract they are maintained to category B building standards. This PFI is known as the Modernisation of Acute Services (MAS). The MAS PFI scheme was completed and all assets were brought into use by 31 March 2012, with an estimated capital value of £366.5m.

b) Leicester Housing Association (LHA)*, to construct a day nursery and out of hours facility, on the King's Mill hospital site. All assets were brought into use by 2002, with a capital value of £1.3m. Throughout the term of the agreement there is a requirement to keep the premises clean, tidy and in good order and to keep in good and substantial repair and condition in accordance with the Operating Agreement.

In respect of both PFI schemes the Trust has the rights to use the specified assets for the length of the Project Agreements. At the end of the Project Agreements the assets of both schemes will transfer to the Trust's ownership for no additional consideration.

The annual charge relating to the MAS scheme is subject to an annual inflation uplift based on RPI. The LHA schemes are a fixed charge over the life of the contract. All liquidity and associated market and financing risks for both schemes rests with Central Nottinghamshire plc and Leicester Housing Association respectively.

* Leicester Housing Association is now known as Paragon Asra Housing (PA Housing).

Note 27.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2022	31 March 2021
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**655,881**	**660,686**
Of which liabilities are due		
- not later than one year;	26,113	25,125
- later than one year and not later than five years;	104,068	100,465
- later than five years.	525,700	535,096
Finance charges allocated to future periods	(425,954)	(420,802)
Net PFI, LIFT or other service concession arrangement obligation	**229,927**	**239,884**
- not later than one year;	10,151	9,957
- later than one year and not later than five years;	37,781	38,262
- later than five years.	181,995	191,665

Note 27.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2022	31 March 2021
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**1,513,037**	**1,481,164**
Of which payments are due:		

- not later than one year;	54,314	50,871
- later than one year and not later than five years;	235,659	217,028
- later than five years.	1,223,064	1,213,265

Note 27.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2021/22	2020/21
	£000	£000
Unitary payment payable to service concession operator	**48,752**	**48,449**
Consisting of:		
- Interest charge	5,485	5,707
- Repayment of balance sheet obligation	9,957	9,744
- Service element and other charges to operating expenditure	22,034	22,116
- Capital lifecycle maintenance	1,894	1,828
- Revenue lifecycle maintenance	-	-
- Contingent rent	9,382	9,054
- Addition to lifecycle prepayment	-	-
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	11	13
Total amount paid to service concession operator	**48,763**	**48,462**

Note 28 Off-SoFP PFI, LIFT and other service concession arrangements

Sherwood Forest Hospitals NHS Foundation Trust incurred the following charges in respect of off-Statement of Financial Position PFI and LIFT arrangements:

The Trust is currently committed to one 'off statement of financial position' PFI scheme relating to residential accommodation for the King's Mill site. The transaction meets the IFRIC 12 definition of a service concession, as interpreted in the Government Accounting Manual, but the Trust does not have control. Accordingly the Trust does not recognise the scheme as an asset of the Trust.

The arrangement is with PA Association, and includes the construction of new residential accommodation and the upgrade of existing accommodation combined with a 35 year contract to manage and operate the accommodation. The Trust has guaranteed to utilise a minimum level of the overall accommodation but the majority of risks associated with operating and letting the properties have been transferred to PA Housing Association. The capital value of the scheme was £6.7m.

The annual charge is fixed over the life of the contract and the only liability to the Trust is a minimum room usage guarantee. All liquidity and associated market and financing risks rests with PA Housing Association.

Sherwood Forest Hospitals NHS Foundation Trust incurred the following charges in respect of off-Statement of Financial Position PFI and LIFT obligations:

	31 March 2022	31 March 2021
	£000	£000
Charge in respect of the off SoFP PFI, LIFT or other service concession arrangement for the period	**143**	**60**
Commitments in respect of off-SoFP PFI, LIFT or other service concession arrangements:		
- not later than one year;	352	328
- later than one year and not later than five years;	1,517	1,394
- later than five years.	3,528	3,707
Total	**5,397**	**5,429**

Note 29 Financial instruments

A financial instrument is a contract that gives rise to a financial asset in one entity and a financial liability or equity instrument in another entity. The nature of the Trust's activities means that exposure to risk, although not eliminated, is substantially reduced.

Note 29.1 Financial risk management

Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups (CCG's) and the way those CCG's are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Finance Committee.

Note 29.2 Currency Risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Note 29.3 Market (Interest Rate) Risk

All of the Trust financial assets and all of its financial liabilities carry nil or fixed rates of interest. The Trust is not therefore, exposed to significant interest rate risk.

Note 29.4 Credit Risk

The majority of the Trust's income comes from contracts with other public sector bodies, resulting in low exposure to credit risk. The Trust mitigates its exposure to credit risk relating to receivables from customers through regular review of debtor balances and by calculating an expected allowance for credit losses at the end of the year. Changes have been made to funding flows at least for the period April to July 2020 as part of the COVID 19 response. These changes are not seen as an increase to credit risk as the operational expenditure and related financing is provided by the DoHSC.

Note 29.5 Liquidity Risk

The Trust’s net operating costs are incurred under annual service agreements with Clinical Commissioning Groups and NHS England, which are financed from resources voted annually by Parliament. The Trust ensures that it has sufficient cash to meet all its commitments when they fall due. This is regulated by the Trust’s compliance with the ‘Use of Resources Risk Rating’ system created by NHSI, the Independent Regulator.

The Board continues to monitor its monthly and future cash position and has governance arrangements in place to manage cash requirements throughout the year. The Trust is not, therefore, exposed to significant liquidity risks.

Note 29.6 Fair Values

All of the financial assets and all of the financial liabilities of the Trust are measured at fair value on recognition and subsequently amortised cost.

The fair values recognised in these accounts do not differ materially from the carrying amounts.

Note 29.7 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	11,319	-	-	**11,319**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	6,324	-	-	**6,324**
Total at 31 March 2022	**17,643**	**-**	**-**	**17,643**

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	18,093	-	-	**18,093**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	25,187	-	-	**25,187**
Total at 31 March 2021	**43,280**	**-**	**-**	**43,280**

Note 29.8 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	229,927	-	**229,927**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	33,012	-	**33,012**
Other financial liabilities	-	-	**-**
Provisions under contract	823	-	**823**
Total at 31 March 2022	**263,762**	**-**	**263,762**

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	239,884	-	**239,884**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	44,011	-	**44,011**
Other financial liabilities	-	-	**-**
Provisions under contract	1,275	-	**1,275**
Total at 31 March 2021	**285,170**	**-**	**285,170**

Note 29.9 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2022 £000	31 March 2021 £000
In one year or less	59,278	70,411
In more than one year but not more than five years	104,264	100,676
In more than five years	526,174	535,979
Total	**689,716**	**707,066**

Note 30 Losses and special payments

	2021/22		2020/21	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	13	4	3	11
Bad debts and claims abandoned	182	40	202	19
Stores losses and damage to property	3	4	3	1
Total losses	**198**	**48**	**208**	**31**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	1	1
Ex-gratia payments	27	188	33	1,118
Special severance payments	-	-	2	40
Total special payments	**27**	**188**	**36**	**1,159**
Total losses and special payments	**225**	**236**	**244**	**1,190**
Compensation payments received		-		-

Note 31 Related parties

The Trust undertakes a large number of related party transactions with other Government bodies. Related parties include but are not limited to

Department of Health and Social Care ministers
The Department of Health and Social Care
Board members of the Trust
Nottingham University Hospitals NHS Trust
University Hospitals of Leicester NHS Trust
Chesterfield Royal Hospital NHS Foundation Trust
Nottinghamshire Healthcare NHS Foundation Trust
Northampton General Hospital NHS Trust
University Hospitals of Derby and Burton NHS Foundation Trust
NHS Bassetlaw CCG
NHS Lincolnshire West CCG
NHS Derby and Derbyshire CCG
NHS Nottinghamshire CCG
NHS South West Lincolnshire CCG
NHS England
Health Education England
NHS Resolution
NHS Property Services
Department of Health and Social Care
HM Revenue & Customs
NHS Pension Scheme
NHS Blood and Transplant
Criminal Injuries Compensation Authority
Nottinghamshire County Council
NHS charitable funds (where not consolidated)

As of 1 July 2022 the CCG detailed above will cease and will become part of Integrated Care Boards (systems) in line with current DHSC / Government legislation.

The Trust as Corporate Trustee also has a relationship with Sherwood Forest Hospitals General Charitable Fund. Charitable Income of £874k (2020/21 £406k) has been recognised in these accounts all of which relates to Sherwood Forest Hospitals General Charitable Fund. In addition a recharge of £56k (2020/21 £56k) has been made to Sherwood Forest Hospitals General Charitable Fund in relation to management / staff costs.

The accounts are not consolidated on the basis of materiality as approved by the Trustees subject to annual review and approval.

The Trust made no payments to related parties for whom the Chair, Non Executive or Executive Directors are named Directors.

Note 32 Prior period adjustments

Where prior period figures have been adjusted this is clearly stated in the associated note to these accounts.

Note 33 Events after the reporting date

There are no adjusting or non-adjusting events after the reporting period which affect the financial information and disclosures made in these accounts.

It should be noted as above that the main commissioners of services (CCGs) will be replaced by Integrated Care Boards as of 1 July 2022. These have been in place in shadow form for a number of years, and it is not expected to impact on operational or funding flows under current DHSC guidance.

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SHERWOOD FOREST HOPSITALS NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Sherwood Forest Hospitals NHS Foundation Trust ("the Trust") for the year ended 31 March 2022 which comprise the Trust Statement of Comprehensive Income, Trust Statement of Financial Position, Trust Statement of Changes in Taxpayers Equity and Trust Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2022 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 and the Department of Health and Social Care Group Accounting Manual 2021/22.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of, the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified and concur with the Directors' assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit and Assurance Committee and internal audit as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance because of the need to achieve control totals delegated to the Trust by NHS Improvement
- Reading Board and Audit and Assurance Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls and the risk of fraudulent revenue recognition, in particular the risk that income outside of the Trust's block contract funding is accounted for in the incorrect financial period and the risk that Trust management may be in a position to make inappropriate accounting entries.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year-end accruals and provisions.

We did not identify any additional fraud risks.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included unusual account combinations, material post close journals and other high risk criteria.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Agreeing a sample of year end accruals to relevant supporting documents, including actual invoices after year end, where applicable.
- Performing cut-off testing of income and expenditure in the period from 1 March 2022 to 30 April 2022 to determine whether amounts have been recorded in the correct period.

Identifying and responding to risks of material misstatement related to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors (as required by auditing standards) and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements, including the National Health Service Act 2006 and financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.
- in our opinion that report has been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2021/22.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 99, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if we refer a matter to the relevant NHS regulatory body under paragraph 6 of Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the Trust incurring unlawful expenditure, or is about to take, or has taken, a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Sherwood Forest Hospitals NHS Foundation Trust for the year ended 31 March 2022 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Richard Walton
for and on behalf of KPMG LLP
Chartered Accountants
St Nicholas House
Park Row
Nottingham NG1 6FQ
United Kingdom

21 June 2022

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

2021/22 Annual Accounts

Jen Leah

Deputy Chief Financial Officer

Inspected and rated
Good
CareQuality Commission

Key Matters

Sherwood Forest Hospitals
NHS Foundation Trust

Content

- Annual accounts prepared in accordance with required guidance on a going concern basis.
- Four main statements (pages 132 to 137) & supporting notes (pages 138 onwards).
- Outturn against the plan was £13.2m deficit for the year.
- No changes to existing Accounting Policies. Transition to IFRS 16 (leases) is effective from 1 April 2022 (note 1.27 details).

Process

- Annual Accounts and Annual Report produced, submitted & published as per required timelines.
- Audit Committee review of **draft** on 21 April, prior to KPMG Audit review.
- Final accounts presented to Audit Committee on 17 June, prior to Board sign off.
- Board of Directors adoption on 17 June followed by KPMG 'Unmodified' Audit Opinion & signed accounts 21 June.

Four Main Statements

Sherwood Forest Hospitals
NHS Foundation Trust

Statement of Comprehensive Income **(Page 132)**	• Also known as the Income & Expenditure Statement or the Profit & Loss. • The Trust is reporting a retained deficit of £1.3m. • This includes a £11.7m increase in the value of assets (reversal of impairment). • Excluding this, the underlying operating position is £13.2m deficit.
Statement of Financial Position **(Page 133)**	• Also known as the Balance Sheet. • Increase in value of property, plant & equipment to £299.3m due to asset revaluation and additions less depreciation. • Borrowing is in relation to the PFI liability. Annual repayment of £9.96m, leaving total borrowing at £229.93m • Income & Expenditure Reserve value (£377.3m) provides the accumulated annual deficits of the Trust.
Statement of Changes in Equity **(Pages 134)**	• Records how the assets of the Trust are financed by the Treasury and how these have changed over the accounting year. Includes the receipt of £10.9m of National Capital PDC. PDC receipt relates to in year Capital spend. • Details balances in the SOFP.
Statement of Cash Flows **(Page 137)**	• Records how cash holding has moved from £25.2m at 31 March 2021 to £6.3m at 31 March 2022, as disclosed in the SOFP. • Primarily due to the repayment of capital payables (creditors)

Sherwood Forest Hospitals
NHS Foundation Trust

Summary Findings

- Unqualified Opinion, i.e. assessment that the accounts give a true and fair view of the financial performance and position of the Trust
- No material weaknesses have been identified with regard to value for money
- A significant risk was identified relating to financial sustainability in the medium term; as a result of large underlying deficits and efficiency target, together with challenges in relation to funding for 2022/23 at a national level – a national issue effecting many Trusts
  - *KPMG carried out a review; based on the findings **no significant weaknesses** were identified in the Trust's arrangements*
- Two risks where auditors unable to evaluate the effectiveness of controls. These are common across the NHS, the Trust considers the controls proportionate. No recommendation has been made in relation to these risks or controls
- No significant inconsistencies were identified between the content of the annual report and the auditor knowledge of the Trust
- There were no unadjusted differences recommended or made to the draft accounts
- A materiality threshold of £9m was in place for the 2021/22 audit

Sherwood Forest Hospitals NHS Foundation Trust

Council of Governors - Cover Sheet

Subject:	Annual Report & Accounts 2021/22	**Date**: 9 August 2022	
Prepared By:	Jennifer Leah – Deputy Chief Financial Officer		
Approved By:	Jennifer Leah – Deputy Chief Financial Officer		
Presented By:	Jennifer Leah – Deputy Chief Financial Officer		
Purpose			
To present the Annual Report & Accounts for the year ending 31 March 2022 alongside key audit findings		**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	x
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Audit & Assurance Committee
Trust Board

Executive Summary

The report outlines the headlines from the 2021/22 Annual Accounts which were approved by Board in June 2022 following external audit by KPMG.

The accounts detail a reportable outturn of £13.2m deficit and a retained deficit of £1.3m. Cash holdings at the end of the year were reported as £6.3m which is a reduction on the previous year mainly due to the payment of capital payables from the previous financial year.

The accounts were prepared on a going concern basis in consideration of appropriate guidance. The accounts were found to represent a true and fair view by the external auditors and an unqualified opinion has been issued.

There were no material weaknesses in relation to value for money and there were no unadjusted errors found during the audit.

Sherwood Forest Hospitals
NHS Foundation Trust

Quality Account and Reports

2021/22



Best NHS Acute Trust in the Midlands (2018, 2019, 2020 & 2021 NHS Staff Survey)

HSJ AWARDS 2020 AGRI

WE ARE PROUD WINNERS
Acute or Specialist Trust of the Year

The DAISY Award®

#TeamSFH
The Tulip Award
Touching Unique Lives in Practice

Healthier Communities, Outstanding Care

Contents

Introduction to the quality account

This report is published pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006. It is designed to assure patients, the public and commissioners about the quality of care at Sherwood Forest Hospitals NHS Foundation Trust. The report provides a review of the Trust's quality improvement activities and achievements during 2021/22. Due to the COVID-19 pandemic, most of the quality improvement activities have remained the same as those for 2020/21.

The report also identifies and explains the Trust's quality priorities for 2022/23. The 2021/22 sections of the report refer to quality improvement activities completed during the 2021/22 financial year. These sections include the mandatory reporting requirements set out by NHS England and NHS Improvement as referenced in the following documents:

- NHS Foundation Trust Annual Reporting Manual
- Detailed Requirements for Quality Reports 2021/22
- Data Dictionary

Part 1: Statement of the Quality Account: Paul Robinson Chief Executive

I am proud to present our Quality Account for the period 2021/22. The report provides an opportunity to reflect on our progress over the last year and to openly share our performance and outcomes for public scrutiny. There are details of our commitment to fulfil our vision of 'Healthier Communities and Outstanding Care for All'. It describes how we have performed against our priorities, key performance metrics and statements of assurance. It also provides details on the quality priorities we will work toward in the coming year.

The Quality Account has been prepared by the people closest to the services described and therefore provides confidence in the content. In addition, it has been reviewed by our Non-Executives Directors, our Commissioners, Healthwatch and our Local Authority.

Every day I have the pleasure of speaking with colleagues across our hospitals who are striving to deliver the very best care. During these conversations it is clear this has been another challenging year for many of us both at work and personally. Sherwood has worked hard to acknowledge this and provide a range of support offers for colleagues to access.

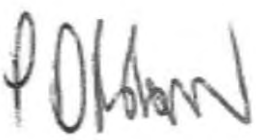
Our staff engagement results remain the best for an acute trust in the midlands and compares well against similar organisations nationally. There is more we can do in this area. Too many colleagues do not feel supported and experience poor behaviour during their time at work. It is important to me to see this reflected in the specific quality objectives we have committed to in this document.

I am incredibly proud of the way in which we have responded to the impact of COVID-19. Our teams have continued to focus on taking care of patients and their families in difficult circumstances. Their continued ability to deliver some truly extraordinary work is testament to adaptability, resilience and dedication of our teams, who strive for excellence every day as they deliver care to the communities we serve. This has been possible because our values are at the heart of everything we do. We live our values every day in the way we treat each other, our patients, families, and communities. We have redoubled efforts to listen to our staff, our patients and our community.

Ensuring timely access to treatment is a major objective for us as we emerge from the pandemic period. We are pleased that we have increased our work at Newark and Mansfield Hospitals, and we can see and treat some of those patients who have waited so patiently. We will be building on this as we navigate the next few months in our efforts to recover, learn to live with the disease, and improve services for patients and our people for the future.

Finally, I want to acknowledge how extremely hard our staff are working to keep each other and our patients safe, to innovate and to change. Colleagues across all our services in Nottingham and Nottinghamshire, have worked ever more closely this year with our partners. As we move toward a system approach to health and social care, these trusted relationships will be ever more critical.

I am confident that the information in this report accurately reflects our performance and provides an honest and consistent reflection of where we have succeeded and exceed in delivery on our plans. I hope you find this account informative and see that our patients are very much at the centre of everything our colleagues at Sherwood do. I am proud of each and every one of them.

Signed  Paul Robinson, Chief Executive

Date 30.06.2022

Part 2 - Priorities for improvement and statements of assurance from the Board

2.1 Priorities for Improvement

Sherwood Forest Hospitals NHS Foundation Trust (SFHT) is committed to providing safe, high quality care to all patients and service users. The Trust focus is on continuous improvement and is driven by the Quality Priorities identified within the Quality Strategy 2018-2021 and embedded in the renewed 2022-2025 Strategy, currently in draft. The programme is led by the Executive Medical Director, who, in conjunction with the Chief Nurse, receives regular progress reports via the Advancing Quality Programme. Formal reporting is through the Trust Quality Committee and the Board of Directors. The Advancing Quality Programme is monitored, updated, and amended throughout the year**.**

2.1.1 Providing high quality, safe care

The Trust uses several internal and external sources to support and drive quality improvements. The following are examples that have been used to support the development and delivery of the Quality Strategy 2018-2021. These include:

Stakeholder and regulator reports, and recommendations
Clinical Commissioning Group (CCG) feedback and observations following their quality visits
Commissioning for Quality and Innovation (CQUIN) priorities
National inpatient and outpatient surveys
Feedback from our Board of Directors and Council of Governors
Emergent themes and trends arising from complaints, serious incidents, and inquests
Feedback from senior leadership assurance visits and ward accreditation programme
Nursing and midwifery assurance framework and nursing metrics
Quality and safety reports
Internal and external reviews
National policy
Feedback and observations from Healthwatch through joint partnership working
Feedback from Stakeholders, partners, regulators, patients, and staff in the development of our Advancing Quality Programme

The Trust continues to build on the quality assurance and performance framework that is now well established throughout the organisation. This framework is regularly evaluated and reviewed where necessary, ensuring risks to the safety and quality of patient care are identified and managed, resulting in clinically sustainable and financially viable services.

The achievement of each quality priority is measured through a range of metrics articulated in each campaign. Progress is underpinned by the Trust assurance processes, with the formal monitoring and measurement reported through a range of committees and groups with final approval by the Board of Directors.

During 2021 the Trust has developed a new Quality Strategy including new Quality Priorities. This will be published in 2022 and cover a three-year period to 2025. The campaigns and priorities will be shaped and monitored by the Advancing Quality Programme with assurance process to the Board.

2.1.2 Approach to Quality Improvement

Patient safety, clinical effectiveness and quality of care are at the heart of the Sherwood strategic vision. Every day colleagues demonstrate their commitment to providing outstanding patient-focussed care, as they strive to do their very best, in often difficult circumstances. Our commitment to continuously learn and improve is firmly embedded within this strategy, the purpose of which is to outline how we will deliver

safe person-centred care to our citizens and support our colleagues by providing the best possible practice environment. This includes not only our Sherwood people, but everyone we collaborate with across health and social care in Nottinghamshire. This is underpinned by the Sherwood approach to quality improvement and our ambition to become a level 5 exemplar site for continued learning and improvement.

The Trust's approach to Quality Improvement (QI) is based on well evidenced methodologies, based on the widely acknowledged Institute of Healthcare Improvement's ('Model for Improvement') that have been widely adopted across the NHS; it has an improvement brand - 'the Sherwood Six Step 'launched in 2018.

2.1.3 Quality priorities 2018-2021

The 2018-2021 Quality Strategy saw the launch of a robust programme of innovative initiatives, underpinned by key priorities and measures. Key successes include the accreditation of Sherwood Forest Hospitals as a Schwartz Round site, the development of the PASCAL Safety Attitude Questionnaire that was launched in key services such as ED, Maternity, Theatres and across all wards. This involved over 2,000 front line colleagues sharing their views on safety within their services. From this action plans were developed to target areas of both strength and areas for development. We focussed on awareness of quality at local levels, through clinical audit and activities such as quality rounds and '15 step' deep dives led by Governors Non-executive directors and members of the Executive team.

The strategy also led to a focus on external benchmarking and visits to peer organisations via Getting It Right First Time (GIRFT) and peer reviews. The above activities aligned to, and complimented the QI Strategy, the focus of which was to develop an evidence-based QI approach, and to build improvement capabilities as part of an inclusive offer to all colleagues. This led to a system QI training offer, delivered in collaboration with partner organisations.

During the time, the Care Quality Commission inspected the organisation; in 2020, Sherwood was rated 'Good' overall and the main site, King's Mill Hospital was rated 'Outstanding'. We believe that this revised strategy will further build on these successes. We will deliver the very highest quality of care and outcomes for our patients alongside ensuring our staff wellbeing. Our ambition is to be one of the leading healthcare organisations in the country, and to be at the forefront of services that will see us provide innovative, efficient, effective, and meaningful health and social care pathways.

During 2022/23 the Trust will continue with its aspiration to be rated as outstanding overall by the Care Quality Commission. We understand this represents an ever-increasing challenge as we learn to balance rising demand for healthcare alongside intensifying financial, quality and workforce risks.

The Quality Strategy led by the Executive Medical Director, reflects the Trust's ambition for sustainable, high-value, high-quality services, delivered in partnership with other health and social care providers across the Nottinghamshire footprint. As we move forward, we will witness a much closer system-wide alignment between quality, activity and financial planning, boosting our combined efforts to deliver safe, effective and financially sustainable services in the longer term.

The Quality Strategy provides the road map to achieve this aspiration. The quality priorities support the Trust Strategy, which has been developed in wide consultation with staff and external stakeholders. Future plans and progress against the quality priorities are the focus of agenda items at the Trust Quality Committee, which has patient and public representation and attendance.

Three improvement priorities for specific focus in 2022/23 are indicated below; these have been included in light of local, national and international priorities and in addition COVID-19 and Ockenden Report. They have been agreed by AQP and in consultation with the board of governors. They will be reported on in the relevant sections in the next Quality Account.

Specific Campaign	Quality Priority	Success Measure
Create a positive practice environment to support the safest most effective care	SFH accredited as a designated 'Pathway to excellence' organisation	Awarded Pathway to Excellence designation by the American Nurses Credentialling Centre (ANCC)
Deliver high-quality care through kindness and 'joy at work'	Introduce a Trust-wide 'Cultural Humility' programme	Programme to be visible and rolled out to all colleagues across 2022
Excellent patient experience for users and the wider community	Increased service user/citizen engagement at key SFH meetings	Assurance processes / Terms of Reference/Meeting Minutes.

Improving the quality of care we deliver is about making care safe, effective, patient-centred, timely, efficient and equitable. The Quality Strategy, incorporating the Quality Priorities identified above to monitor service improvement, is the vehicle that will drive quality improvement across the organisation.

Progress against the quality priorities is monitored monthly by the Executive Medical Director and Chief Nurse through the Advancing Quality Oversight Group. A report is presented quarterly to the Quality Committee, which reports to the Board of Directors

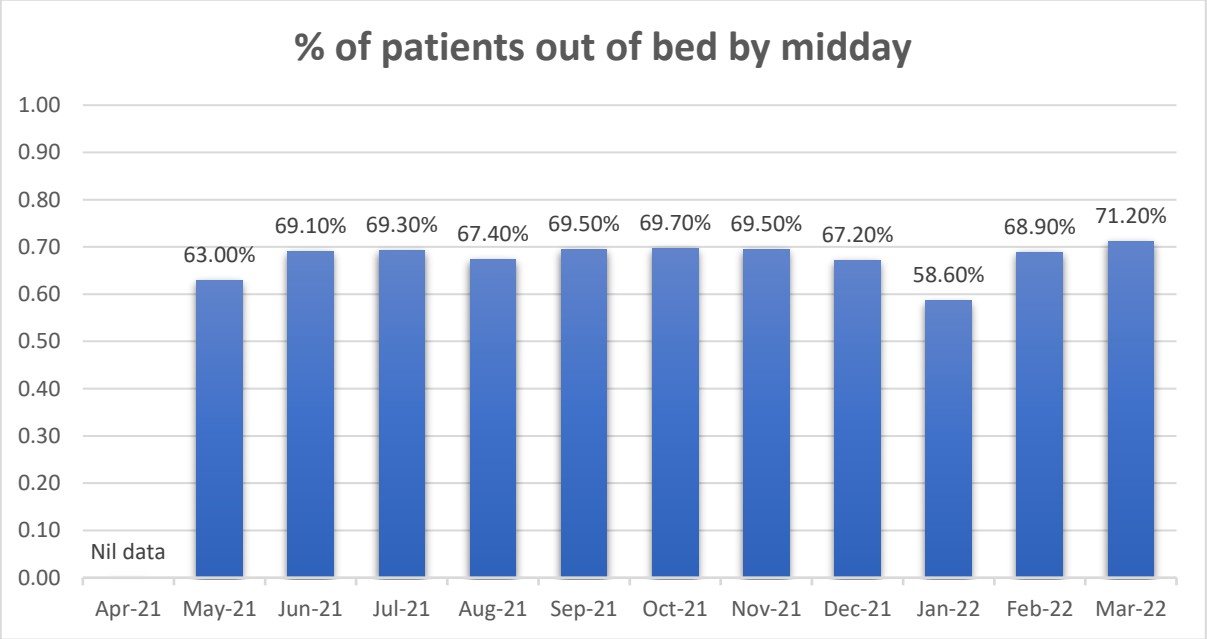
2.1.4 Review of Quality Priorities during 2021/2022

Patient Safety	**Improve in-patient mobility and movement to reduce hospital acquired functional decline and maximise discharge potential**

Acute hospital care can result in overall functional decline when mobility is reduced during recovery and is widely described as 'PJ-paralysis'. The decline can lead to increased risk of falling whilst in hospital and in recovery following discharge. This priority focusses on reducing functional decline and associated risks. It is predicted this will lead to increasing the number of people discharged onto the less complex pathways.

During the past year we have continued to collate data related to inpatients who are sitting out of bed at lunch time. Falls prevention practitioners have supported reporting and celebrated the successes reported across our inpatient areas. We have seen a slight improvement though the dataset is not reflective of every inpatient area (graph 1). Expanding the data collection would be helpful for Trust wide monitoring.

Graph.1



SFHT have experienced increased falls throughout the past year. This is covered later in the report.

Patient Experience	**Improve use of Personalised Care & Support Plans (PCSPs) for all women using our maternity services**

Progress on the PCSP has not been as predicted, due to the re-occurrence of COVID-19 pressures and a subsequent pause within the Local Maternity and Neonatal Services (LMNS) workstream. The workstream has since recommenced and at SFHT we continue to be active participants. Through this workstream we have identified that digital alignment between our organisations is a key priority, with the planned system alignment to take place in November 2022, following the digital procurement.

PCSP will feature heavily within the digital plans and teams from both organisations, and we are working with our local service users' groups to reflect how the format is shaped and how these will be accessed. Maternity Voices Partnership are involved in the redesign of the process to co-produce PCSP and to bring this into the digital transformation programme.

Clinical Effectiveness	Review the pathway for diabetes to isolate potential crisis points and act on the analysis

The diabetes team within SFHT trust have been working on several projects aimed at improving the quality of diabetes care within both the trust and the wider system. This have been led by the findings of the GIRFT report received 2020 and changes to NICE guidance associated with Diabetes.

Over the last year the antenatal team has implemented the use of Continuous Glucose Monitoring (CGM) in all people who are pregnant with type 1 diabetes and Flash Glucose Monitoring (FGM) in the type 2 gestational disease and after 12 weeks gestation in line with NICE guidance.

There have been changes within the technology available. The team continue to move forward with this to ensure that people with diabetes have the most up to date equipment and technology available to help them self-manage their diabetes. This continues to evolve alongside new guidance offering more access to the CGM, FGM and Looped insulin pump therapy. The Diabetes Specialist Nursing team (DSN) has supported these developments ensuring that there is equity in access and availability of the newer technology. They have focussed on working with the wider health community and people with diabetes to understand the data and how best to use it. There is increased engagement, better self-management and it is hoped this will improve future health outcomes. This is an ongoing project for the year to come.

The diabetes Specialist team has been looking at how improve inpatient care withing the trust.

SFHT contributes to the National HARMs audit and has undergone a GIRFT review. It was identified by GIRFT there was a requirement for 7 day working in the diabetes service. The team initiated a business case and began the service in spring 2022. It is expected this will reduce length of stay. It is also hoped it will reduce diabetes related admissions via ED.

The DSN team is developing closer monitoring of glucose management system in the trust to help to reduce the diabetes crisis events causing harm. Education support is expanded to support staff in their understanding and decision making when treating people with diabetes.

Statements of Assurance from the Board

2.2 General Statement

During 2021/22 SFHT provided and/or subcontracted various relevant health services.

SFHT has reviewed all the data available to them on the quality of care in these relevant health services.

The income generated by the relevant health services reviewed in 2021/22 represents 78% of the total income generated from the provision of relevant health services by SFHT. This year we cared for:

	Yr2021/22	Yr2020/21
ED Attendances KMH	111,164	85,733
Newark UCC Attendances	25,317	15,289
	136,481	**101,144**
PC24 Attendances	30,901	19,122
Grand Total	**167,382**	**120,144**

Births	3,453	3,134
Outpatient Attendances (all sites)	446,554	348,734
Inpatient activity	54,179	45,911
Day Case Activity	37,896	25,672

We employ 5,735 substantive people. We engage with a large number of people through the bank system which raises this number to 8,926 including 219 consultant doctors which includes 33 locum consultants, working in hospital facilities that are some of the best in the country.

1. Participation in clinical audit

Clinical audit submission to quality accounts

The COVID-19 pandemic continues to have an impact on Clinical Audit activities across 2021/2022 following two years of significant pressure. This has reduced opportunities to deliver and receive training, reduced learning and sharing events and opportunities across the organisation and has impaired colleague's capacity to participate fully within this agenda.

Over 2022/23, the focus is on re-engaging colleagues with the clinical audit agenda, and to strengthen the focus and visibility of patient/service outcomes and learning. This will be achieved by having more direct team input at Divisional Governance level and focussing on Trust-wide themes, for example, the focus on Antimicrobial Stewardship.

National Clinical Outcome Review Projects 2021/22

During 2021/22, SFHT participated in 52 of 52 (100%) of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that SFHT was eligible to participate in during 2021/22 are as follows:

Project name (A-Z by project name)
Case Mix Programme (CMP)
Elective Surgery (National PROMs (Patient Reported Outcome Measures) Programme)
Emergency Medicine QIPs (Quality Improvement Project) - Infection Control
Emergency Medicine QIPs - Pain in Children
Falls and Fragility Fracture Audit Programme (FFFAP) - National Audit of Inpatient Falls
Falls and Fragility Fracture Audit Programme (FFFAP) - National Hip Fracture Database (NHFD)
Falls and Fragility Fracture Audit Programme (FFFAP) - Fracture Liaison Service Database
Inflammatory Bowel Disease (IBD) Audit - Inflammatory Bowel Disease (IBD) Biological Therapies Audit
LeDeR - Learning Disabilities Mortality Review
Maternal, Newborn and Infant Clinical Outcome Review Programme - Perinatal confidential enquiries
Maternal, Newborn and Infant Clinical Outcome Review Programme - Perinatal mortality surveillance

Maternal, Newborn and Infant Clinical Outcome Review Programme- Maternal mortality surveillance and confidential enquiry
National Adult Diabetes Audit (NDA) - National Diabetes Foot Care Audit
National Adult Diabetes Audit (NDA) - National Diabetes Inpatient Audit Harms (NaDIA-Harms)
National Adult Diabetes Audit (NDA) - National Diabetes in Pregnancy Audit
National Adult Diabetes Audit (NDA) - National Core Diabetes Audit
National Asthma and COPD Audit Programme (NACAP) - Adult asthma secondary care
National Asthma and COPD Audit Programme (NACAP) - Paediatric - Children and young people asthma secondary care
National Asthma and COPD Audit Programme (NACAP) - Pulmonary Rehabilitation
National Asthma and COPD Audit Programme (NACAP) - Chronic Obstructive Pulmonary Disease (COPD)
National Audit of Breast Cancer in Older People (NABCOP)
National Audit of Cardiac Rehabilitation
National Audit of Care at the End of Life (NACEL)
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)
National Cardiac Arrest Audit (NCAA)
National Cardiac Audit Programme (NCAP) - National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)
National Cardiac Audit Programme (NCAP) - Myocardial Ischaemia National Audit Project (MINAP)
National Cardiac Audit Programme (NCAP) - National Audit of Cardiac Rhythm Management Devices and Ablation
National Cardiac Audit Programme (NCAP) - National Heart Failure Audit
National Child Mortality Database (NCMD)
National Comparative Audit of Blood Transfusion
National Comparative Audit of Blood Transfusion programme - 2021 Audit of the perioperative management of anaemia in children undergoing elective surgery
National Early Inflammatory Arthritis Audit (NEIAA)
National Emergency Laparotomy Audit (NELA)
National Gastro-intestinal Cancer Audit Programme (GICAP) - National Oesophago-Gastric Cancer Audit (NOGCA)
National Gastro-intestinal Cancer Audit Programme (GICAP) - National Bowel Cancer Audit (NBOCA)
National Joint Registry
National Lung Cancer Audit Programme
National Maternity and Perinatal Audit (NMPA)
National Neonatal Audit Programme (NNAP)
National Paediatric Diabetes Audit (NPDA)
National Perinatal Mortality Review Tool
National Prostate Cancer Audit (NPCA)
Respiratory Audits - National Outpatient Management of Pulmonary Embolisms Audit
Respiratory Audits - National Smoking Cessation Audit
Sentinel Stroke National Audit Programme (SSNAP)
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme
Society for Acute Medicine Benchmarking Audit
Transurethral Resection and Single instillation intra-vesical chemotherapy Evaluation in bladder Cancer Treatment (RESECT) Improving quality in TURBT surgery.
Trauma Audit & Research Network
UK Cystic Fibrosis Registry
Urology Audits - Cytoreductive Radical Nephrectomy Audit

National clinical outcome review projects 2021/22

The national clinical audits and national confidential enquiries that Sherwood Forest Hospitals NHS Foundation Trust participated in during 2021/22 are as follows:

National programme name	Work stream / Topic name	Has data been submitted?	Case Ascertainment
Case Mix Programme (CMP)		Yes	100%
Elective Surgery (National PROMs Programme)		yes	100%
Emergency Medicine QIPs	Infection Control	Yes	100%
Emergency Medicine QIPs	Pain in Children	Yes	100%
Falls and Fragility Fracture Audit Programme (FFFAP)	National Hip Fracture Database (NHFD)	Yes	100%
Falls and Fragility Fracture Audit Programme (FFFAP)	National Audit of Inpatient Falls	Yes	100%
Falls and Fragility Fracture Audit Programme (FFFAP)	Fracture Liaison Service Database	yes	100%
Inflammatory Bowel Disease (IBD) Audit	Inflammatory Bowel Disease (IBD) Biological Therapies Audit	Yes	100%
LeDeR - Learning Disabilities Mortality Review		Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal confidential enquiries	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal mortality surveillance	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal mortality surveillance and confidential enquiry	Yes	100%

National Adult Diabetes Audit (NDA)	National Diabetes Foot Care Audit	Yes	100%
National Adult Diabetes Audit (NDA)	National Diabetes Inpatient Audit Harms (NaDIA-Harms)	Yes	100%
National Adult Diabetes Audit (NDA)	National Diabetes in Pregnancy Audit	Yes	100%
National Adult Diabetes Audit (NDA)	National Core Diabetes Audit	Yes	100%
National Asthma and COPD Audit Programme (NACAP)	Adult asthma secondary care	Yes	100%
National Asthma and COPD Audit Programme (NACAP)	Chronic Obstructive Pulmonary Disease (COPD)	Yes	100%
National Asthma and COPD Audit Programme (NACAP)	Paediatric - Children and young people asthma secondary care	Yes	100%
National Audit of Breast Cancer in Older People (NABCOP)		Yes	100%
National Audit of Cardiac Rehabilitation		Yes	100%
National Audit of Care at the End of Life (NACEL)		Yes	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Epilepsy12 has separate workstreams/data collection for: Clinical Audit, Organisational Audit	Yes	100%
National Cardiac Arrest Audit (NCAA)		Yes	100%
National Cardiac Audit Programme (NCAP)	National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Yes	100%
National Cardiac Audit Programme (NCAP)	Myocardial Ischaemia National Audit Project (MINAP)	Yes	100%

National Cardiac Audit Programme (NCAP)	National Audit of Cardiac Rhythm Management Devices and Ablation	Yes	100%
National Cardiac Audit Programme (NCAP)	National Heart Failure Audit	Yes	100%
National Child Mortality Database (NCMD)		Yes	100%
National Comparative Audit of Blood Transfusion	2021 Audit of Blood Transfusion against NICE Guidelines	Yes	100%
National Comparative Audit of Blood Transfusion programme	2021 Audit of the perioperative management of anaemia in children undergoing elective surgery	Yes	100%
National Early Inflammatory Arthritis Audit (NEIAA)		Yes	100%
National Emergency Laparotomy Audit (NELA)		yes	100%
National Gastro-intestinal Cancer Audit Programme (GICAP)	National Oesophago-Gastric Cancer Audit (NOGCA)	yes	100%
National Gastro-intestinal Cancer Audit Programme (GICAP)	National Bowel Cancer Audit (NBOCA)	Yes	100%
National Joint Registry	8 workstreams that all report within Annual report - see Inclusion and exclusion criteria (Column L) for further information	yes	100%
National Lung Cancer Audit Programme		Yes	100%
National Maternity and Perinatal Audit (NMPA)		Yes	100%

National Neonatal Audit Programme (NNAP)		Yes	100%
National Paediatric Diabetes Audit (NPDA)		Yes	100%
National Perinatal Mortality Review Tool		Yes	100%
National Prostate Cancer Audit (NPCA)		Yes	100%
Respiratory Audits	National Outpatient Management of Pulmonary Embolisms Audit	Yes	100%
Respiratory Audits	National Smoking Cessation Audit	Yes	100%
Sentinel Stroke National Audit Programme (SSNAP)		Yes	100%
Serious Hazards of Transfusion (SHOT): UK National hemovigilance scheme		Yes	100%
Society for Acute Medicine Benchmarking Audit		Yes	100%
Transurethral Resection and Single instillation intra-vesical chemotherapy Evaluation in bladder Cancer Treatment (RESECT) Improving quality in TURBT surgery.		Yes	100%
Trauma Audit & Research Network		Yes	53%
UK Cystic Fibrosis Registry		Yes	100%
Urology Audits	Cytoreductive Radical Nephrectomy Audit**	No	0%

** - SFHT has not seen any patients that meet the criteria for inclusion in this National Audit.

NCEPODs:

Study Title	Participation	Project Status	%
Epilepsy in Adults	Yes	Patients Submitted to study	100
Transition from Child to Adult services	Yes – New study	Clinicians Questionnaire completion underway	-
Crohn's Disease	Yes – New Study	Awaiting sample selection by NCEPOD	-

Non-Participation/Exceptions

None to report.

Outcomes and Learning from Clinical Audits Undertaken During 2021/22

The number of clinical audits both national and local which formed part of the 2021/22 Audit Plan are as follows:

Total Number of audits in the 2021/22 plan: = **365**
Number of local / other audits: = **313**
Number of national audits, including NCEPOD: **55**
Number of audits fully completed: = **142**

Some of the key learning from 2021/22 is as follows:

The Sentinel Stroke National Audit Programme (SSNAP) has reported that we have achieved the standard for 24 of the 30 standards of Care criteria that they audit against. We have shown strong performance against the criteria (100%) for patients starting Thrombolysis where eligible, the percentage of applicable patients receiving a joint health and social care plan on discharge and the percentage of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation.

Epilepsy 12 National Clinical Audit The results of the audit show that 86% of our children and young people had an input to the care from an Epilepsy Nurse Specialist which is favourable against the national figure of 63%. The audit also found that 90% of patients had input into their epilepsy care from a paediatrician with expertise in Epilepsy.

The Society for Acute Medicine Benchmarking Audit (SAMBA) 2021 provides a snapshot of the care provided for acutely unwell medical patients in the UK over a 24-hour period on Thursday 17th June 2021. SFHT met the key performance indicators in over 90% of the metrics. 92% (national average 77.4%) of patients had an early warning score recorded within 30 minutes of arrival to hospital. 96% (national average 87.4%) of unplanned admissions were seen by a tier 1 clinician within 4 hours of arrival to hospital. 98% (national average 67.8%) of unplanned admissions who required a medical consultant review were seen within the target time.

National Lung Cancer Audit (NLCA) Sherwood Forest Hospital Trust (79.8%) is above the national average (75% in 2020) for the percentage of patients that are seen by a Cancer Nurse Specialist. It also displays a favourable median time from diagnosis to treatment for patients of 13 days compared to the national figure of 27 days in 2020.

National Emergency Laparotomy Audit (NELA) - Year 7 The report shows that Preoperative input by a consultant surgeon where there's a documented risk of death >5% has improved from 74.6% of

cases in Year 6 to 100% in Year 7. In addition, the results also show that we achieved a high score regarding consultant surgeon and anaesthetist presence in theatre when risk of death >5%.

The reports and outcomes of 142 local clinical audits were reviewed in 2021/22 at the Improvement and Clinical Audit Group, and, in future, will be reviewed at the Advancing Quality Group on a quarterly basis.

Examples of completed local audits are below:

Speciality	Audit code	Title	Post Project Impact/Actions
Radiology	Rad/CA/ 2020-21/22	Re-audit appropriateness of usage of Computed Tomography Pulmonary Angiography (CTPA) investigation of suspected Pulmonary Embolism (PE).	After the initial Audit in 2019, educational posters and emails have been sent to all clinician to make sure they are aware of the guidelines and the local protocols. The second data collection showed an improvement in appropriate CTPA request from 21% to 36%. There is further work that needs to be done. A PE has only been diagnosed in 10% of cases, still below the target of 15%. Further education and monitoring is ongoing.
Acute Medicine	Acute Med/CA/ 2020-21/10	Appropriate utilisation of cardiac troponin in medical patients	Based on 90 patients, nearly half of the patients had non-specific chest pain or no chest pain at presentation, More than 50% of patients had non-specific ECG changes, more than 50% had a second troponin. Based on these findings we have devised and implemented a scoring system to help the clinician/nurse to select the patients who would benefit with a troponin test. To be re-audited.
Cardiology	Cardio/ CA/2020 -21/11	Cardiac function monitoring in patients on trastuzumab therapy (19-20-4185)	1.Only 50% of the patients had scans at 3 monthly intervals, 29% had scans at >3 months (4-8) , 22% patients had scans earlier than 3 months. 2.36% patients had developed decline in LV function. Only 14% of patients had a decline in Ejection fraction (EF) meeting criteria to stop herceptin and commence heart failure treatment 3.Only 29% of patients with significant decline in EF developed symptoms.4.29% of patients with significant decline in EF were not commenced on heart failure treatment and not referred to cardiology. Actions completed: To establish new service for follow up of LV function for patients with Herceptin treatment. To display heart failure treatment algorithms in breast clinic. Working to develop a local pathway for Herceptin surveillance and make it available on intranet
Respiratory	Resp/C A/2021-22/03	Second cycle FiO2 recording on the ABG blood results	Re-audit post intervention showed a 53.33% (n=16) of total ABG records have documentation of FiO2. This is a 28.33% improvement in FiO2 documentation from the previous cycle.

			We are in the process of liaising with ABG analyser machines providers, to prevent processing the blood sample unless FiO2 has been entered with the patient details. We have included the clinical importance of documenting the FiO2 level on the ABG result papers in an educational sessions to the new rotation junior doctors.
Stroke	Stroke/CA/2020-21/06	Are Intermittent Pneumatic Compression Stockings for Stroke VTE being used correctly	Patients who did not have IPC prescribed had an alternative VTE prophylaxis treatment prescribed. The majority of patients had a bodily worn device care plan in place and this was also signed for by a doctor. All patients had the correct size sleeves in situ. Actions: Ensure all entries are signed for on the drug card. Stop the use of IPC after 30 days. Feedback findings to the nurses on the stroke unit via performance meeting. Present the RCP guidance on how long IPC should be in situ for. Re-audit.
Breast Surgery	Breast Surgery/CA/2021-22/01	Re-audit Breast Operative notes audit	After re-designing of the Breast Operating notes, significant improvement was observed in our operative notes filling. Currently all fields are in the acceptable above 90% filling rate, except the local anaesthesia field. No further actions planned, except review.
General Surgery	GS/QI/2021-22/02	Re-Audit: Foundation Trainee 2020 Surgery Induction at Kings Mill Hospital	After developing an e-learning presentation and, delivering it to both cohorts in April and December, an improvement has been measured. Improvement was shown post-induction for overall confidence starting a surgical rotation: There was a reduction in trainees rating themselves 'not so confident' and 'not confident at all' post-induction. There was a 30% increase in trainees rating themselves 'confident' post-induction. There was a complete reduction in trainees rating themselves 'not at all confident' post-induction across all categories. 4 out of the 6 areas identified for improvement, after FY1s confidence ratings in December, showed improvement in confidence of FY1s after the induction session in April vs December

Trauma and Orthopaedics	T&O/CA /2021-22/07	re-audit Creating a Day 1 post-operative proforma for elective and trauma patients to enhance patient care and improve junior doctor confidence	The project has highlighted that doctors in training lack confidence and knowledge around completing Day 1 post-op checks. It showed that the Day 1 post op documentation included less than 50% of the needed information. As a result of this audit, a new pro-forma has been designed and implemented. The re-audit data showed an increase in completion of the Day 1 post op checks. Average composite score for post-operative review increased 2x after the proforma was introduced (7.7 to 14.5 out of 16). 100% documentation of operation type, site, neurological and vascular status. VTE plan increased from 15% to 80%. Junior doctor confidence improved in both performing and documenting the reviews. 100% neutral or disagreed prior to proforma, 0% felt this way following proforma. 80% strongly agreed they felt more confident at the end of the rotation.
Trauma and Orthopaedics	T&O/CA /2021-22/15	Re-audit Hip Fracture care plan by Orthogeriatric	After the initial audit, the Specialty developed an e-learning package. The results of the re-audit showed FRAX score: 94.73 % compliance compared to the first loop of audit which was 77% ECG: 85% compliance compared to the first loop of the audit which was 41% Lying/sitting blood pressure: 94.73 % compliance compared to the first loop of audit which was 79% 4AT assessment (delirium screen) : 100% compliance compared to the first loop of audit which was 77% Bone health bloods : 100% compliance compared to the first loop of audit which was 89% Plasma CTX : 60% compliance compared to the first loop of audit which was 56.41% The initial training in August 2021 influenced the above improvements.
Cardiology	Cardio/ CA/2021 -22/01	Prescribing in ACS	The audit highlighted that none of the criteria were met. All patients on DAPT for Acute Coronary Syndrome (ACS) treatment are co-prescribed a PPI 74% compliance. All patients on treatment for ACS are only prescribed fondaparinux for a duration of 3-5 days before converting to standard VTE prophylaxis 65% compliance. All patients discharged after treatment for ACS are prescribed all indicated secondary prevention medications (with documentation if medications are not started) 73% compliance. As a result, the specialty agreed to do a teaching session, display a poster and prepare powerpoint presentation that can be shared at appropriate meetings. A re-audit is planned.

Review of 2021/22

Challenges posed by the pandemic has made this a difficult year to fully engage with clinical colleagues around the Clinical Audit agenda, and to connect audit activities through to positive patient outcomes and learning. Despite this, there have been several improvements taken forward.

- Introduction of QIP Club – the QI team has worked closely with the Chief Clinical Registrar to engage with trainee doctors early within their rotation. As part of a 'QIP Club' they were asked to 'pitch' an area for trainees to lead as part of an improvement and clinical audit project, with support from the organisation. Project areas have included flow/discharge and antimicrobial stewardship, with regular meetings and coaching events to build on both capability and networks.
- Development of an e-learning package for Clinical Audit training – this was in response to all face to face training being 'stood down' as a result of the pandemic. This is proving popular with colleagues who can access it at their convenience.
- The QI and Audit team are supporting wards involved in 'Pathway to Excellence', to engage with clinical audit and improvement to help them achieve ward accreditation as an Exemplar Ward, as well as providing QI training.
- Introduced 6 monthly cycle of data collection for trust wide audits – this was in direct response to clinical feedback that monthly data collection was not suitable for all areas (where there may not be eligible patients, which would result in that area failing the audit).
- New governance route via the Advancing Quality Group; this should provide an opportunity to strengthen the clinical effectiveness agenda and assurance process.

Looking forward to 2022/23 we aim to:

Strengthen both the assurance and visibility of clinical audit within the organisation, via the Improvement in Clinical Audit Group, Advancing Quality Group and by learning from, and sharing activities on key Trust-wide themes. This has started via the 'Antimicrobial Stewardship group' which has brought together different teams, working in silos, into one cohesive project team.

To further connect audit to the continuous improvement and learning cycle; this will focus on process outcomes by being more directly involved as a team at Divisional Governance level, in order to influence more locally and to pull forward learning and good practice across the organisation.

Continue our focus on developing and progressing the QIP Club for trainee doctors, sharing this development both within and outside the organisation.

To align to and contribute to the People, Culture and Improvement Strategy, the Continuous Improvement Strategy, the Quality Strategy and to support the nursing 'Pathway to Excellence' approach.

3. Participation in clinical research and innovation

The number of patients receiving relevant health services, provided or sub-contracted by SFHT in 2021/22, recruited during that period to participate in research approved by the Research Ethics Committee was 1,295. This includes patient data and tissue samples.

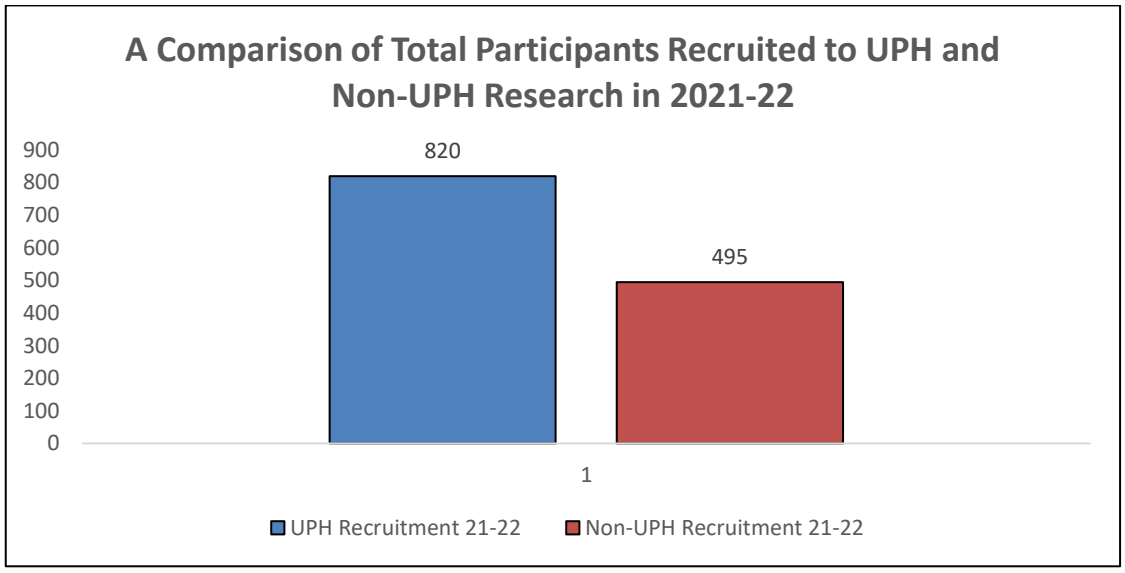
The Trust is actively involved in clinical research and has a dedicated Research and Innovation department (R&I). The R&I team is responsible for developing and supporting a varied research portfolio, creating better opportunities for patients and staff to participate in research activity, whilst informing 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 had shown a year-on-year increase, however due to the global COVID-19 pandemic, most of the non-Urgent Public Health (nUPH) research activity was suspended. In 2021/22, SFHT research activity focused on both Urgent Public Health (UPH) studies, (as defined by the NIHR), to find suitable treatments to combat COVID-19, and recovering the pre covid research portfolio to date, R&I have opened 13 UPH studies and recruited a total of 3717 participants. 820 were recruited in 2021/22 (graph 2).

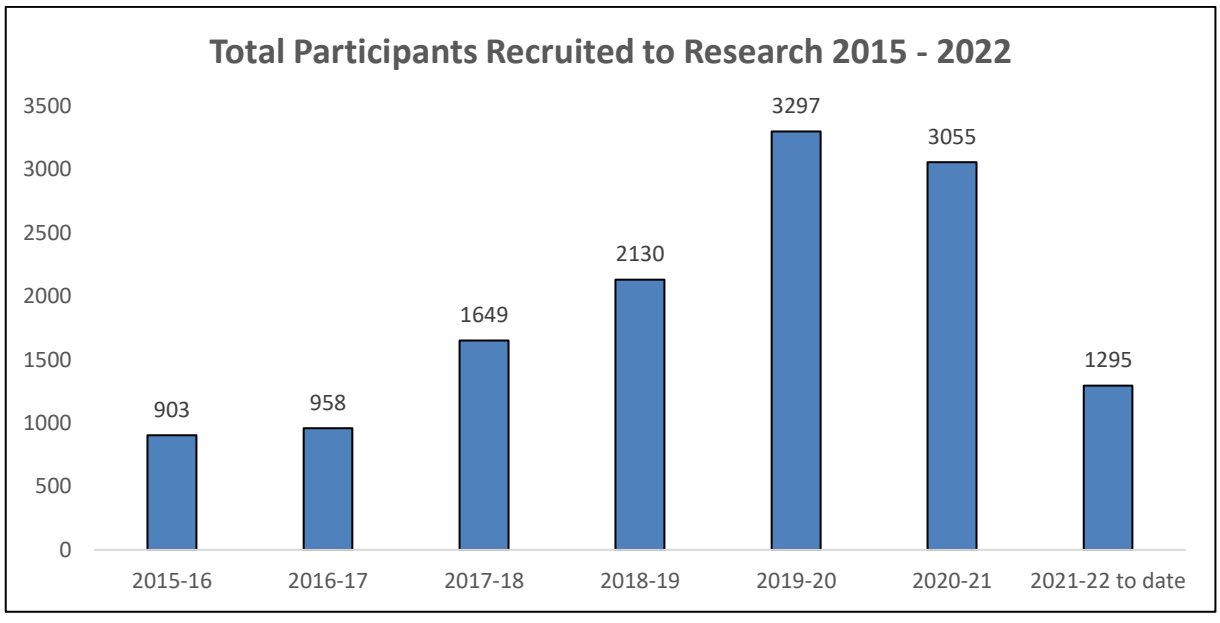
Remaining nUPH studies were restarted during 2021/22; however, some studies closed due to pathway changes resulting in nUPH portfolio and recruitment being lower than recent years. Total recruitment exceeded the target of 1,200 (graph 3)

Going forward, R&I will focus on the rebuilding of their portfolio balancing non-UPH research and UPH research together. Activity will be reviewed regularly as the situation surrounding the COVID-19 pandemic evolves. (graph 4)

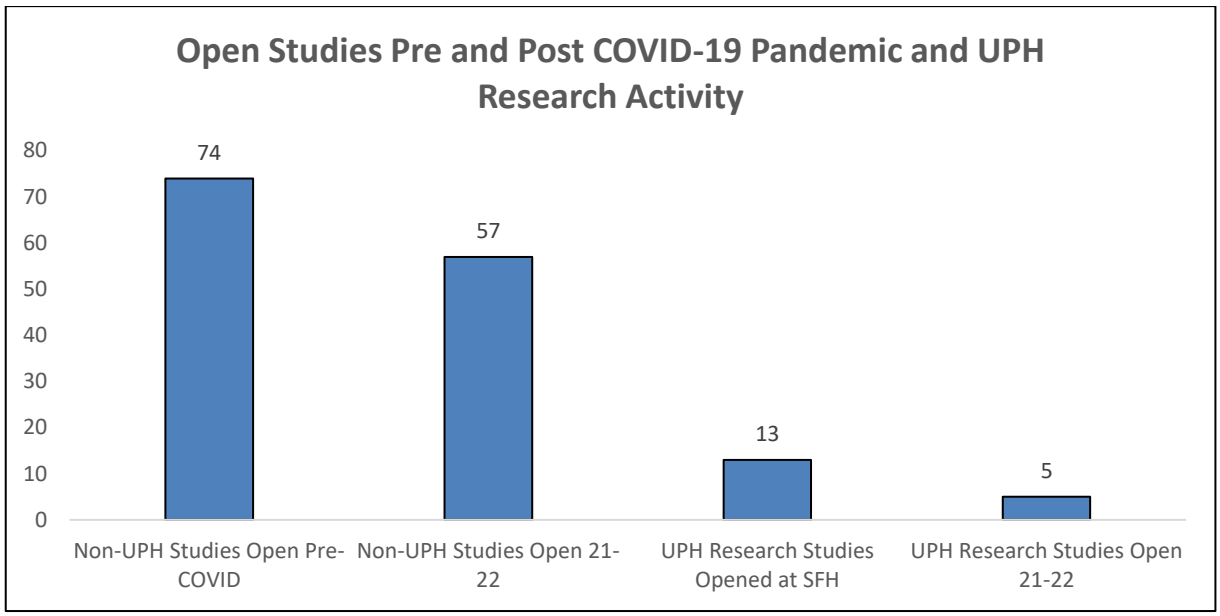
Graph 2



Graph 3



Graph 4



The focus for R&I in 2022/23 is to develop a balanced function that can deliver COVID-19 research alongside a healthy portfolio of nUPH studies. R&I have commenced collaborative working with Primary Care to support the development, operation and delivery of clinical research and training across Mansfield and Ashfield. The expected outcome will result in the expansion of the Primary Care portfolio and an increase in patient and staff development opportunities. Due to the pandemic, in 2020/21 and 2021/22, SFHT's commercial research activity has reduced, with 2 studies remaining open and 24 participants recruited across both years. In 2022/23, we plan to rebuild our commercial activity by prioritising the setup of commercial trials, strengthening our reputation for delivery, and attracting more commercial companies to bring clinical trials to SFHT. We have now secured a suitable space for a dedicated a clinical research facility. This is the centre of the growth for commercial research locally and will expand the access to clinical trials for patients in the region, enabling the uptake of more complex trials in a suitable, comfortable, and relaxed environment.

Research is a partnership between participant and researcher. Every year, as part of the NIHR research participant experience survey, we ask people who have volunteered for health research at SFHF to feedback on their experience so we can make improvements. Our survey found that of those respondents, 91% reported that they would agree or strongly agree that their participation in research has been valued and 93% surveyed would consider taking part in research again.

SFHT is committed to expanding research activities and facilities and has developed strong associations with Universities, other NHS Trust's, and stakeholders. In order to support expanding the to expand the types of research studies available to involve our local population, support workforce capability and, increase capacity to undertake research, we have developed a collaborative partnership with Nottingham University Hospitals NHS Trust (NUH) and Nottingham Trent University (NTU). R&I are also working closely with research partners across the Integrated Care Partnership to ensure research opportunities and engagement is offered system wide, not just in hospitals.

At a local level, SFHT's R&I team is working closely with Divisional teams to support embedding clinical research into frontline care. The department will re-commence research secondments as part of the

SFHT Research Academy and network of Research Champions, in addition to supporting Nursing, Midwifery and Allied Health Professional colleagues to develop capacity and capability to undertake research through collaborations with higher education institutes.

R&I team present a quarterly update to Trust Board and the Quality Cabinet. The research governance committee meets quarterly to oversee and monitor activity. The Trust has an external reporting responsibility to the Department of Health via the Clinical Trials Platform. This is a national key performance indicator for NHS organisations.

4. Commissioning for Quality and Innovations (CQUIN) Indicators

The Commissioning for Quality and Innovation Scheme (CQUIN) is offered by NHS commissioners to providers of healthcare services commissioned under an NHS contract. It rewards quality improvement and innovation by linking a proportion of the provider's income to the achievement of local and national improvement goals.

A proportion of SFHT's income in 2021/22 would normally be conditional upon achieving quality improvement and innovation goals agreed between SFHT and any person or body they entered a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

In March 2021, NHS England directed both providers and commissioners to suspend delivery of all CQUINs for the year 2021/22 as a result of the COVID-19 pandemic. This directive ensured a block payment was received by providers for the year 2021/22.

As a result of the COVID-19 NHS England directive, CQUIN monitoring was not started or delivered during 2021/22 at the Trust. Some innovation and quality improvement have continued and traditional measures such as the flu vaccination programme have been monitored and reported.

5. Registration with the Care Quality Commission (CQC)

SFHT is required to register with the Care Quality Commission (CQC) and its current registration status is fully registered without conditions or any restrictions in place. The CQC has not taken any enforcement action against SFHT during 2021/22.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust has four locations registered including:

King's Mill Hospital
Newark Hospital
Mansfield Community Hospital
Ashfield Health Village

During 2021/22, SFHT has continued its support for multiple COVID-19 mass vaccination centres included within its registration

- Kirkby-in-Ashfield Vaccination Centre located at Ashfield Village
- Mansfield Vaccination Centre located at a designated location
- Newark Vaccination Centre located at Newark Showground

- 4 x Nottingham Based Vaccination Centres located at, Forest Recreations Ground, Richard Herrod Centre, Gamston Community Hall and Kings Meadow Campus

During 2021/22 the continuation of the COVID-19 pandemic caused restrictions on external regulators including the CQC. There were no on-site CQC assessments of services during this reporting period, however, SFHT have maintained a positive working virtual relationship with the CQC to maintain ratings from the 2020 visit.

The CQC last carried out an inspection during January and February 2020 and visited the following core services:

King's Mill Hospital

Critical Care
Children and Young People
Surgery and Anaesthetics

Newark Hospital

Children and Young People
Surgery and Anaesthetics
End of Life

In addition to the core service inspection CQC undertook a well-led inspection of the Trust on the 11 and 12 February 2020

The Trust received the final report in May 2020 indicating the improvements made had resulted in a re-rating, giving an overall rating for the organisation as GOOD comprised of the following ratings for each domain:

6. Information on Secondary Uses Service for inclusion in Hospital Episode Statistics

The Trust submitted records during 2020/21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

100% for admitted patient care

100% for outpatient care and

100% for accident and emergency care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

100% for admitted patient care;

100% for outpatient care; and

99.2% for accident and emergency care

7. Information Governance

SFHT's Data Security Protection Toolkit Assessment Report overall score for 2021/22 graded the Trust as fully compliant. The Data Security and Protection Toolkit for 2021/22 included **111** items: out of **111** mandatory evidence items meet the standards that were required.

Data security aims for 2022/23

The Data Security and Protection Toolkit will encompass Cyber Essentials PLUS certification which is a rigorous test of the Trusts security systems. The Trust will be working towards achieving the certification to provide assurance that data is protected at the highest level.

How was this achieved?

The Data Security Team were audited by 360 Assurance (SFHT internal auditors) who undertook a review of some of the standards. The overall assessment provided the Trust with substantial assurance which provides a high level of confidence in our data security.

Monitoring and reporting for sustained improvement

All actions taken from internal audits are monitored by the Information Governance Committee and the Audit and Assurance Committee.

Serious incidents requiring investigation

In 2021/22, the Trust reported one data security serious incident, reported on the Data Security Protection Toolkit. The incident involved data integrity being compromised.

To date, the Trust has received no regulatory action because of the incidents reported. Lessons have been learned and recommendations implemented to mitigate further reoccurrence.

8. Clinical Coding Audit

SHFT was not subject to the Payment by Results (PbR) Clinical Coding audit during 2021/22 normally undertaken by the Audit Commission.

The Trust has a dedicated team of qualified and trainee clinical coders that are responsible for coding approximately 123,341 inpatient episodes for 2021/22. Coded activity data is submitted to Secondary User Services (SUS) which is used to support commissioning, healthcare development and improving NHS resource efficiency.

Clinical coding aims for 2021/22

- Deadline and targets: Achieve 100% coding target by the fifth working day after the month end.
- Audits: Improve coding accuracy by conducting monthly audits of coded data before the final submission.
- Recruitment and Training: Recruit and train trainee clinical coders
- Clinical engagement : Improve clinical engagement and raise coding awareness among the junior doctors.

Performance against this target

The Trust has consistently achieved over 99.9% coding targets by the fifth working day after the month end.

Table 1 Secondary Users Service (SUS) Submission Data Report

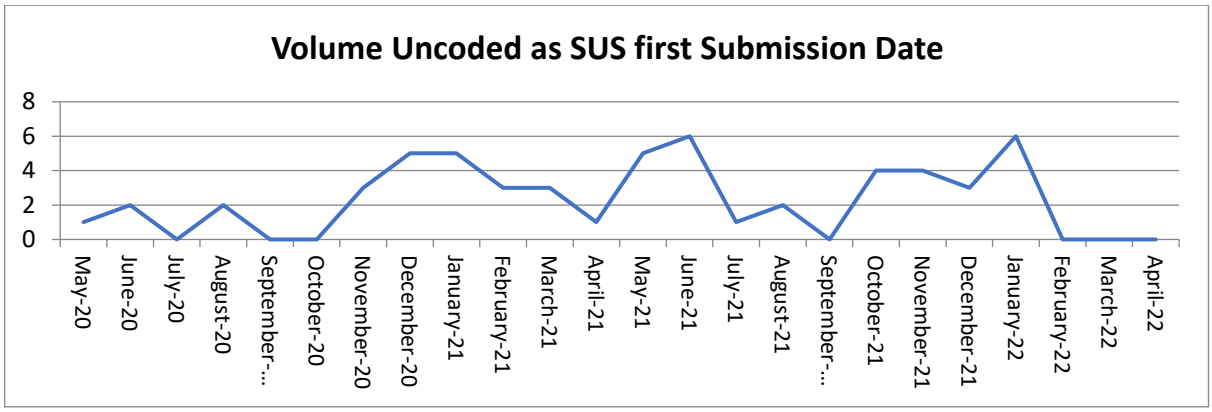
FCE Month	1st SUS Submission date	Total Number of Episodes	Volume Uncoded as SUS first Submission Date Actual & Trajectory	Actual Uncoded %	% Total Uncoded Trajectory	% Coded at 1st Submission
April-19	17/05/2019	9385	2	0.02%	2.0%	100.0%
May-19	17/06/2019	10044	3	0.03%	2.0%	100.0%
June-19	15/07/2019	9326	3	0.03%	2.0%	100.0%
July-19	19/08/2019	10357	2	0.02%	2.0%	100.0%
August-19	27/09/2019	9676	1	0.01%	2.0%	100.0%
September-19	15/10/2019	9761	2	0.02%	2.0%	100.0%
October-19	15/11/2019	10725	1	0.01%	2.0%	100.0%
November-19	13/12/2019	10422	1	0.01%	2.0%	100.0%
December-19	16/01/2020	10124	3	0.03%	2.0%	100.0%
January-20	14/02/2020	11175	3	0.03%	2.0%	100.0%
February-20	19/03/2020	10014	12	0.12%	2.0%	99.9%
March-20	17/04/2020	8796	0	0.00%	2.0%	100.0%
April-20	18/05/2020	4885	0	0.00%	2.0%	100.0%
May-20	15/06/2020	5860	1	0.02%	2.0%	100.0%
June-20	15/07/2020	6929	2	0.03%	2.0%	100.0%
July-20	17/08/2020	8109	0	0.00%	2.0%	100.0%
August-20	16/09/2020	8356	2	0.02%	2.0%	100.0%
September-20	16/10/2020	8860	0	0.00%	2.0%	100.0%

October-20	17/11/2020	8946	0	0.00%	2.0%	100.0%
November-20	17/12/2020	8684	3	0.03%	2.0%	100.0%
December-20	20/01/2021	8469	5	0.06%	2.0%	99.9%
January-21	15/02/2021	8320	5	0.06%	2.0%	99.9%
February-21	12/03/2021	8298	3	0.04%	2.0%	100.0%
March-21	20/04/2021	9416	3	0.03%	2.0%	100.0%
April-21	20/05/2021	9967	1	0.01%	2.0%	100.0%
May-21	17/06/2021	9581	5	0.05%	2.0%	99.9%
June-21	19/07/2021	9134	6	0.07%	2.0%	99.9%
July-21	18/08/2021	9857	1	0.01%	2.0%	100.0%
August-21	17/09/2021	10232	2	0.02%	2.0%	100.0%
September-21	19/10/2021	10335	0	0.00%	2.0%	100.0%
October-21	17/11/2021	9840	4	0.04%	2.0%	100.0%
November-21	16/12/2021	10114	4	0.04%	2.0%	100.0%
December-21	20/01/2022	10117	3	0.03%	2.0%	100.0%
January-22	17/02/2022	10211	6	0.06%	2.0%	99.9%
February-22	17/03/2022	9369	0	0.00%	2.0%	100.0%
March-22	21/04/2022	10373	0	0.00%	2.0%	100.0%
April-22	19/05/2022	9454	0	0.00%	2.0%	100.0%

Notes:

The table above (table 1) provides an indication of the volume of un-coded episodes for discharged hospital spells within each month. The first submission date and percentage un-coded (graph 5) will aid users on what period to select for mortality reports to ensure a more robust picture. All discharges are coded for the Post PbR Reconciliation deadlines and a refreshed SUS submission sent.

Graph 5



Audits

The Trust has a coding quality assurance programme that automatically assesses clinical coding prior to monthly submission of activity data. This is supplemented by targeted audits to improve quality of the coded data conducted by Clinical Classifications Service Approved Auditor.

Due to the number of experienced staff leaving, the Trust was unable to carry out regular missing comorbidity and individual clinical coder's work audit. However, the limited number audits that were conducted generated an income of **£288,982.** See Table 2 for the details of income generation. Any audit that was conducted in the financial year was followed by a post-audit discussion where any errors found during the audit were fed back to the clinical coder and reasoning explained. Areas of both good practice and improvement were highlighted.

Table 2

Total value by source file

£	Month											
Source	2	3	4	5	6	7	8	9	10	11	12	Grand Total
Clinical Coding Audit	£22,287	£16,249	£15,189	£37,657	£18,726	£39,203	£9,711	£22,390	(£460)	£2,938	£406	£184,295
Clinician Audit	£16,199	£13,528	£0	£6,911	£19,026	£20,753	£161	£5,246				£81,825
Rules Audit	£5,282	£5,082	(£110)	£1,078	£7,457	£2,052	£8	£2,051				£22,899
Deceased Review				(£37)								(£37)
Grand Total	**£43,768**	**£34,858**	**£15,079**	**£45,609**	**£45,209**	**£62,008**	**£9,880**	**£29,687**	**(£460)**	**£2,938**	**£406**	**£288,982**

Data security standard One - Data quality:

As part of Data Security and Protection Toolkit, the Trust has undertaken an audit of 200 completed consultant episodes (September 2021-January 2022) to assess the accuracy of clinical coding. The Trust's coding accuracy met the required percentage across all four areas.

The table below (table 3) illustrates the clinical coding audit results compared to the recommended percentage of accuracy scores from the Terminology and Classifications Delivery Service.

Table 3

	Primary diagnosis correct	Secondary diagnosis correct	Primary procedure correct	Secondary procedure correct

Standard exceeded	>=95%	>=90%	>=95%	>=90%
Standard met	>=90%	>=80%	>=90%	>=80%
Sherwood Forest Hospitals	*90%*	*91.23%*	*96.97%*	*96.95%*

Recruitment and training

The Trust has successfully recruited six trainee clinical coders to replace the six experienced coders who has left SFH due to higher pay band and opportunity for remote working in the surrounding Trust. All the coders are up to date with the mandatory training requirement set by NHS Digital.

9. Data quality strategy for 2020-21

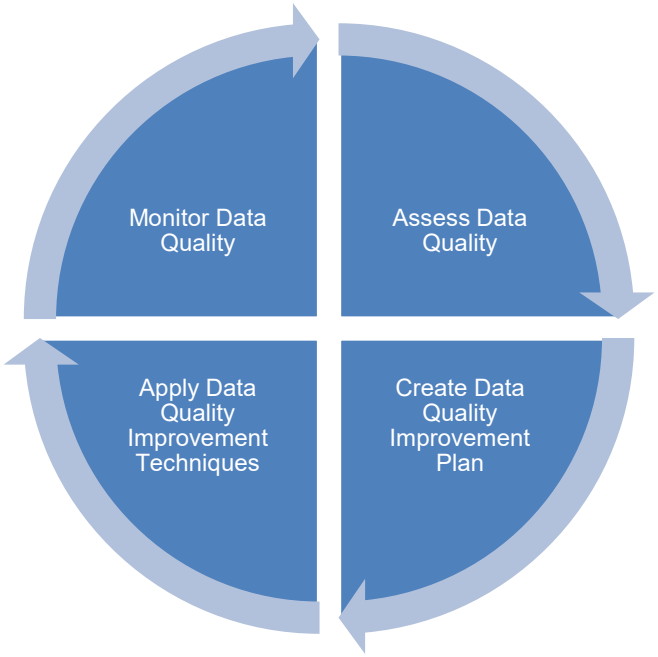
SFHT's Data Quality Strategy aims to influence and drive improvements in outcomes for patients through effective decision making by clinical, operational, and managerial staff by ensuring timely availability of accurate and high-quality information.

Shared decision making is part of the NHS Long Term Plan's commitment to make personalised care business as usual across the health and care system. Personalised care requires a whole system approach, integrating all services around the patient and recognises a positive shift to empowering patients and care professionals to make informed decisions, based on robust and trusted information. Information collected and used to enable this process must therefore support the patient care pathway.

To ensure good quality data underpins the assessment of SFHT's quality performance, we adhere to the six dimensions of data quality, each of which is fundamental in providing fit for purpose information and include: accuracy, validity, reliability, timeliness, relevance and completeness.

Through our strategy, we will promote a sense of accountability and commitment to the on-going improvement of the quality of the data amongst all staff handling and using data, and for which they are responsible for. This strategy will help to create a culture of 'getting it right first time' regardless of job role whether this be clinical, technical or administrative. This will in turn release staff time from correcting data and ensuring that patients outcomes are based on accurate information.

Our approach to improvement relies on a continual process as described below:



SFHT maintains three key behaviours in our approach to providing data quality. These are: Responsiveness, Proactivity and Continuous improvement.

SFHT will be taking the following actions to improve data quality:

Responsiveness

Validation – in response to known areas of data quality concerns (as identified through reporting or operational processes) we will:

- Actively validate data sets to ensure decision making is based upon accurate information
- Work with operational/clinical teams to quantify the relative risk and priorities, thus allowing informed choices on the necessary action and timescales for the Divisional Teams supported by the data quality (DQ) team to remedy identified issues.

Addressing errors – where data errors are identified, in addition to informing operational and clinical teams, and, to enable the patient impact to be understood and addressed, we will:

- Identify the root cause
- Correct the information, as necessary
- Ensure feedback is provided to the originator of the root cause and that an action plan implemented.
- Obtain assurance that the appropriate actions have been taken by the Divisions to reduce or prevent repetition of the issue and that all associated actions have been closed.

Proactivity

Reporting – we will continue to develop and use Key Performance Indicators (KPIs) to:

- Monitor levels of DQ
- Identify improvements or deterioration in DQ
- Identify areas for validation, corrections, training, process improvements or ad-hoc audits

Auditing – we will develop and implement an audit programme to:

- Systematically check for DQ issues across the Trust, through sampling of records and providing appropriate feedback
- Allow for ad-hoc audits in response to suspected data quality weaknesses

Continuous improvement

Training – we will develop and deliver consistent DQ training programmes for all members of staff in line with the Elective Care Training Strategy. In addition, we will provide targeted training in response to themes or repeated errors, as identified through audit, reporting or operational issues

Process improvements – where necessary, we will systematically change operational processes to maximise data quality. Any such process changes will be:

- Clinically and operationally owned, designed and supported
- Underpinned by procedural documents
- Not be to the detriment of patient care
- Reviewed in line with the action plan

Data Quality training

The Trust continues to review all system based and operational DQ training materials, including Standard Operating Procedures to ensure that they are fit for purpose in terms of data collection, recording, analysis and reporting adherence to Data Dictionary Standard Requirements.

Careflow is the Patient Administration System (PAS) used by SFHT. Training is delivered by Nottinghamshire Health Informatics Service (NHIS) trainers and is a prerequisite to obtaining access to SFHT PAS system. SFHT continue to deliver a comprehensive training plan for both DQ and elective care.

SFHT will be taking the following actions to improve DQ training:

- Further develop a suite of non-face-to-face electronic solutions to support the delivery of the Elective Care Training Plan, considering social distancing constraints, both during and post the COVID-19 pandemic and to support home and distanced working.

Data Quality improvement KPIs

SFHT has a fully developed Data Quality Analytical Dashboard to support the improvements of data collection in the following areas:

- Outpatient referral management
- Outpatient activity
- Inpatient activity
- Elective waiting list management
- Referral to Treatment (RTT)
- Maternity
- Careflow PAS maintenance and generic DQ

This enables the team to proactively identify areas of potential DQ improvement or issues that need to be addressed.

Data quality internal audit programme

The DQ team has an agreed schedule of targeted audits that are undertaken throughout the year to systematically check for DQ issues across the Trust, through sampling of records and providing appropriate feedback at divisional and governance meetings.

The DQ team will be taking the following actions to improve data quality:

- Continuing to keep SFHT informed of emerging data quality issues through our regular communication channels
- Maintaining the process of continuous evaluation of documentation designed to support system users to maintain data quality standards e.g., Standard Operating Procedures
- Amending documentation and delivering appropriate user awareness sessions in response to system upgrades taking place

Trust data quality position March 2022

The Data Quality Maturity Index (DQMI) is a quarterly publication intended to highlight the importance of DQ in the NHS. It provides data submitters with timely and transparent information about their data quality.

The Trusts' average total DQMI score is 89.2%.

The percentage of records in the published data which included the patient's valid NHS number (as at Dec 2021)		
Admitted Patient Care	**Outpatient Activity**	**Accident and Emergency Care**
99.9%	**100%**	**98.%**

The percentage of records in the published data which included the patient's valid GP Code (as at Nov 2019)		
Admitted Patient Care	**Outpatient Activity**	**Accident and Emergency Care**
100%	**100%**	**98.9%**

The Trust submitted records during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The Trust will be taking the following actions to improve data quality:

- To examine individual data items within the DQMI to identify areas that require improvement
- To aim to increase total average DQMI score to > 90%

10. Improving Care and Learning from Deaths

During 2020/21 1,782 of SFHT patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 371 deaths in the first quarter;
- 307 deaths in the second quarter;
- 484 deaths in the third quarter;
- 620 deaths in the fourth quarter

By 31st March 2021, 1,145 case record reviews and 25 investigations had been carried out in relation to 1,782 of deaths.
The number of deaths in each quarter for which a case record review or an investigation was carried out was

- 204 in the first quarter;
- 227 in the second quarter;
- 377 in the third quarter;
- 372 in the fourth quarter

These reviews are used to capture themes and examples of learning where the care provided to the patient has been excellent as well as to identify any concerns or lapses in care provided. Following a review of the structured case reports during the Covid waves, we have begun to instigate a data and quality improvement process, aimed at strengthening a consistent approach and distribution of learning.

The ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form facilitates an early discussion with the patient and their family about their wishes towards the end of life or at the time of a significant medical event. To support these difficult patient conversations, in 2019, SFHT implemented the national ReSPECT Tool, and this has now been rolled out across all providers within Notts Integrated Care system (ICS). Clinical teams have been trained in the appropriate usage and application of the ReSPECT form, with ongoing support provided by the End-of-Life team. This information remains with the patient with a copy retained in the notes. Utilisation of the ReSPECT form and the appropriateness of the decision-making has been audited throughout 2020/21 in order to identify areas of good practice and where any further support and training may be required.

SFHT has continued to support and develop the Medical Examiner (ME) Service. The ME provides independent scrutiny of any death where initial concerns have been raised, not only in relation to the cause of death but where the care provided to the patient in the days prior to death may have identified as failing and whether this contributed to the death or not. The ME also provides support, advice and guidance to the trainee medical staff to ensure accurate completion of the Medical Certificate on the cause of death. As SFHT moves into 2022/23, there have been further actions developed to improve the learning from deaths process. They include:

- Increasing the number of ME's recruited by SFHT and Notts ICS to support roll out of the community ME service
- Wider Structured Judgment Review (SJR) training and process development to enhance consistency and quality of learning outputs

2.3 Reporting against core indicators

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 table below (table 4) illustrates SFHT's SHMI banding as being consistently recorded as a two, indicating 'as expected' levels of mortality.

Table 4

Year	**SFHFT SHMI Value**	**SFHFT SHMI Banding**	**National Average**	Highest Performer	Lowest Performer	SHMI banding - Worst	SHMI banding - Best
Oct 16 – Sep 17	101.62	2	100.5	72.7	124.73	1	3
Jul 17 – Jun 18	97.72	2	100.35	68.92	125.72	1	3
Oct 17 – Sep 18	96.72	2	100.3	69.17	126.81	1	3
Jul 18 – Jun 19	93.80	2	100	69.89	119.11	1	3
Oct 18 – Sep 19	94.7	2	100	69.79	118.77	1	3
Jul 19 – Jun 20	96.75	2	100	67.64	120.74	1	3
Oct 19 – Sep 20	97.72	2	100	68.69	117.95	1	3
Sep 20 - Aug 21	98.09	2	100	79.30	119.10	1	3

Percentage of Patient Deaths Coded as Palliative Care

SHMI methodology does not make any adjustment for patients who are recorded as receiving palliative care because there is considerable variation between Trusts in the way that palliative care codes are used. Using the same spell level data as the SHMI, this indicator presents crude percentage rates of deaths reported in the SHMI with palliative care coding at either diagnosis or specialty level. The Trust considers that this data is as described for the following reasons.

This is an indicator designed to accompany the SHMI. The table (table 5) below provides the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period.

Table 5

Trend (financial year)	**Non-elective spells**	**Palliative care**	**Rate**	**National Rate**
2017/2018	36,286	441	1.22%	2.00%
2018/2019	51,008	523	1.03%	2.07%

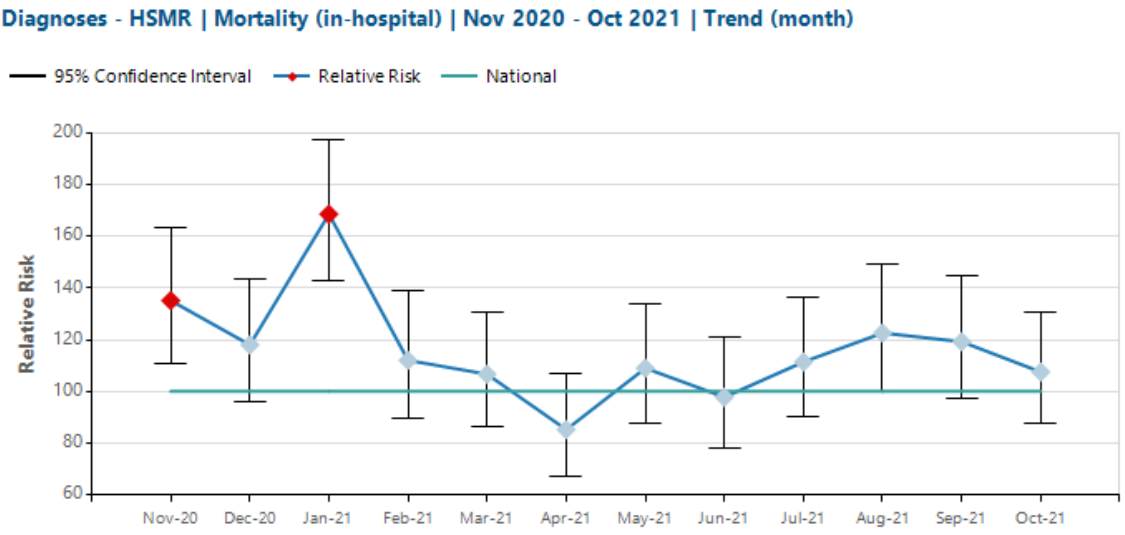
2019/2020	55,008	345	0.63%	2.18%
2020/2021	49,814	371	0.74%	2.60%
2021/2022	29,286	237	0.81%	2.12%

Hospital standardised mortality rate (HSMR)

HSMR uses risk modelling to compare the number of expected deaths per month against actual deaths within SFHT. HSMR's are calculated using Hospital Episode Statistics provided by SFHT with analysis in the Healthcare Intelligence Portal tool, SFHT HSMR score is produced by Dr Foster Intelligence.

Graph 6 displays SFHT's HSMR for all inpatient admissions for 12 months from November 2020 to October 2021.

Graph 6



SFHT HSMR is elevated though decreasing from January 2021. There is a program of work looking at the data cleansing and coding submissions along with deep dives into any highlighted outlying clinical patient groups. This will be monitored by the Learning from Deaths group. To date, we have not identified any other of indicators of concern that support the HSMR position.

2. Patient Reported Outcome Measures (PROMs)

SFHT considers that this data is as described for the following reasons.

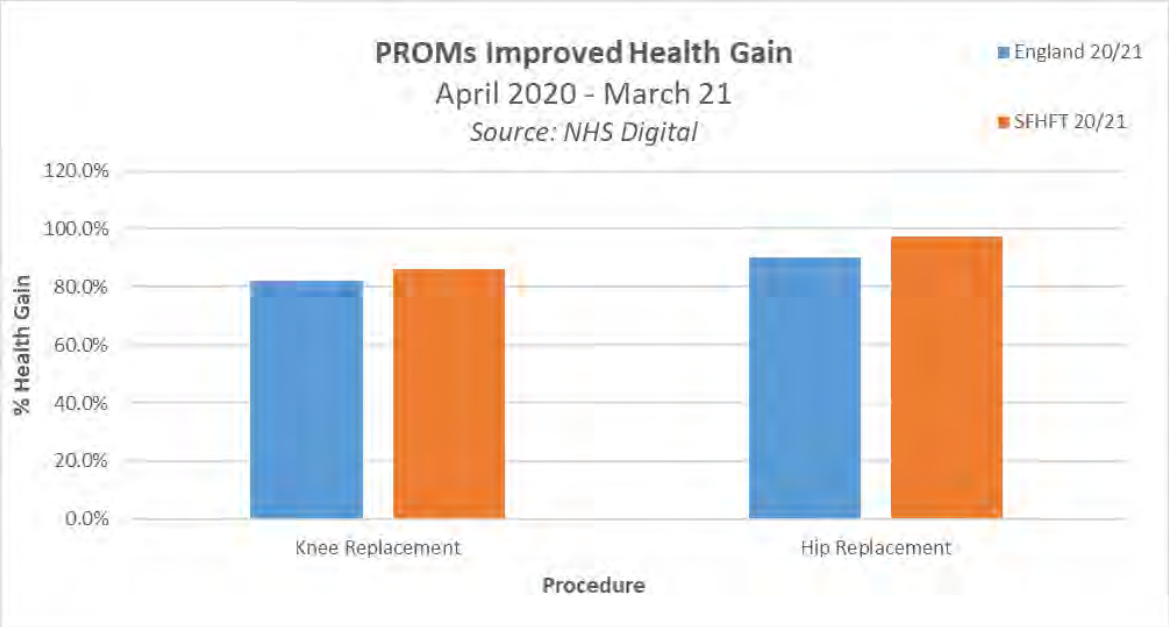
PROMs (data made available by NHS Digital), measures health gain in patients undergoing hip and knee replacement surgery in England, based on responses to questionnaires before and after surgery. This provides an indication of the outcomes or quality of care delivered to NHS patients and has been collected by all providers of NHS-funded care since April 2009.

Graph 7 shows how SFHT compares to the England average for measuring generic health status. This is one of the most commonly used generic health status measurements and has high levels of validity and reliability reported in a variety of health conditions.

Improved health gains – April 2020 – March 2021

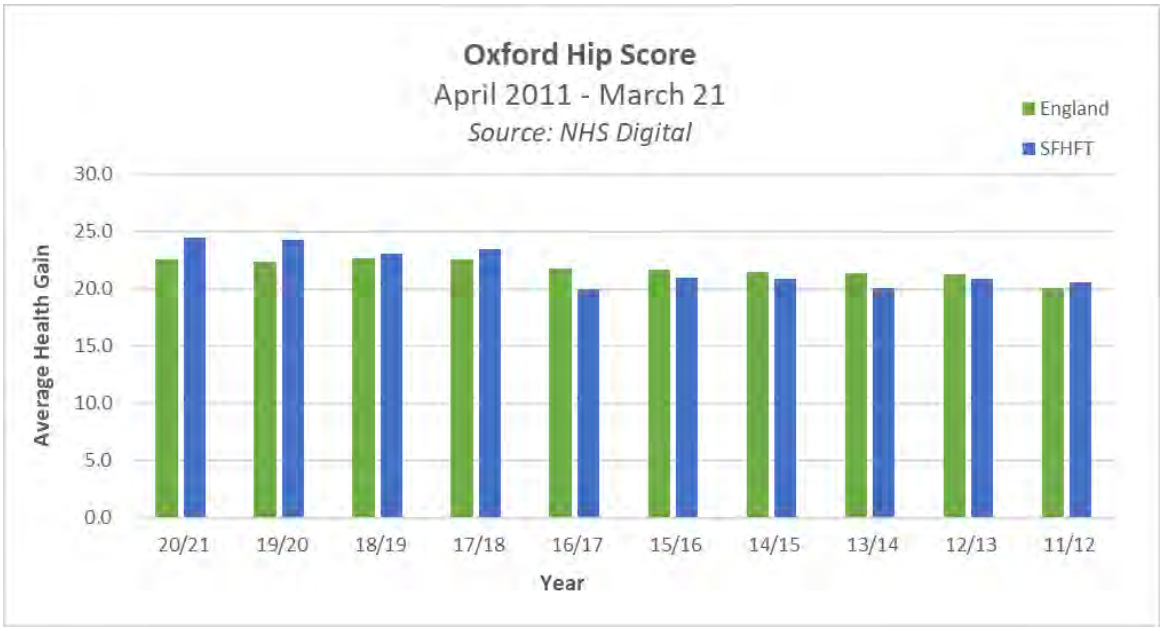
In response to the 2021/22 results, SFHT's pre-operative assessment department are currently working with local councils to develop strategies to ensure patients are optimised and in their best health prior to surgery. This includes programmes to improve our patients''general health prior to undergoing surgery, through smoking cessation and gym memberships.

Graph 7

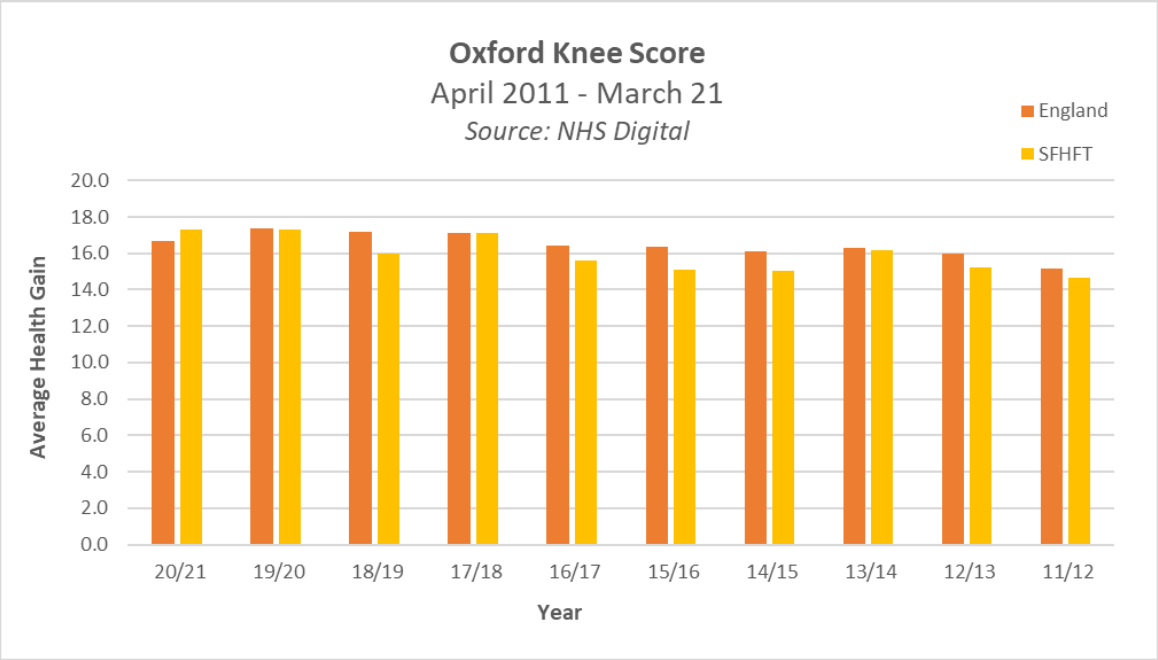


The graphs below (graph 8 and graph 9) show the Oxford Scores for hip and knee replacements. The Oxford score is a patient-reported outcome instrument. It includes questions on activities of daily living that assess function and residual pain in patients' specifically undergoing total hip or total knee replacements.

Graph 8



Graph 9



SFHT continue to show improvements in these scores and are working in collaboration with our Clinical Commissioning Group to enhance and further develop our Musculoskeletal (MSK) pathways. In September 2020, SFHT implemented an elective joint replacement site at Newark Hospital following a Getting It Right First Time (GIRFT) review. Sites that offer purely elective services have a significantly lower risk of operations being cancelled. This will result in greater patient satisfaction, improved clinical outcomes, fewer infections, shorter length of stay, reduced re-admission rates and a reduction in waiting times. Patients who have hip replacements at SFHT have seen the greatest improvement in daily living when benchmarked against other acute sector providers within the Midlands.

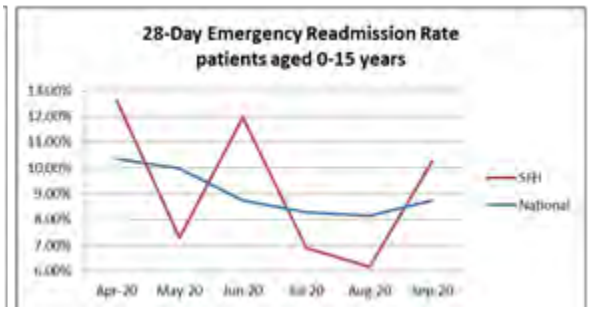
3. Percentage of patients readmitted to hospital within 28 days

In April 2020 – September 2020 (graph 10):

- 9.00% of patients aged 0 to 15 were readmitted to a hospital within 28 days of being discharged during the reporting period.
- 10.08% of patients aged 16 or over were readmitted to a hospital within 28 days of being discharged during the reporting period.

Graph 10

Data Source: Dr Foster



4. Trust Responsiveness to the Personal Needs of Patients

SFHT is committed to resolving any concerns at the earliest opportunity and this is often achieved through the patient, relative or carer discussing their concerns directly with the team. The Patient Experience Team (PET) is available to provide confidential advice and support to any patient, relative or carer who may not feel comfortable raising their concern with the department/service directly, or where they have done so but their concern remains unresolved. The PET aims to resolve any concerns that are raised with them quickly and informally.

SFHT operates a centralised complaints service. It ensures that a patient-centred approach is taken to the management of complaints. All complaints received are thoroughly investigated and responded to within a timely manner, usually within 25 working days of receipt. Learning and improvements that result from individual concerns or complaints are also analysed to identify any themes and the intelligence generated is shared across the organisation to drive the necessary improvements.

The formal complaint management process was paused during January 2022 in recognition of the unprecedented pressure on the Trust in terms of capacity and staffing issues caused by the Omicron Covid variant. This allowed clinical staff to concentrate on front-line duties. During this time all complaints were acknowledged and reviewed for any patient safety concerns, safeguarding issues, etc. Where concerns were identified, action was taken in accordance with the complaints policy. Complaints management resumed on 1st February 2022.

During 2021/22 we received 325 complaints, demonstrating a 27% increase compared to 2020/21. Of these, 37% were completed within 25 working days or locally agreed timescales with the complainant.

While performance against the 25-working day standard was reduced, all complainants were kept updated on the progress of their complaint and a personal written apology was provided to all complainants. The Complaints Team have been through a challenging time recently. This is making it increasingly difficult to meet the current 25-day complaint response timeframe set by SFH.

It has been recognised that the blanket 25-day timescale for completion for all complaint responses, regardless of complexity, is no longer achievable with the current resource available. A new 'menu' of timescales has just been approved by the Trust Executive team which will allow the Complaints Team to triage the complaints and allocate a more realistic completion timescale. It also means that complainants will be advised of a more realistic expected response date and so reducing the frustration often felt by complainants when responses are overdue.

The table below (table 6) shows the revised complaint timescales according to the severity of the concerns raised.

Table 6: Complaint timescales according to the severity of the concerns raised:

Category & PET Timescale	**Criteria – Severity of concerns raised/cross division concerns**	**Division Timescale**
Complex/ Multiple Divisions and Specialties/legal involvement. **60 working Days**	Complaint involves numerous issues across multiple Specialties/ Divisions/Organisations or is significantly complex involving multiple issues/treatment pathways. May be legal involvement and or	**30 working days**

	incident/safeguarding involvement	
Complicated/Cross two Divisions/more than one specialty in Divisions **40 working days**	More than one Division and multiple specialties involved. Multiple clinicians required to provide responses.	**20 working days**
Moderately complex/More than one specialty involvement **30 working days**	The issues raised relate to more than one specialty however minimal concerns/generally straight forward	**15 working days**
Standard – Only a few concerns relating to one division/specialty **25 working days**	The complaint involves issues contained within one specialty/Division and is considered straight forward with minimal concerns	**10 working days**

The divisions receiving the highest number of complaints were Emergency Medicine (68), Covid Vaccination Programme (31) Trauma and Orthopaedics (29), Acute Medicine (22), Geriatrics (22). The Covid Vaccination Programme and Geriatrics had not previously featured in the top five reported specialities (graph 11)

There are no patterns to receipt of the complaints, most related to episodes of care provided during 2021/22.

The top five themes of complaints for 2021/22 remained largely the same as the previous year with complaints about the attitude of doctors replacing complaints about communication by doctors (table 7):

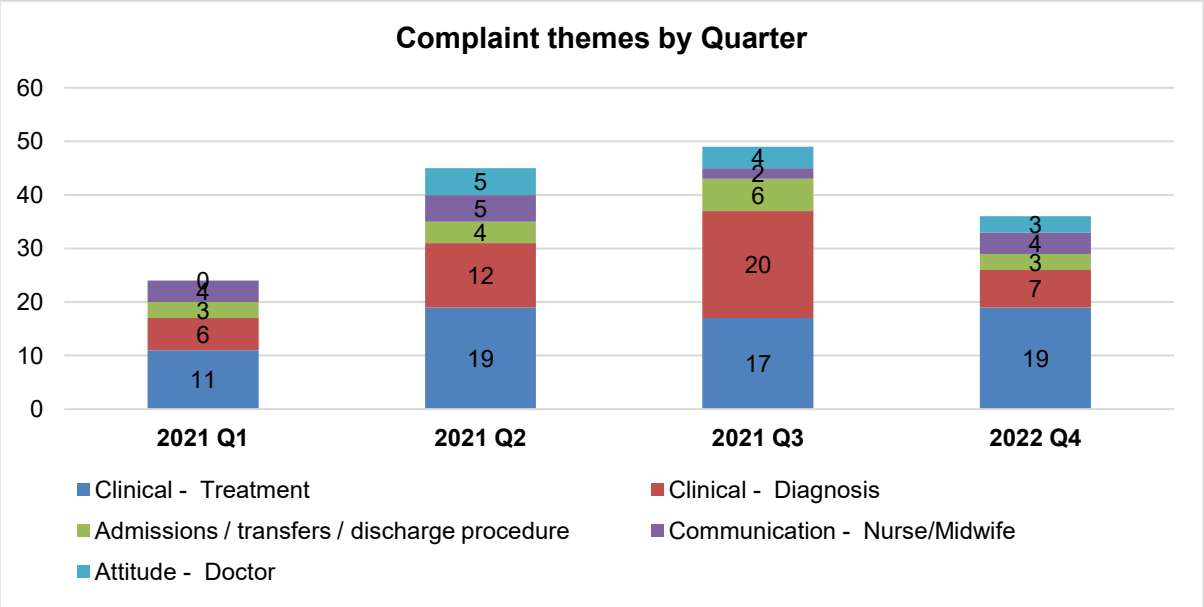
Table 7: Top five themes for complaints 2020/21 and 2021/22

	2020/21	**2021/22**
1	Clinical Diagnosis	Clinical Treatment
2	Clinical Treatment	Clinical Diagnosis
3	Communication – Nurse/Midwife	Admissions / transfers / discharge procedure
4	Admissions / transfers / discharge procedure	Communication – Nurse/Midwife
5	Communication – Doctor	Attitude – Doctor

Clinical treatment and clinical diagnosis continue to be the most frequently reported subjects of dissatisfaction. Themes relating to poor communication from nursing remain within the top five this year, along with admissions/transfers/discharge procedures. Complaints about communication by doctors has been replaced in the top five themes by complaints about the attitude of doctors during this reporting

period. These complaints have been triangulated, to ensure safeguarding and patient safety issues and concerns are escalated and managed via the appropriate routes, and to further analyse for themes and trends for escalation to the relevant divisions.

Graph 11: Top 5 Themes – Complaints by Division



Of the complaints responded to within 2021/22, 53% were upheld/partially upheld, which shows a slight decrease of 2% with previous year. This has provided an opportunity for learning and service improvements. One complainant withdrew their complaint following initial investigation and discussions with the patient; a local resolution was achieved.

A total of 45 complaints were re-opened in 2021/22 as it was identified the complainant had raised new concerns. This demonstrates a 221% increase of reopened complaints from 2020/21. All requests are formally responded to, reiterating the options relating to the next steps, which include Public Health Service Ombudsman (PHSO), independent advocate and access to medical records procedure. Upon reviewing the reopened complaints, no common themes to indicate why complainants remain dissatisfied have been identified. There have been no changes to the complaints process or the format in which we respond to complainants that would account for the increase.

The PHSO decided to investigate two new complaints between 2021/22, with a total of 5 cases under on-going investigation.

The Patient Experience Team pre-empt that there will be a significant increase in correspondence from the PHSO during 2022/23 as a result of their own backlog due to suspending their investigations in 2020/21 as a result of the COVID-19 pandemic.

The PHSO have also clarified more recently that in the instance a complainant escalates their concerns for review, they are now encouraging as part of the pilot for the 'NHS Complaints Standards' that even in instances where the complaint is not upheld, that the Divisional Patient Experience Leads from the Trust, along with the support of the PHSO, facilitate an opportunity for the patient and/or family to have a face to face discussion with the clinical teams, where previous responses from the Trust have not been successful in providing resolution/clarification of concerns.

The table below (table 8) provides details of the cases investigated by the PHSO.

Table 8: Cases decided by the PHSO which were upheld or partially upheld

ID	Division/ Specialty	Subject	PHSO Open Date	PHSO Outcome	Date PHSO Closed	Learning from PHSO
34641	Medicine – Cardiology / Stroke /Geriatrics	Clinical – Treatment	27.02.20	Partially Upheld	09.06.21	Following investigation, the PHSO have concluded that the complaint was not thoroughly addressed. A written apology has been sent to the patient acknowledging the additional distress caused.
28699	Medicine – Ward 42	Communication	31.03.19	Partially Upheld	28.05.21	The PHSO found failings in the complaint handling detailing that the family were not afforded adequate time to prepare for an LRM after raising their concerns and felt the Trust should have made further efforts to achieve local resolution. A written apology has been sent to the patient for the upset this caused.

5. Staff Friends and Family responses and recommendation rates

The NHS Staff Survey

In 2021 the Trust engaged staff in its annual staff survey through a mixed mode approach of electronic and paper surveys. The response rate to the 2021 survey was 66.4% compared to 61.1% in 2020. National results demonstrate a deterioration in the comparator group. This is thought to be a result of staff experience in the COVID-19.

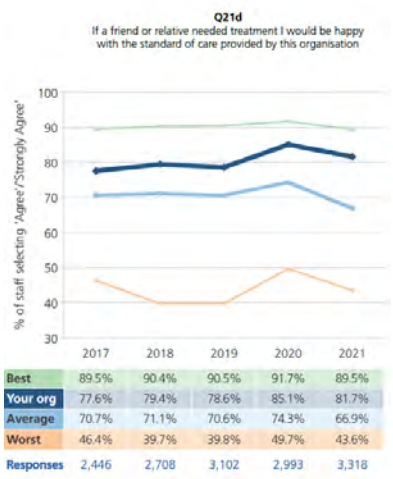
For the fourth year SFHT scored the highest for engagement in the Midlands and is reported to be the best acute trust to work at in the Midlands. Nationally it is rated the third best acute or acute/community Trust in England. Our Equality Diversity Inclusivity (EDI) analysis is trending higher than comparators.

SFHT sits very favourably against other comparator organisations but has itself declined in 42 scores out of 65 comparable questions from last year (there have been a number of changes to questions in 2021 and therefore not all questions can be compared). A strong people recovery plan is required alongside service recovery in 2022/23.

- Despite the challenges of the past year, 74.8% of colleagues would strongly recommend the organisation as a place to work (59.4% national comparator)
- Colleagues feel more valued than the national average for our peer group. Our National Staff Survey score was nearly 10% above national average
- Colleagues want to stay at this Trust reporting being supported and have opportunity to develop (10% higher than the national comparator)

The graphs below (graphs 12 a,b,c) summarise SFHT 2021 staff survey results.

Graph 12a



Graph 12b

Graph 12c

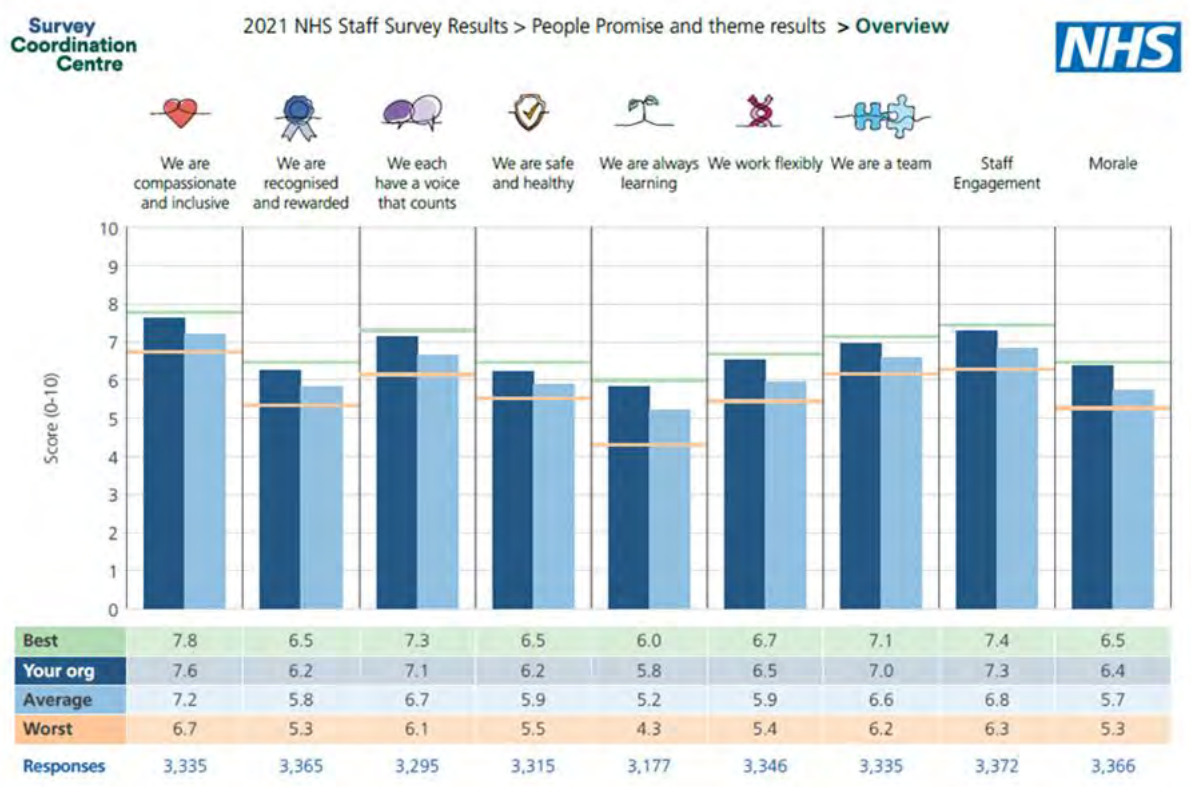
The table below (table 9) gives an overview of the key staff survey themes at a Midlands and national level against the national people promise elements, showing how SFHT has been ranked. SFHT scored in the top two trusts in the Midlands region for all domains and in the top quartile nationally.

Table 9

Indicators ('People Promise' elements and themes)	**Trust Score**	**Benchmarking Group Score**		
People Promise	**Score**	**Score**	**Regional Position**	**National Position**
We are compassionate and inclusive	7.6	7.2	2nd	4th
We are recognised and rewarded	6.2	5.8	2nd	4th
We each have a voice that counts	7.1	6.7	Joint 1st	3rd
We are safe and healthy	6.2	5.9	Joint 1st	3rd
We are always learning	5.8	5.2	2nd	3rd
We work flexibly	6.5	5.9	Joint 1st	3rd
We are a team	7.0	6.6	Joint 1st	4th
Staff Engagement	7.3	6.8	1st	4th
Morale	6.4	5.7	1st	2nd

Below (graph 13) are the nine key indicator themes from the 2021 Trust Staff Survey aligned to the national NHS People Promise. SFHT sit above national average for their comparator peer group in all 9 themes and are within 0.2 points off the highest achieving organisation in 7 out of these 9 themes.

Graph 13



National Staff Survey actions and monitoring

The results are to be communicated to colleagues in a variety of formats including electronic and face-to-face briefings. The positive results will feature in our recruitment campaigns.

The reports were analysed including scrutiny of comments captured as free text as these provide further context. Analysis was undertaken by staff groups, divisions, departments, and across all hospital locations. Our Culture and Improvement Cabinet will maintain oversight of SFHT action plans, with regular updates to the Trust, People, Culture and Improvement Committee. Results are triangulated with other data sources such as the quarterly pulse surveys, workforce KPIs and freedom to speak up concerns.

All divisions receive copies of their results and the free text comments. Engagement sessions with triumvirate leadership teams allow them to identify any support they feel would help improve culture. This will allow them to develop action plans pertinent to local circumstance.

The EDI elements will be scrutinised by our staff networks and overarching and reported through the People and Inclusion Committee. They will monitor the performance programme. Performance and activity is reviewed and aligned with key priorities and requirements under the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Equality Delivery System (EDS).

There will be SFHT wide initiatives for incorporation into the People, Culture and Improvement Strategy 2022/23 Implementation Plans, particularly in relation to our culture, improvement and leadership work.

These include a strong focus on employee health, safety and well-being and diversity and inclusivity aimed at addressing recurrent themes.

Areas for development for 2022/23

- Build on what has been achieved and continue to support the post COVID-19 recovery
- Reduce variation of colleague experience and closer partnership working through our staff networks
- Better understanding of the experiences of colleagues who identify as having a protected characteristic with dedicated actions in place to improve their experience at SFHFT.
- Focus on further improvements in how we treat each other
- Reduce staff experience of bullying and harassment from managers, peers, patients, and the public.
- Targeted staff engagement to understand experiences of those reporting physical violence
- Better understand why colleagues need to work additional paid hours in order to deliver a service
- Reduce variability of management capability through targeted leadership training and development
- Increase visibility and support from our executive and senior leadership teams, particularly across the Newark and Mansfield sites of the Trust
- Further develop our talent management to support succession planning.
- Specific programmes to be developed around fairness and equity in the recruitment process
- Better inform staff about cultural improvements made at a local level through the development of a new active staff engagement 'Culture Collaborative' model, and our 'You Said, Together We Did' campaign
- Focus and develop our people and improvement coaches to better support colleagues in an inclusive and compassionate manner.
- Continually evaluate and improve the wellbeing and resilience offer for colleagues

6. Venous Thromboembolism (VTE)

A VTE is a blood clot (thrombus) that forms within a vein that can cause occlusion within the lung (pulmonary embolism) or in the deep leg veins (deep vein thrombus). The House of Commons Health Committee reported in 2005 that an estimated 25,000 people in the UK die from preventable, hospital acquired VTE every year. This includes patients admitted to hospital for medical and surgical care. VTE is an important cause of death in hospital patients, and treatment of non-fatal symptomatic VTE and related long term morbidities is associated with considerable cost to the health service.

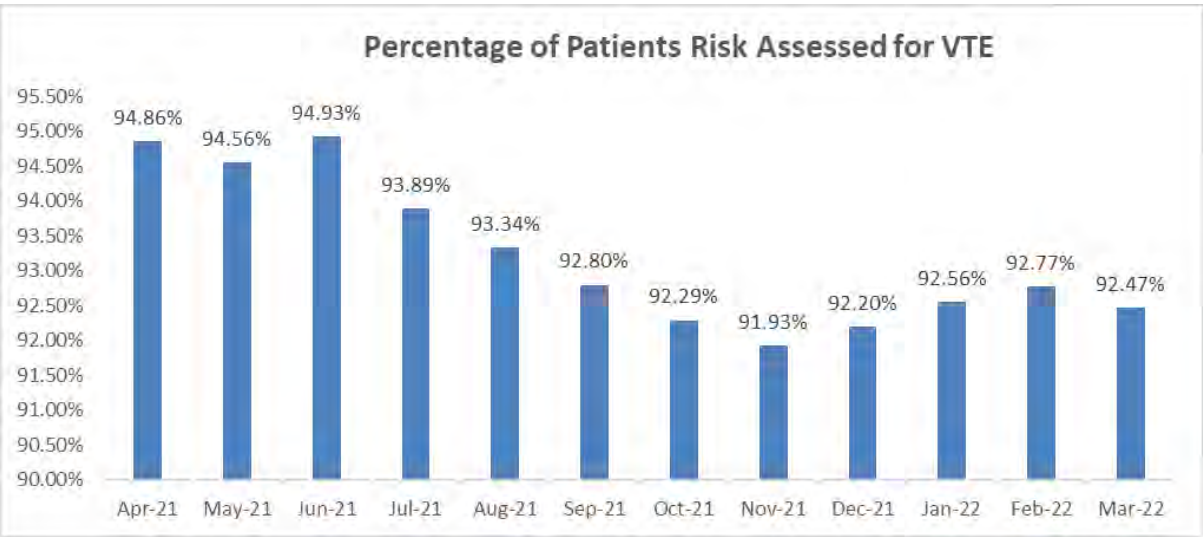
The Trust considers that this data is as described for the following reasons:

- All young people aged 16 or over and adult patients should have a VTE risk assessment on admission to hospital using a nationally recognised risk assessment tool.
- The Trust aims to achieve 95% or above compliance with this standard. During the Covid pandemic national reporting of VTE screening compliance was halted and has not yet re-started. However, SFHT continued to internally collect and report on this data as a patient safety and quality measure. In the Trust the collection of data is a manual process requiring time on the wards gathering the risk assessments for analysis. Due to the infection control constraints normal practice had to be suspended and different ways of data collection identified and tried out. The consequence of this can be seen in a dip in the usual compliance rates and the increased delay in compliance data being available. Despite the manual process reverting back to pre-Covid practice in April 2021, it can be seen that 95% compliance has not been achieved. Data is not yet

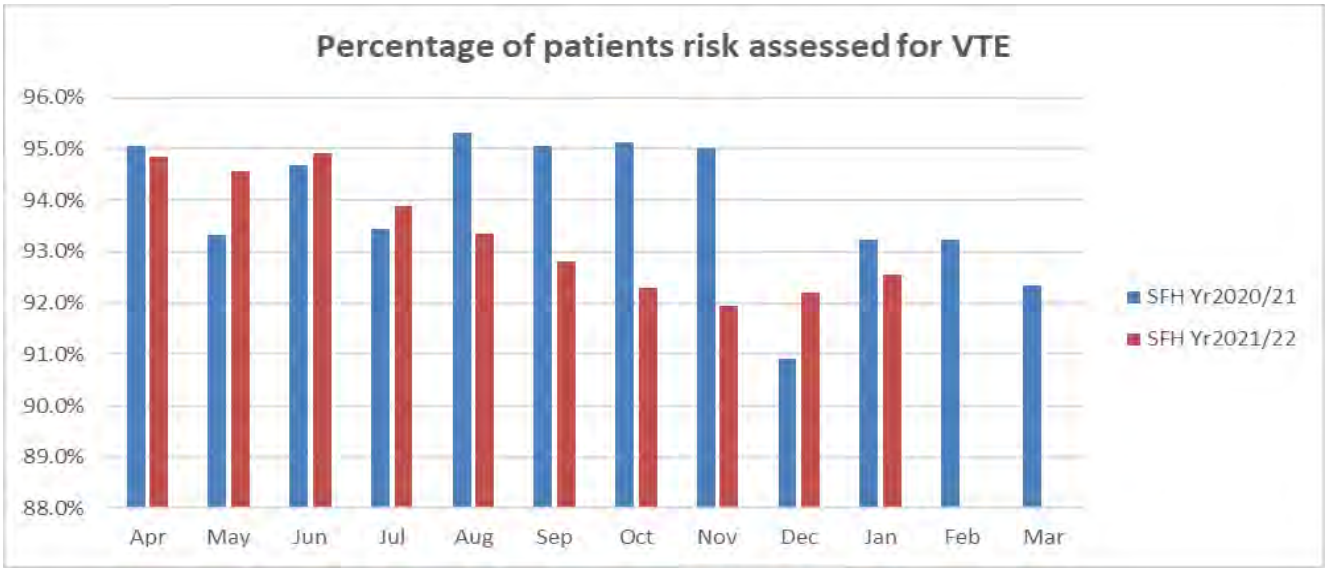
available for February and March 2022. The roll out of an electronic, mandatory VTE screening tool is anticipated from April 2022 alongside the roll out of electronic prescribing.

- The Trust can report there has been one hospital acquired deep vein thrombosis incident identified during this period. The investigation is on-going. There are 20 investigations ongoing pertaining to this time period.

Graph 14



Graph 15



National performance figures are no longer collected.

The Trust intends to take the following action to improve these percentages, and so the quality of its services by:

- The implementation and roll out of Electronic Prescribing and Medicine Administration (EPMA) and electronic VTE screening commenced April 2022 in Urgent and Emergency Care and Medicine divisions. Roll out in Surgery Division is planned for autumn 2022. Until electronic

VTE screening roll out is complete across all inpatient areas in the Trust, a manual check of patient notes for completed VTE risk assessments will continue in applicable areas.

- Additional actions are in place and consist of reviewing patients who have a potential or confirmed VTE to identify if there were any missed risk assessments.

7. Clostridium Difficile infections

Clostridioides Difficile infection (CDiff) is acknowledged as an issue that impacts upon the whole health economy. There continues to be partnership approach to this across the Health Economy. The definition of an SFHT acquired case changed in 2019/20 and SFHT is now responsible for any case identified more than 2 days after admission and any case where the patient has been an inpatient at SFHT within the preceding four weeks, known as Community Onset Hospital Associated (COHA). 2022 trajectory has been set at 57.

The Trust aims for 2021/22 are outlined below:

To conduct root cause analysis on each case to identify common themes across the organisation and within the whole healthcare economy.

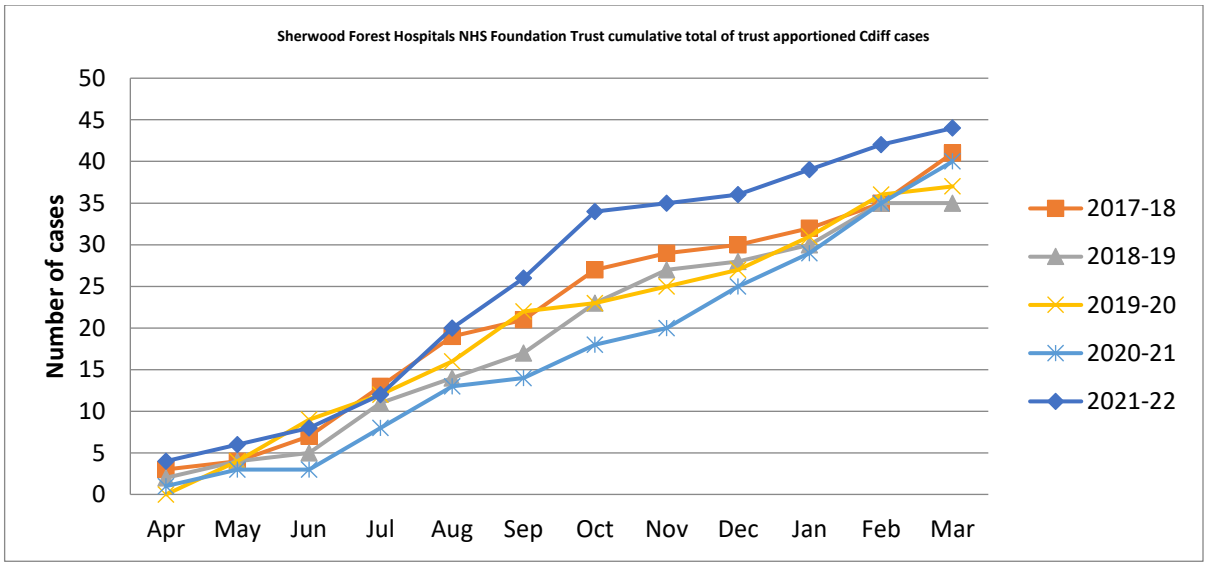
To share relevant learning between divisions in the Trust and with the local infection prevention teams.

To ensure that the Trust attributable cases in the reporting period remain below 57.

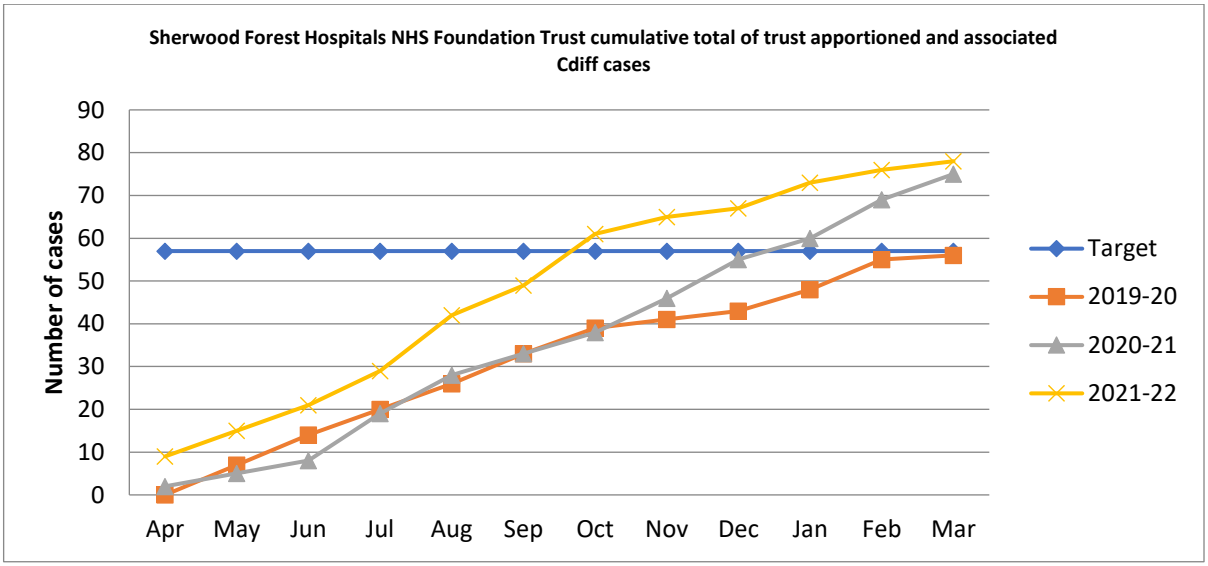
How was this achieved?

In 2021/22 the numbers of cases identified as post two days of admission were 44, this does not include the COHAs. The total number of cases identified including the COHAs is 78. A rise in numbers was identified during April and is displayed in the graphs (graphs 16 and 17) below.

Graph 16



Graph 17



A root cause analysis of all cases was performed to establish any common themes, but no link could be established to identify any cross transmission. Lapses of care were monitored for all cases and these included delays in obtaining samples and a small number of antibiotic prescribing issues, e.g. course duration or type of antibiotic given.

Patient management is a core element of improving patient outcomes following a diagnosis of *CDiff* infection and reducing the risk of onward transmission and is closely monitored by the Infection Prevention & Control Team (IPCT).

SFHT have taken the following action to reduce the number of CDiff cases and improve the quality of its services by focusing further on CDiff management and implementing the interventions outlined below:

- Where lapses of care have been identified, targeted actions in relevant areas have been undertaken and these actions are monitored at respective divisional governance meetings
- Learning boards have been developed to share learning across the organization
- The trust invited NHSE/I, UKHSA and CCG colleagues to come and conduct a peer review.
- Re-introduction of the deep clean program, without the ward move.
- Introduction of a bed decontamination services
- Introduction of an Executive led CDiff meeting
- Introduction of regular UV cleaning of toilets
- Introduction of a system wide CDiff meeting

Education and training:

- All educational programmes highlight the importance of preventing primary infections to avoid increased use of unnecessary antibiotics.
- Regular information is provided to all divisional, specialty governance forums.
- Information is given to staff, patients, and visitors as part of an infection prevention and control campaign

- Ensuring all patients receive information leaflets with regards to their infection.
- A CDiff action plan has been generated and is monitored at the Infection Prevention and Control Committee.

Peer review outcome:

Following the peer review, there were no identified areas of major concern. Some issues were identified with PPE usage, storage and cleaning, these were things as an organisation we were aware of and have put actions in place. The peer review team will repeat the visit in May 2022.

Cleanliness:

The standard of cleaning is fundamental in reducing the risks of transferring *CDiff*. The IPCT continue to work with Medirest, Skanska, Trust colleagues and commercial companies to improve the consistency of the cleaning processes throughout the organisation, ensuring all staff are aware of their responsibilities. We are currently working on implement the new National Standards of Cleanliness.

Auditing

Auditing is an important part of both monitoring existing practice and driving improvements in areas identified. There are standardised monthly and quarterly audits conducted providing photographic evidence of issues identified allowing detailed specific immediate feedback and education at the time of an audit. In addition, Medirest monitor against national standards for cleanliness.

Monitoring and reporting

All cases of *CDiff* infections within the Trust are reported to United Kingdom Health Security Agency (UKHSA). These have been reported within both internal governance structures and externally. Themes have been identified and work undertaken to review and manage those actions both in the immediate and for future planning.

The threshold for 2022/23 has not yet been set. Monitoring will continue through the Infection Prevention and Control Committee.

8. Patient Safety Incidents

The Trust considers that this data is as described for the following reasons:

The Trust is committed to reporting and investigating adverse events and near misses, as it is recognised that this provides the Trust with opportunities to learn, improve the quality of services and reduce the risk of those types of event happening again.

The process for the management of reported incidents is described within the Trust's Incident Reporting Policy and Procedures.

Any incidents that affect patients are graded according to the Data Quality Standards (September 2009) published by the National Reporting and Learning System (NRLS) and, along with all other types of adverse incidents, are reported and investigated using the Trust's Datix Risk Management System.

All patient safety incidents recorded by the Trust are reported to the NRLS on a regular basis. The NRLS publishes an annual report which provides information on the quantity and types of reported incidents, comparing the organisation with other non-specialist acute trusts.

During the reporting period the design and frequency of NRLS reports has changed from bi-annual to annual in preparation for the launch of Learning from Patient Safety Events (LFPSE). When launched this will replace NRLS. There is no longer any analysis to indicate how well a Trust is reporting. The data is delayed and the most up to date data is detailed in the table below.

The table below (table 10) shows the comparative level of patient safety incident reporting within the Trust compared with other non-specialist acute providers.

Table 10

	Sherwood Forest Hospital Trust			**All non-specialist acute providers**
Period	**Number of incidents uploaded to NRLS from the Trust**	**Number of incidents reported by NRLS**	**Rate per 1,000 bed days, reported by NRLS**	**Median average rate per 1,000 bed days**
1st Oct 2015 – 31st March 2016	3,687	3,657	34.63	39.31
1st April 2016– 30th Sept 2016	3,397	3,339	32.82	40.02
1st Oct 2016 – 31st March 2017	3,581	3,507	33.51	40.14
1st April 2017 – 30th Sept 2017	3,277	3,180	34.09	Report indicates 'No evidence for potential under reporting'
1st Oct 2017 – 31st March 2018	3,563	3,406	32.64	Report indicates 'No evidence for potential under reporting'
1st April 2018– 30th Sept 2018	3,904	3,739	37.76	Report indicates 'No evidence for potential under reporting'
1st Oct 2018 – 30th March 2019	4,160	4,068	39.8	Report indicates 'No evidence for potential under reporting'
1st April 2019 – 30th Sept 2019	4,190	4,083	40.82	Report indicates 'No evidence for potential under reporting'
1st Oct 2019 – 31th March 2020	4,457	4,388	44.58	Report indicates 'No evidence for potential under reporting'

	Sherwood Forest Hospital Trust			All non-specialist acute providers
Period	**Number of incidents uploaded to NRLS from the Trust**	**Number of incidents reported by NRLS**	**Rate per 1,000 bed days, reported by NRLS**	**Median average rate per 1,000 bed days**
1st April 2020 – 31st March 2021	8,040	7,387	47.2	Data extracted from NRLS organisational data workbook

Level of patient safety reporting

From the 1 April 2021 to 31 March 2022 the Trust declared a total of 30 Serious Incidents in accordance with NHS England's Serious Incident Framework (May 2015). Of the 28 incidents, five were deemed to be a Never Event.

All Serious Incidents are investigated, and action plans developed to mitigate the risk of recurrence. The number of Serious Incidents reported by the Trust has significantly changed compared to the previous year from 13 in 2020/21 to 28 in 2021/22. This increase is in large part due to the requirement form March 2021 to report and investigate all Nosocomial COVID-19 deaths as Serious Incidents. During this reporting periods there have been 10 such incidents reported on StEIS.

Excluding the Nosocomial Covid Deaths the most commonly reported categories are 'delay in diagnosis' and 'suboptimal care'. Of the 30 investigations for 2020/21, 13 have been submitted to the CCG within agreed timeframes with extensions where required and 17 are still under investigation.

Identifying and disseminating the learning arising from incidents in order to improve patient safety remains a key priority. During this reporting period, in response to the number of wrong blood in tube incidents, phlebotomy style trollies have been rolled out across the wards and fitted with computers and label printers to enable bedside printing and labelling. Staff were consulted and the trollies have been named ICE trollies and the messaging around them extended to include all sampling and not just bloods. The number of wrong blood in tube incidents demonstrates a steady downward trend. A Trust learning event was delivered in September 2021 with a theme of positive patient identification. Work is now underway to convert this to an e-learning module to widen the access. The Medical Director has introduced regular Sherwood Interactive Multi-Professional Learning Event (SIMPLE) events to promote Trust wide MDT learning from incident investigations.

The Trust is currently working towards the roll out of the new DATIX DCIQ web-based incident reporting and risk management system. This will include incident reporting, risk register, legal module, complaints and concerns and the mortality review tool. The roll out is planned to take place over the next six months and the functionality will enable improved triangulation of information and data. The education of staff and the development of training in the use of Datix and the importance of incident reporting as a patient safety tool is ongoing, to raise awareness and encourage a good reporting and learning culture. The roll out has been delayed slightly due to the impact of the Covid -19 pandemic, the associated capacity issues and focus on patient care.

Duty of Candour

The Trust has a statutory responsibility to formally offer an apology, verbally and in writing (within ten working days), for any patient safety incident which is graded moderate, severe or catastrophic harm and for any Serious Incident. The table below (table 11) details the number of duty of candour qualifying incidents:

Table 11

Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total for 2021/22
1. Number of Qualifying Incidents	1	3	3	2	7	4	2	2	5	5			34
2. Confirmation of Notification complete	1	3	2	2	6	4	2	2	4	5			31 (91%)

During this reporting period it has been identified that three formal duty of candour letters were sent to patients/families outside of the expected ten-day time frame. This delay occurred in the Women's & Children's, Urgent and Emergency Care and Surgery Divisions being eight, one and ten days late respectively. In all these cases verbal duty of candour had been given in a timely manner, it was the follow up letter that had been delayed.

Part 3 - Other information – additional quality priorities

3.1 Safety – Improving the Safety of our Patients

The NHS Patient Safety Strategy (NHSPSS) was launched in July 2019 under the title "Safer culture, safer systems, safer patients." This strategy sits alongside the NHS Long Term Plan and the associated implementation framework. The document outlines the NHS's safety vision; to continuously improve patient safety. To do this the NHS will build on two foundations: a patient safety culture and a patient safety system.

Three strategic aims will support the development of both foundations:

- improving understanding of safety by drawing intelligence from multiple sources of patient safety information (Insight)
- equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement)
- designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement).

Patient safety culture

At SFHT, patient safety culture has been identified as an organisational priority, and work continues to support and progress this agenda. This is demonstrated by continued investment in 2022 to fund an evidence-based safety attitude questionnaire to build on the work highlighted within this section.

PASCAL patient safety culture surveys undertaken 2016 - 2022

PASCAL are a global leader in developing evidence-based safety attitude questionnaires that measure performance against key indicators of safety culture. These have been used at SFHT since 2016.

To date, over 2,000 clinical and non-clinical staff have had the opportunity to complete a survey involving evidence-based domains that directly influence patient safety (teamwork, job satisfaction, working conditions, response to errors etc.). This has been followed up by 1-1 sessions to share the results with

staff, and to build on the response and identify any actions needing to be undertaken. This process has facilitated 'safe 'opportunities for staff to share their experiences of delivering care, in often difficult circumstances. These have previously been delivered via 'kitchen table' events delivered in local areas, however, there has been limited opportunities to share outputs directly at service level during 2020-2022 due to Covid challenges and the restriction on ward visits. Nevertheless, all outputs from the programme have been shared with colleagues who can influence decisions and progress actions, for example, local and senior managers. The Trust executive team is committed to this work and to providing input and support to help it to achieve its goals.

As an output of this work, the following illustrations demonstrate the results of the patient safety culture surveys from 2016, when the survey was first deployed, to 2020 (when the contract with PASCAL ended):

Over the 4 years, key finding/themes have been identified:

- Support staff in administrative roles, on average, score less well than clinical colleagues. This is being taken forward by the Trust in 2022 with its 'Proud2bAdmin' programme of work.
- There are more positive perceptions of Senior Leaders across all staff groups over the four-year period.
- Overall, colleague's '*perceptions of patient safety',* have remained positive and unchanged over the four-year period, as demonstrated across all staff groups despite pandemic challenges. The 2020 survey indicates a difference between staff group scores in the '*safety culture'* domain, with medical colleagues scoring more positively, and registered and administrative colleagues scoring less positively. This will be monitored as part of further surveys, and questionably, reflects the impact of the pandemic over 2020.

SFHT is currently in the process of re-commissioning a platform to deliver further safety attitude questionnaires, to continue beyond 2022.

Organisation-wide Schwartz Rounds.

This is an evidence-based forum for hospital staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients. The aim is to offer staff a safe environment in which to share their stories and offer support to one another.

Clinical and non-clinical staff offered positive evaluations of the Schwartz Rounds and expressed the value of having the opportunity to discuss the emotional and social impacts of their work.

During the COVID-19 pandemic, the face to face model for Schwartz Rounds was adapted to include virtual sessions called 'Team Time' which were held bi-monthly. Topics included support for colleagues working and/or shielding at home, and 'what have we been most proud of during COVID-19?'. Face to face Schwartz Rounds were not able to be held due to social distancing but are expected to re-commence in 2022.

The following is a quote from a nursing colleagues, following presenting her experience of re-deployment into ICCU at a Schwartz Round:

'*On the day of the Schwartz round, I was nervous, speaking and sharing my experience, I worried how I would hold it together, would people think I was dramatic? I manage to share my story and found it very cathartic. Feedback from attendees was very supportive, I had an overwhelming sense that attendees saw me as being brave, whereas I saw it as my duty. I walked away with a sense of pride - I made a difference to so many people's lives, during the darkest moments of their lives'.*

Joint Schwartz Rounds with primary care colleagues in Mid Nottinghamshire ICP have been explored in 2021.

Just Culture, Kindness and Civility.

This features prominently in the NHSPSS. Healthcare staff operate in complex systems, with many factors influencing the likelihood of error. These factors include medical device design, volume of tasks, clarity of guidelines and policies, and behaviour of others. A 'systems 'approach to error moved away from 'blame' and considers all relevant factors, meaning our pursuit of safety focuses on strategies that maximise the frequency of things going right.

SFHT has an active, and nationally acclaimed Civility offer and continues to hold national webinars on this topic, as well as in-house training and awareness.

Patient safety system

NHSPSS includes the new Patient Safety Incident Response Framework (PSIRF). This is a 'work in progress' and will replace the 2015 Serious Incident Framework which set the expectations for when and how the NHS should investigate Serious Incidents. Compelling evidence from national reviews, patients, families, carers and staff and an engagement programme in 2018 revealed that organisations struggle to deliver against the current framework.

The national aim that Trusts would be ready to implement PSIRF by April 2022 has been significantly delayed by the pandemic and organisations continue to respond to ongoing challenges associated with COVID-19, and those associated with the restoration of services. NHSE now expect preparation for implementation to be a gradual process that will commence in Spring 2022 with further details about the approach to be shared with Trusts in due course.

Whilst we continue to work to the existing SI framework, reductions in time for clinical staff to conduct investigations due to frontline clinical duties has also stretched our capacity to conduct investigations. There is very little dedicated time for these activities in job plans. A number of proposals have been made to centralise these investigations, but executives are keen that they remain within Divisions. We continue to work on a resolution to this.

The first two modules of the Patient Safety Syllabus have been published by NHSE. Key components of these are the importance of Human Factors and Systems Thinking. Level 1 is intended to be appropriate for all staff (although not mandatory at this stage). Higher levels of training will be more targeted, and we have recommended level 2 training is undertaken by current members of the Patient Safety Committee initially. We anticipate that level 3 training will be appropriate for these colleagues, when it becomes available, as they form the majority of those roles previously identified as the Patient Safety Academy. We may also recommend that those with a wider range of roles should receive this training examples including Governance leads and Clinical chairs. However, this may be limited by availability at the national level. We have included this in our return of the learning needs survey to NHSE.

Locally, redeployment of key Governance staff has delayed development of our local Investigation Training Programme which incorporates Human Factors and Systems Thinking approaches. However, a further 30 members of staff have undertaken our investigation training. We are also able to report that a member of staff have signed up for the HSIB Investigation Training. It is likely that in the future all training of this sort will have to be provided by an accredited supplier and the local Patient Safety Specialists Steering group has begun preliminary discussion about standardising this across the Nottinghamshire ICS.

A stand-alone Human Factors training package was developed in 2021 and is offered as part of the Quality Improvement training. The Human Factors training is evaluated in terms of number of attendees, increase in knowledge and understanding of the topic, and further work in 2022 will extend this into the application of this learning.

SFHT has been selected to contribute to a national working group supporting, the introduction of Patient Safety Partners as part of involving patients in their own safety. This is a significant component of the Patient Safety Policy. This will formalise previous patient involvement roles used to recruit Improvement Partners to inform our work in the context of existing Public/ Patient involvement arrangements (e.g., Patient Representatives, Patient Governors)

Aims for 2022/23

- To re-commission a Trust-wide Safety Attitudes Questionnaire and build on the baseline established by PASCAL
- To optimise colleague psychological safety by developing a standardised platform and approach for any colleague to access psychological support following human-facing incidents at work
- Continue preparations for PSIRF implementation, including patient safety syllabus education and Human factors training. Strong links between Governance and Service Improvement are essential to this work.
- To ensure that service users are actively engaged within all key safety meetings at SFHT

3.2 Safety – reducing harm from falls

Aims for 2020/21

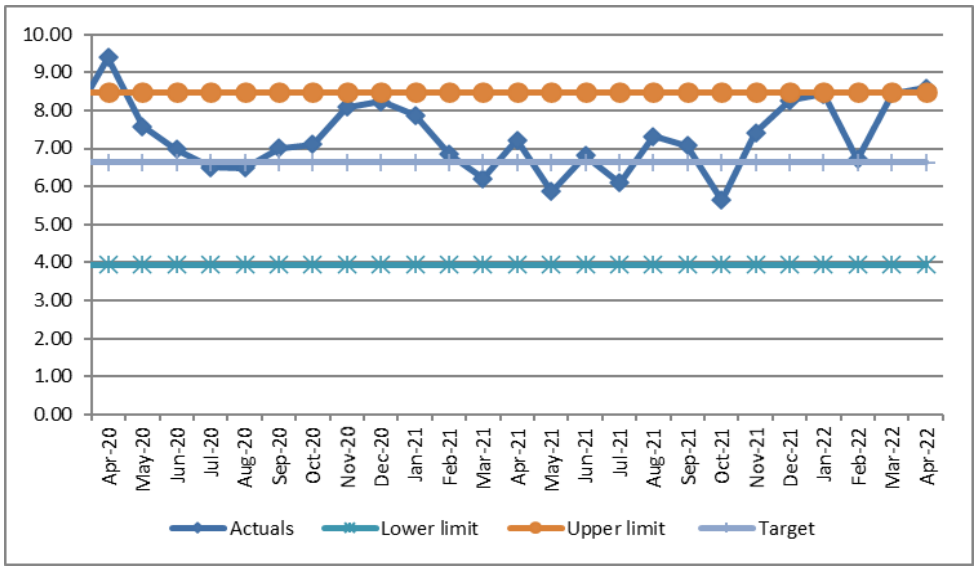
- Month on month decrease of in-patient falls in line with RCP ambition of 6.63 per 1,000 bed days
- Reduce deconditioning and mitigate risk of falls and harm from falls
- Increase community involvement and networking

Performance against this target

Reducing harm from falls is identified as a quality priority in line with the Quality Strategy. Our ambition as a Trust is to be below the Royal College of Physicians ambition for falls per 1,000 Occupied Bed Days (OBDs).

The graph below (graph 18) demonstrates the percentage of falls calculated by 1,000 Occupied Bed Days (OBDs) as per the National Audit of Inpatient Falls (2015) criteria. Currently, the Trust performance for the end of March 2022 indicates falls / per 1,000 OBDs exceeds the published standard. Whilst the Trust has been below this for a period of months, this increased during each wave of COVID-19. This is reflected in national data reported via networking with neighboring Trusts.

Graph 18



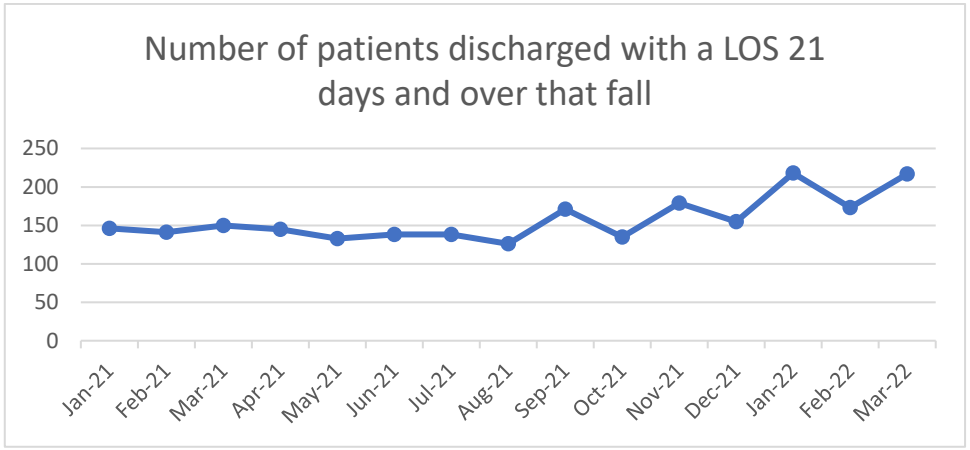
How was this achieved?

Falls mitigation and improvement is guided by recommendations contained in the Trust's 2018/21 Multi-Disciplinary Falls Prevention and Post Fall Strategy in conjunction with Falls and Mobility Group Meetings. The strategy outlines best practice approaches for mitigating falls in the hospital including implementing standard falls prevention strategies and identifying falls risks.

The risk of patient falls occurring can never be entirely removed. In order to achieve successful rehabilitation some patients who are recovering from an acute illness may go through a period of increased risk of falls, as they are encouraged to regain their independence and autonomy. It is important to note that immobility of patients may cause deconditioning and a further increase in the risk of falling.

We have seen an increase in the complexity of acute admissions. People attend with acquired deconditioning due to reduce mobility during the pandemic. If during admission mobility is further reduced, the combined effect is an increased length of stay and during this time, increased risk of falling (graph 19).

Graph 19



Whilst we have not seen the desired falling trend, we have seen improvements in mobility. We have developed a community of practice internally with colleagues focused on enhanced patient observation and people living with dementia. Externally we have introduced a wider community of practice which involves colleagues working in social care, community practice primary care and other acute providers. This work is attempting to connect care of people at increased risk of falling to mitigate risks across the whole health community does not address issues in acute services in isolation.

Continue to promote and monitor mobility to reduce deconditioning and improve functional outcomes and falls mitigation

- Completion of chief nurse clinical fellow project
- Education, promotion and visual information for staff, patients and carers to address the importance of regular mobility.
- Implement revised movement and mobility care plan for all inpatient areas.
- Improved partnership working and reporting of incidences with all Health and Allied Health Professionals within partner organisations and the Trust

Continue to reduce falls with harm

- Adjustment in monitoring process allows in month interventions
- Clinical focus of falls prevention team brings provide support closer to areas of care delivery and bespoke education
- Revision of post falls data collection to support accessing learning faster
- Falls team contribution to scoping meetings and actions Where there may be learning identified
- Monthly falls analysis, reports and feedback as to themes and trends provided by the falls (table 12)

Table 9

In-patient Falls by severity of harm	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Grade 1- No harm	88	70	81	88	95	105	89	112	128	132	91	131
Grade 2 - Low harm	26	30	32	16	32	18	14	20	23	25	22	31
Grade 3 - Moderate harm	0	0	0	0	0	0	0	0	0	2	0	0
Grade 4 - Severe harm	0	0	1	2	1	2	0	2	0	2	0	1
Grade 5 - Catastrophic harm	0	0	0	0	0	0	0	0	0	0	0	0
Total	114	100	114	106	128	125	103	134	151	161	113	163

- National Audit of Inpatient Falls audit completion and implement any recommendations.
- Development of updated documentation and assessments
- Expanded falls team with further falls prevention practitioner and links with other harms teams.

Contribute to the local and national COVID-19 pandemic action plans

- Contributed to national audit – inpatient falls and COVID-19
- Monthly networking and sharing of COVID-19 related themes with local health care providers
- Develop response to COVID-19 across the local system examples include awareness and staff education of patients requiring enhanced observation, patients with delirium and reduced cognition.
- Partnership working in the Trust to consolidate the implementation of the Carers Passport
- Connected care group development linking enhanced care and dementia care with falls prevention
- Continued education to address the importance of regular mobility to prevent deconditioning and awareness of patients admitted already deconditioned.
- Inclusion of COVID-19 and further understanding of complications reading to increased risk of falls

Monitoring and reporting for sustained improvement

In 2020/21 performance was reported through the mobility and falls group. This group led the implementation of the Falls Mitigation and Post Falls Care Strategy 2018/21. The falls lead nurse reported monthly to the operational harm free care group which was then fed into the Nursing, Midwifery and Allied Health Professional Board. The progress is reported through the Patient Safety and Quality Cabinet. Falls performance was also monitored through monthly ward assurance meetings to discuss audit results and is reported on the ward communication boards. The progress is reviewed and systems are in place to challenge poor practice.

As part of monitoring, we identified a trend of increased incidence of falls from September 2020 onwards. This coincided with the onset of the second wave of the COVID-19 pandemic, and this was a contributory factor in the increase.

Aims for 2021/22

- Month on month decrease of in-patient falls in line with RCP target of 6.63 per 1,000 bed days and falls with harm
- Reduce deconditioning and mitigate risk of falls and harm from falls
- Increase community involvement and networking

3.3. Safety - To reduce the number of infections

Aims for 2021/22

- To work to reduce SFHT Escherichia Coliform (E-Coli) in line with national targets.

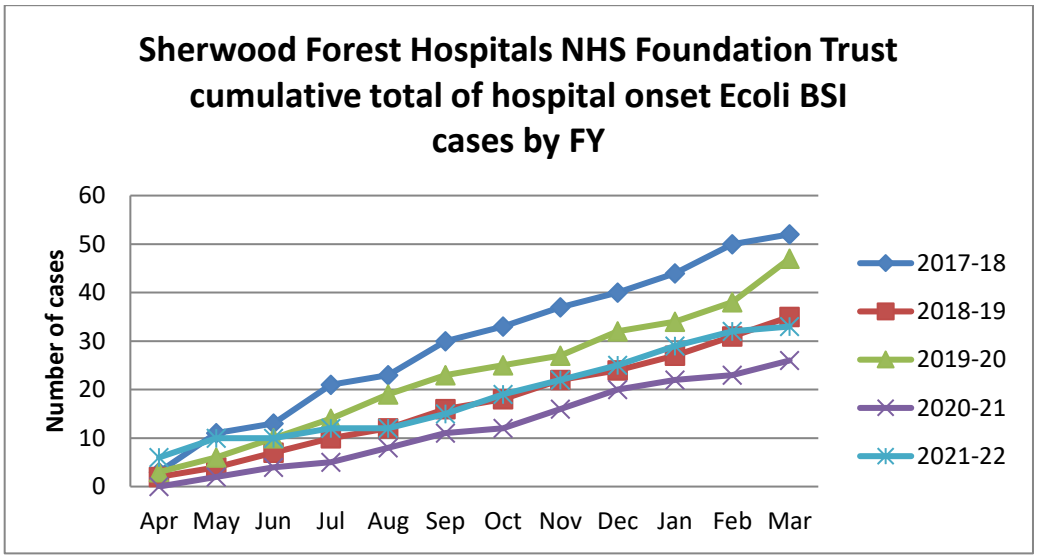
- To work to reduce SFHT surgical site infection rates in line with national target.

Performance against this target

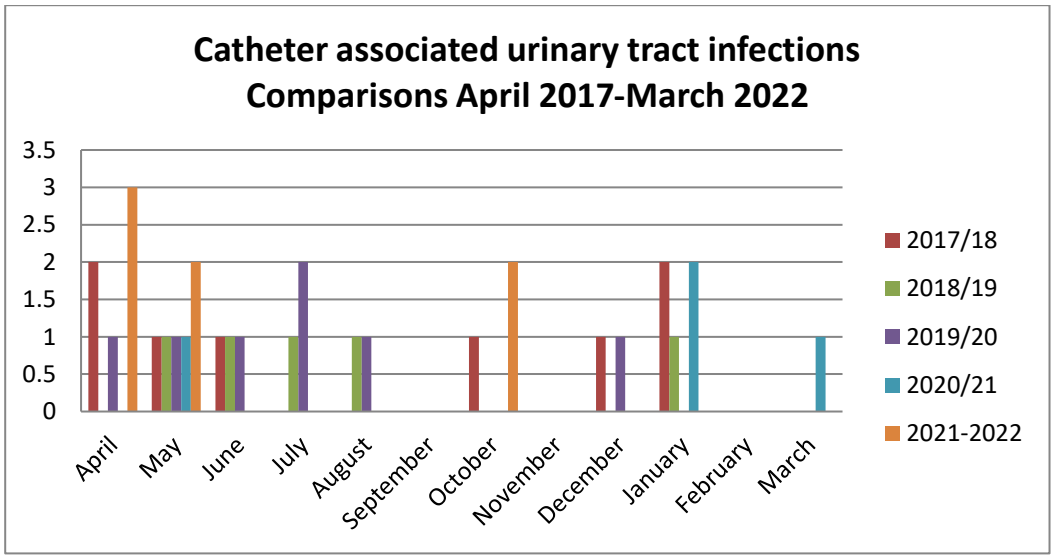
Below is a summary of the performance against the two aims outlined above:

- Nationally there is a focus on the reduction of gram-negative blood stream infections (GNBSI) with an ambition to reduce these by 50% across our CCG by 2024. The main causative organism is E. Coli. In 2021/22 there has been an increase in the number of SFHT acquired cases compared with 2020/21, although we have had a lower number of cases compared to the 3 years prior to that (Graph 20). This increase has corresponded with an increase in the number of Catheter-Associated Urinary Tract Blood Steam Infections (CAUTI) (Graph 21).

Graph 20



Graph 21



The report from UKHSA for October – December 2021 (table 13) indicates that for the last four periods, SFHT continues to perform in line and slightly better than national benchmarking. The table indicates the summary result that suggests in all three fields, SFHT has a rate lower than the amalgamated average.

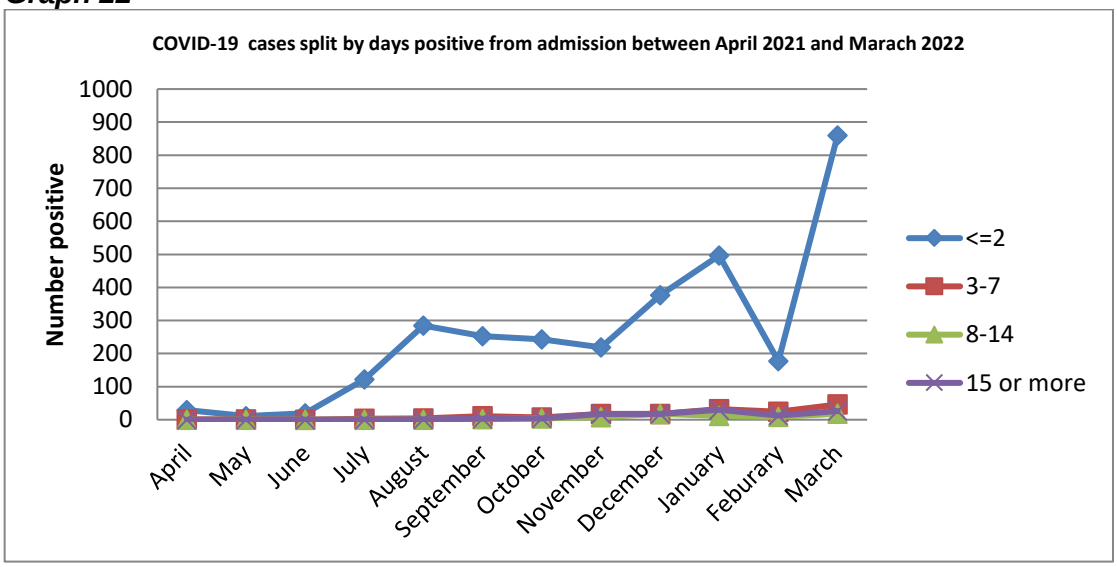
Table 13

Surveillance site	**% inpatient/readmission infected Sherwood forest**		**% inpatient/readmission infected All Hospitals**
	October-December	Last 4 periods	Last 5 years
Total Hip Replacement	0.0	0.0	0.3
Total Knee Replacement	0.0	0.0	0.3
Neck of Femur	0.0	0.0	3.6

COVID-19

During 2021/22, whilst SFHT has been dealing with the COVID-19 pandemic we have been monitoring our cases closely. We have seen varying numbers of probable and definite hospital associated cases as shown in Graphs 22 and 23. The definitions are displayed in Table 14.

Graph 22



Graph 23

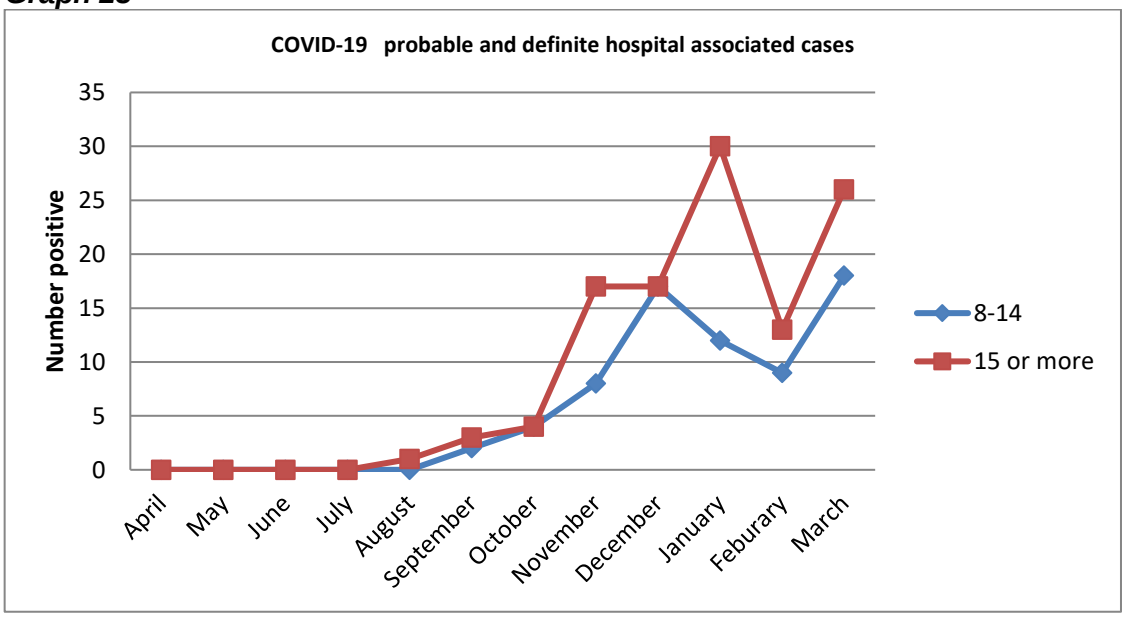


Table 14
Definitions of hospital onset COVID-19

Positive specimen date <=2 days after admission to trust	**Community Onset**
Positive specimen date 3-7 days after admission to trust	**Hospital-Onset Indeterminate Healthcare-Associated**
Positive specimen date 8-14 days after admission to trust	**Hospital-Onset Probable Healthcare-Associated**
Positive specimen date 15 or more days after admission to trust	**Hospital-Onset Definite Healthcare-Associated**

Actions in place to reduce the number of hospital associated cases:

- Root cause analysis is completed for all probable and definite hospital associated cases
- Increased frequency of audits to monitor compliance
- SFHT is moving to the new National Standards of Cleanliness, which will increase cleaning in clinical areas.
- Daily hand hygiene, PPE, and social distancing audits of any areas with an outbreak or cluster of cases of COVID-19 are being conducted
- Regular meetings with NHSE/I and UKHSA to monitor outbreak progress
- Regular monitoring of screening compliance

Monitoring and reporting for sustained improvement

- All elements identified above are monitored and reported externally by UKHSA and NHS England.
- Internally these are scrutinised and challenged via the SFHT governance processes
- Information on infection rates is available publicly via UKHSA via the link https://fingertips.phe.org.uk this website provides data against which the Trust can evaluate performance against the national dataset.

What do we aim to achieve in 2022/23?

- To improve practice standards in use of invasive device including urinary catheters and cannula
- To achieve the new Clostridium Difficile Infection (CDI) target
- To reduce the number of all hospital associated infection cases

3.4 Effectiveness – Improving the Effectiveness of Discharge Planning

Aims for 2021/22

- For the next stage of Nervecentre (a software application linking aspects of healthcare across SFHT including observations, escalations and key discharge information) development, it is intended to give full access to the community partners. This allows them to review and input onto Nervecentre which will allow real time updates for the wards.
- To implement a true Discharge to Assess (D2A) pathway where patients can be discharged within 4-24 hours of them being MSFT.
- To offer an integrated workforce that provide both acute and community services, that in effect, will be a wraparound service.
- To support clinical divisions with the introduction of criteria led discharge and have this fully embedded in 2022.

Performance against this Target

- Nervecentre - Through the development a read only access, has been achieved for Social care services and Nottinghamshire Healthcare Trust. Full access has not been completed at this time.
- This has not been achieved in its entirety due to lack of domiciliary care in the community. COVID-19 has been a contributing factor to this.
- A workforce change has now been completed and we are working towards a fully integrated discharge model
- Criteria Led Discharge policy has been reviewed.

How was this achieved

- Though collective partnership with Social care services and Nottinghamshire Healthcare Trust.
- A comprehensive dashboard was developed which allowed the referrals to come directly through to IDAT from all areas.
- Nervecentre has allowed a full audit trail of referrals and metrics regarding all pathways and Length of stay (LOS).

Monitoring and Reporting for Sustained Improvement

Aims for 2022/23

- Full system access to Nervecentre for all partners
- To reduce the separate platforms used such as Orion and System One with the potential of using one IT platform. This will give a real time account of the patients journey throughout SFHT.
- To ensure or aim towards a 95% daily discharge rate from the trust of patients that become safe for transfer.
- To reshape the daily hub, call to focus away from discussing the same patients and refocusing on new patients and complex patients.
- For the Frailty intervention team to focus on admission avoidance. To ensure that the frailty score (Rockwood clinical frailty scale) is completed on Nervecentre and with a raised score would indicate the need for further assessment.
- To progress from admission avoidance to hospital at home/virtual wards.

3.5 Effectiveness – Improve our Care and Learning from Mortality Review

SFHT recognises that learning from the care given to patients in their final days of life enables us to understand where we have provided excellent care but also where there are opportunities for learning and improvement. It is vital to recognise that acknowledging the care given to patients at such a difficult time will improve the standard of care for all patients.

The National Guidance on Learning from Deaths is now well embedded across SFHT. SFHT has a mortality review process supported by the Trust Learning from Deaths Group (LFD).

The Royal College of Physician's Structured Judgment Review (SJR) methodology remains the preferred vehicle for conducting a more in-depth mortality review, if indicated by the initial Mortality Review Tool. The purpose of the SJR is to identify possible lapses in care and offer opportunities for learning and improvement. Any review that has necessitated a further avoidability assessment is presented to LFD for independent scrutiny and discussion.

Aims for 2022/23

As described in the 2020/21 Quality Account, the Trust planned to focus on mortality within specific services and continue to develop the SJR methodology. After work in 2021/22 to improve the methodology and increase engagement within the Trust, it is the aim of

- the LFD group aim to complete more robust SJR's, resulting in more widespread learning and as a result, improving patient care.

Performance against the Learning from Deaths Standard

A 'Learning from Deaths Report' is presented to the Board of Directors each quarter, with an annual report summarising both compliance against the standard of reviewing >90% of all deaths and the subsequent learning themes identified.

How will this be achieved?

The standard for completing a review within six weeks of a death remains a significant challenge for some specialties, particularly those where high numbers of deaths occur. The COVID-19 pandemic has also put additional pressure on maintaining this standard. This has been identified by SFHT as an area for improvement. The 2021/22 reporting period did see a small improvement but due to COVID-19, this was lower than expected. In 2022/23 the expectation is that we will achieve a significant improvement and resolutions of the challenges faced in some specialties.

Monitoring and reporting for sustained improvement

The Learning From Deaths group (LFD) has continued to work closely with each division to support the overall mortality review process. SFHT received regular intelligence from 'Dr Foster' – who provide the external view of the Trust mortality position.

The LFD group has met monthly where performance against the specific mortality indicators are monitored for achievement and sustainability; however the key focus of the group is on the learning and improvement opportunities identified through the review process.

Aims for 2022/23

- The focus for the forthcoming year will be on the further development of the mortality agenda at service level. The support from 'Dr Foster' will be reconfigured to work more closely with individual clinical teams, supporting them to understand where the mortality agenda fits into the care they deliver.

Since 1 April 2022, it is now statutory for the medical examiner (ME) service to review community deaths alongside Trust deaths. This had been delayed from 1st April 2021. The ME service is developing plans to meet this requirement with the aim of liaising with the key community stakeholders, working towards achieving compliance by the end of the 2022/23 reporting period.

3.6 Effectiveness – To improve the experience of patients who are coming to the end of their life

Improving Palliative and End of Life Care (EoLC) remains a public priority across the country and for our local communities. SFHT is committed to support 'advance care planning' and training staff to listen to patient's preference for their treatment or care and help support people who are bereaved. This commitment is set out in the Trust EoLC Strategy and builds upon the 'Ambitions for Palliative and End of Life Care' national framework (2015-2020; updated in May 2021 for 2021 – 2026 by the National Palliative and End of Life Care Partnership).

Aims for 2022/23

The quality of Palliative & EoLC for patients and those important to them remains a quality priority for the Trust and is a focus for improvement. The priorities identified by SFHT are:

- Launch the new Trust EoLC Strategy for 2021 – 2025
- Participate in the next cycle of National Audit for Care at End of Life (NACEL)
- Enhance measures to capture patients and their relatives' experience
- Develop the Business Case for dedicated EoLC Beds to support choice and enhance experiences of patients and their loved ones
- Ensure sustainability of the Macmillan EoLC Team resource

- Enhance the EoLC Champions network to include members of the multi-professional teams.

Launch the new Trust EoLC Strategy for 2020-2025
The COVID-19 pandemic paused further developments of national and local EoLC strategies in 2020. This activity has resumed and the emerging work with regards to the National Ambitions for Palliative & EoLC, the Notts ICS EoLC strategy, and the SFH Nursing, Midwifery & Allied Health Professionals' strategy will all form the Trust's future EoLC Strategy.

Closer working across the Macmillan EoLC Team and the Specialist Palliative Care Team (SPC) (employed by Nottinghamshire Healthcare NHS Trust and based at John Eastwood Hospice) has also been developed by the Teams throughout 2021 to date.

As SFHT is within the Notts ICS system, it is envisaged that a separate SFHT EoLC Strategy will not be developed. An Action Plan and associated work plan will be developed during 2022/23, to set out how SFHT will support delivery of the National Ambitions for Palliative and EoLC, the Notts ICS EoLC priorities and SFHT EoLC priorities.

Participate in the next cycle of National Audit for Care at End of Life (NACEL)
SFHT fully participated in Round 3 (2021/22) of the NACEL Audit, as follows:

- Submitting a Trust site / Board overview, in relation to EoLC provision
- Review of 40 x case notes during the audit qualifying period (2 weeks in April and 2 weeks in May 2021)
- Sending letters to relatives/those important to patients who died within the Trust between 1st April and 31st August 2021 (as agreed by the relatives/those important to the patients), inviting them to submit their thoughts and feedback through the NACEL Quality Survey
- Seeking feedback from staff within the Trust who provided care and support to adult patients in their last days of life.

Participation in the Audit, e.g. case note reviews and data collection, was led and undertaken by the EoLC Team and Dr Ben Lobo (Trust Medical Lead – EoLC). All data was received and submitted ahead of the Audit deadline.

The draft outcomes/output report of the NACEL Audit collection received and presented and discussed at General palliative and EoLC committee. Actions included in EoLC work plan

Following receipt, the report will be reviewed, actions required by SFHT identified and a corresponding Action Plan will be created.

SFHT has recently signed up to fully participate in Round 4 (2022/23) of the NACEL Audit. Details are awaited from the National audit Team around the Audit process and timescales.

Enhanced measures to capture patients and their relatives' experience
The Macmillan EoLCTeam will be developing a patients' and relatives' experience leaflet during 2022/23. It is anticipated that it will support earlier recognition of the last year of life and encourage patients/relatives to engage in Advance Care Planning discussions.

EoLC Butterfly Volunteers Scheme
The Macmillan EoLC Team, in partnership with SFHT Community Involvement Hub Team, have developed an EoLC Butterfly Volunteers scheme which is currently being piloted across several Wards/areas in SFHT.

The EoLC Butterfly volunteers enhance the experience of patients identified as being in the last days of life, by having volunteers sitting for a short time with patients (as appropriate). Depending on the patient, the volunteers will talk to patients and/or read to them, and sometimes just sit with them to provide company for them. The EoLC Butterfly Volunteers also work as part of the Ward Team, supporting non-clinical activities.

Volunteers who are interested in becoming an EoLC Butterfly Volunteer attend a 1-day training session (led by the Macmillan EoLC Team along with other key clinical colleagues from the Trust), before joining the scheme. Several key topics are covered during the training day, including:

- The process of dying
- Boundaries and safe working
- What to expect on a ward
- Communication skills, including talking to relatives/those important to the patient
- Self-care for the volunteers
- Being prepared that patients may die while the volunteers are with them.

Feedback received in relation to the EoLC Butterfly Volunteer initiatives has been very positive. A review of the pilot scheme will be undertaken shortly, with a view to rolling out the initiative further across SFHT during 2022/23.

Develop the Business Case for dedicated EoLC Beds to support choice and enhance experiences of patients and their loved ones

The EoLC Clinical Nurse Specialist (CNS) Team continues to undertake daily ward visits to patients in the last days of life across the Trust, providing support to staff caring for these patients. In addition, providing information and support to the patients and their relatives/those important to them. (This support is provided over 5 days, Monday to Friday, between 8.00am and 5.00pm). The Macmillan EoLC Team also provides ad-hoc education to staff as required, during the patient visits.

Between 1st April 2021 and 28th February 2022, the EoLC CNS Team made a total of 1,519 ward visits to patients across the Trust.

On 1st January 2022, 8 x EoLC Beds were opened on Ward 36 (Short Stay Unit), (the number of beds reduced to 6 substantive beds in February 2022). During January and February 2022, the EoLC CNS Team visited 183 patients identified at EoLC on Nervecentre. The Team undertake frequent visits to all Wards/areas with patients on the EoLC model, to support the care of these patients. The EoLC CNS Team made a total of 337 contact visits with patients during January and February 2022 to these 183 EoLC patients (some patients were visited on multiple occasions). Of these 183 patients, 70 patients (38%) were being cared for on Ward 36/SSU (46% in January 2022 and 29% in February 2022).

Ensure sustainability of the Macmillan EoLC Team Resource

The Macmillan EoLC team was previously funded for two years to undertake a project entitled “Delivering Choice in the Times of Need”. This resource to the Trust’s EoLC team has been fully operational since July 2019 and supports the substantive EoLC nursing and medical leads in the Trust.

Due to various staffing changes, the Macmillan EoLC CNS staffing reduced from 2.0 Whole Time Equivalents (WTE) in May 2020 to 1.6 WTE (still supported by 1.0 WTE Project Support Officer). The current CNS and Project Support Officer secondment roles were extended to 31st March 2022. A

Business Case has since been written and submitted, to seek to sustain the core Macmillan Team on a substantive basis from 1st April 2022.

Enhance the EoLC Champions network to include members of the multi professional teams
During 2021/22, the EoLC Champions Network meetings were reconvened, and the Network meets every 2 months, led by the EoLC CNS Team.

The membership of the Network was reviewed, to ensure that members of each ward/area that supports patients at the end of life are invited to join the meetings. The membership comprises of:

- Ward Leaders
- Nurses
- Health Care Assistants / Health Care Support Workers
- Occupational Therapists (OT)
- Front Door Discharge Team
- IDAT Team.

Each meeting also has a theme or topic, with guest speakers invited from Teams across SFHT to present updates to the EoLC Champions.

3.7 Patient experience – Improve the experience of care for dementia patients and their carers

The Trust is committed to improving the care for people living with dementia and their family/carers who access hospital services.

The Trust's Dementia Strategy 2020-2023. provides a clear vision for the development of dementia care that fosters a collaborative approach to provide outstanding services. It is our responsibility to provide people living with dementia the very best standard of care that is equitable, accessible, and community-focused from diagnosis to end of life.

The continued aim is to provide outstanding care to all our patients. The Trust continues to work towards maximising the potential of our workforce, by continuously learning, choosing to adopt evidence-based practice, utilising information, and advancements in digital technology, being innovative and improving for the benefit of the local community.

Aims for 2021/22

- To focus on our registered nurses' ability to complete the dementia assessment, with the aim of achieving the national target of 90%, through a collaborative approach between nurses and doctors.
- The focus on identifying individuals with a confirmed diagnosis on digital systems will continue. A review of the necessary resources to achieve this will be required.
- As the post diagnosis dementia pathway review is in the embryonic stage at the time of generating this report, the aim in 2022/23 will be to progress this work, anticipating that by year end a pathway will be in place and patients and carers will be receiving the benefits from the new provision.
- The Integrated Care Partnership's shared aim is to ensure that all partner organisations provide Tier 1 dementia training for all employees. SFHT has achieved this as part of their induction programme, the group of staff that currently do not receive any training are the Healthcare Support Workers. There were plans pre COVID-19 to deliver on their induction but as the pandemic began these were put on hold. In 2022/23 we will revisit this and look to achieve the target set by the ICP.
- Volunteers play a huge role in the support of many of our services in the organisation. They would like to expand their knowledge of dementia and it has been agreed this will involve undertaking the dementia friend's session, which can be a face-to-face or online process. To be able to

facilitate these sessions individuals need to undertake the Alzheimer's Society champion's course. Several individuals have expressed a desire to attend.

- Delirium continues to have a significant impact on our patients, as dementia is one of the predisposing factors associated with this. 2021/22 will see the introduction of online delirium training for medical, nursing and healthcare assistants.
- Dementia champions are an essential component of this service. Following a review of champion roles in the Trust, it is planned to amalgamate dementia with falls, manual handling and enhanced patient observation. As a group that naturally enhances each other, the plan for the upcoming year is to develop a cohesive group to support this. It will provide the skills and knowledge to enhance the care delivery whilst assisting their colleagues with same endeavour.

Performance against this Target

2021/22's achievements have again been hampered by the on-going COVID-19 pandemic, face masks continue to be used in all health care environments which significantly impacts on the ability to effectively communicate, patients having visitors has fluctuated reducing the opportunity to interact and group activities for patients and their carers remains unworkable.

- Prior to nursing staff being permitted to complete the dementia assessments the percentage achieved would be 30% or less, following a change to the system and allowing registered nurses access to complete, the percentage rate achieved has been in the mid 80's for the past four months.
- The number of patients with an identified diagnosis of dementia and a corresponding tag on our electronic systems continues to increase, and this will remain on the aims list for future years.
- The consultation and planning for the post diagnosis plan has been completed, there are Webinar's available about part of the new support provision, that has been commissioned to be delivered by the Alzheimer's society while recruitment is underway to two Admiral Nurse posts that have been commissioned and are supported by Dementia UK. The aim of both services will be to support the person diagnosed and their carer/family, both will provide an individual needs approach, with the Registered Admiral Nurses having the ability to support with nursing needs and advice.
- All staff recruited by the Trust undergo an orientation day prior to commencing their role, the session has been adapted to ensure that it covers all elements required to achieve Tier 1. The organisations that provide the ancillary services to the organisation have agreed to provide this training to their newly appointed staff, a film to deliver this is in development.
- Unfortunately, the Alzheimer's Society has yet to restart the Champions training for dementia friends, they have recently updated everyone who has expressed an interest to inform them that an online option is being developed. Two groups of volunteers have undertaken training to supporting activities across the organisation, they have begun to provide support to several wards and feedback from both volunteers, patients, carers and ward staff has been of a positive outcome.
- Delirium is now discussed as part of the monthly harms free group, data is provided on the numbers of patients who have delirium during their stay, unfortunately there is currently no way to determine if the episode was pre or peri admission. Covid has again impacted on this aim as it has been noted as part of the presentation of the virus that delirium has been present in many of the post ITU patients. Further work is underway to understand how SFHT can reduce the occurrence, the training proposed last year has been prepared to be rolled out once the pressures of the pandemic have subsided.
- The dementia champions are perhaps the most successful achievement from this year's list of aims, in collaboration with falls and manual handling, 3 sessions were successfully completed, and dates and venues are arranged for the forthcoming year. Feedback from the sessions was positive and the dementia champions were the greatest number represented in each of the 3 days.

How was this achieved

- The previously formulated gap analysis which identified the deficits in the service and formulated a three-year work plan, in line with the Dementia Strategy, has supported the creation of the yearly work plan. This continues to be an evolving document that provides both realistic and achievable targets. These are monitored and updated to provide evidence of what has been achieved and the project's needs, with the consistent aim to maintain pace and drive.

The challenge associated with the pandemic restrictions will continue to affect the achievements and enforce different approaches some of which are due to the nature of the illness.

Moving from the safeguarding team has facilitated an increased focus on the service provided and the employment of a substantive band 3 HCSW has begun to enable further development.

Monitoring and Reporting for Sustained Improvement

The service would previously have been required to report nationally on the percentage of dementia assessments completed. This was initially suspended during the pandemic and has since been discontinued. SFHT have continued to monitor this at the Trust's Board of Directors meeting monthly through the Single Oversight Framework.

All training in the organisation is reported onto a Trust database providing the attendance numbers and evaluations of the content and the presenter's skills. The champion days generated some additional information that could support these findings.

The figures related to delirium are now produced and added to the harms free report monthly, this is chaired by the deputy chief nurse who shares the learning at the Patient safety group meetings.

Aims for 2022/23

- Shared governance has been introduced to the organisation, the aim this year is to recruit and commence work with a dementia focused council. This will be made up from a variety of individuals at the Trust aiming to offer a diverse viewpoint and encourage cross-organisation working.
- In an approach to increasing the quality of interactions on the wards, especially with patients who are requiring Enhanced Patient Observations, activity boxes are to be developed for each of the wards and departments. Initially this will be part of a pilot exercise which is to be supported by the Trusts Charity.
- Having been involved in discussing and evaluating the ICS dementia pathway, the Dementia Nurse Specialist will promote the new options available for support. These include a referral to the Alzheimers society for patients, carers, family and friends, and health and social care employees, plus a nursing element of support provided by the newly appointed Admiral nurses. The intention will be to support the service by making referrals and liaising with the providers to understand how SFHFT can enhance the service provision.
- There will be a continued focus on our registered nurses' ability to complete the dementia assessment, with the aim of achieving the national target of 90%, through a collaborative approach between nurses and doctors.
- The focus on identifying individuals with a confirmed diagnosis on digital systems will continue. A review of the necessary resources to achieve this will be required.
- The Integrated Care Partnership's shared aim is to continue with the process off ensuring that all partner organisations provide Tier 1 dementia training for all employees. SFHT has achieved this as part of their induction, the groups of staff that currently do not receive any training are the Skanska and Medirest teams. There were plans in place pre COVID-19 to deliver on their induction but as the pandemic began these were put on hold. In 2022/23 we will revisit this and look to achieve the target set by the ICP, utilising an online video style training process
- Delirium continues to have a significant impact on our patients, as dementia is one of the predisposing factors associated with this. 2022/23 will see the introduction of online delirium training for medical, nursing and healthcare assistants. Following an in depth focus on the potential causes of hospital acquired delirium.

- Dementia, falls and manual handling champion days will be coordinated and presented on four occasions throughout the year. Champions are an essential component of these services, they allow a larger resource of both knowledgeable and skilled staff to enhance the care delivery whilst assisting their colleagues with same endeavour.
- The Dementia Team will continue to support and promote the carers passport, including adding the information to the internet pages on dementia and as part of the information sharing with the individuals supporting the new Dementia Pathway.

3.8 Patient Experience – Using feedback from patients and their carers

Friends and Family Test (FFT) themes and trends

The Friends and family test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Every patient receiving treatment within SFHT can give feedback about the quality of care they received. This enables the views of patients and their families to be heard and helps us to continuously improve our services. We are very pleased with our results as most patients rate their experience highly. However, we also want to know where we have not met expectations so that we can make improvements. Feedback is our best way of knowing where we are doing well or where we could do better.

We use FFT feedback along with other methods of feedback that include compliments, concerns, and complaints, to understand what matters most to our patients and family members. There are several ways to provide FFT feedback:

- Online questionnaire via the SFH website
- Text message
- QR Code
- Paper survey

SFHT have continued to collect FFT feedback during the pandemic, complying with IPC guidance, by increasing services using the SMS text messaging service due to the increase in virtual clinics.

Results have shown a fluctuation in response rates during 2021/22 (table 15) and the Patient Experience Team, led by the matron for Patient Experience, have worked closely with divisions to develop and support action plans to increase response rates, providing an increase in qualitative data to help shape future services.

Table 15 - FFT data October 2021 – March 2022

	Recommendation Rate %					
	Oct 21	**Nov 21**	**Dec 21**	**Jan 22**	**Feb 22**	**Mar 22**
Diagnostics and Outpatients	96.90%	97.11%	96.93%	96.85%	96.39%	95.90%
Emergency / Urgent Care	88.84%	89.95%	92.06%	92.08%	93.43%	90.90%
Medicine	97.14%	95.95%	96.85%	96.37%	96.55%	95.69%
Surgery	94.19%	95.96%	95.74%	96.16%	95.04%	95.92%
Women's, Childrens and Maternity	94.87%	94.16%	94.59%	91.15%	94.10%	91.91%

*FFT reporting nationally paused during 2021/2022 therefore FFT data from Oct 2021-March 2022

The FFT feedback is shared with all divisions for learning and reflection to focus on areas of improvement, the following themes, trends and responses have been highlighted during 2021/22:

- Lack of communication reported in ED regarding waiting times – screen introduced to update patients.
- Difficulty experienced contacting administrative teams in surgery departments relating to patient enquiries – Patient experience team continue to support patient/carers to access services to address queries.
- Concerns regarding catering staff and food on Ward 43 – escalated to ward leader for further investigation with ward hostess and team. This has resulted in positive feedback.
- Challenges to speak to wards during waves of pandemic – reintroduction of Family liaison service to support communications between patients, family and medical and nursing teams.
- Lost property and family members reporting issues accessing information regarding the policy. A Patient Property Task and Finish Group was re-introduced with updated policy and processes agreed and circulated to staff and available for patients/family members.

Actions taken to support increased response and recommendation rates:

- Introduction of QR codes in Maternity and the ED to support increased accessibility to provide feedback real-time.
- Expansion of SMS messaging in all areas throughout SFHT which has resulted in increase in response rates.
- Training sessions provided to teams to increase FFT awareness and engagement. Training delivered to support accessing FFT data form dashboard to empower leaders to review and action FTT feedback.
- SFHT has successfully undertaken a competitive procurement process to award the FFT contract to a new provider from April 2022, providing opportunity to relaunch FFT post COVID-19 and explore additional methods of collection. User friendly system provides easy access to reporting to identify trends and themes.

Aims for 2022/23

- Development of engagement plan to continue to refresh FFT and support divisional teams to deliver FFT locally resulting in increased recommendation rates.
- Reintroduction of volunteers supporting FFT completion in ward and outpatient areas, post COVID-19 restrictions being lifted.
- Relaunch of FFT in 2022 to raise awareness and engagement, resulting in an improvement of quantitative and qualitative data.

3.9 Patient experience – Safeguarding vulnerable people

Aims for 2021/22 were:

The impact of COVID-19 raised concern both nationally and locally of safeguarding and domestic abuse incidents, significantly increasing for both adults and children. The key aims of SFHT for 2021/22 were to ensure safeguarding remained a top priority within our care and service delivery, working to ensure systemic safety nets were in place and recovery plans were implemented within different patterns of working.

To review key elements of the safeguarding assurance processes whilst continuing to collaborate with external partners, regarding SFHT's response to the safeguarding agenda. Further promotion and embedding of the Hospital Independent Domestic Violence Advocate (IDVA) service, review and development of the domestic abuse work plan, and consideration of the new Domestic Abuse Bill. Remaining focussed and committed to supporting the health and well-being of our workforce, particularly in relation to domestic abuse and mental health.

To further develop our work around the Mental Capacity Act (MCA) training, supporting the development and implementation of our legislative responsibilities to Liberty Protection Safeguards (LPS). To continue to learn from local and national safeguarding issues ensuring they are reflected within the service aims.

Performance against this Target

Safeguarding has remained a key focus of the Trust throughout the COVID-19 pandemic with the safeguarding service remaining a top priority. Recovery plans are currently underway.
The Hospital IDVA role continues to be a key focus ensuring domestic abuse has remained a high priority during the COVID-19. This will continue to be an on-going priority into 2022/23.
SFHT has continued to work with external partners through representation at safeguarding board and partnership events, in addition, providing additional assurances in light of the challenges of the pandemic.

The Trust has maintained its representation as part of local and national safeguarding reviews with learning being embedded into mandatory training and where urgent change is required; it is cascaded and reflected within the service.

Staff have received ongoing support with domestic abuse issues and mental health through the hospital independent domestic violence advocate (IDVA)and Mental Health Specialist Nurse.

Work has been undertaken to further embed MCA training along with ongoing representation at LPS working groups and development of action plans to support delivery.

How was this achieved

- The safeguarding team has remained an essential service during the pandemic with no staff being re deployed to other areas.

- The safeguarding team has supported colleagues to provide focused interventions, providing an enhanced service around safeguarding referrals, escalations and follow ups.

- Whilst face-to-face training has been impacted by the COVID-19 response, training via e-learning has continued with monthly updates of progress being shared appropriately. Recovery plans have been developed for safeguarding training at all levels.

- Attendances to the Emergency Department have been monitored to ensure direct support can be provided to patients presented with potential domestic abuse.

- Hospital IDVA has provided bespoke training sessions, direct support to patients and staff, after actions reviews and follow up to complex cases.

- A Domestic Abuse workplan has been reviewed to reflect the changes in the Domestic Abuse Bill.

- Work has been completed with HR teams around domestic abuse and how to support staff.

- The Hospital IDVA and Named Nurses continue to provide support to managers and HR advisors in relation to staff cases where domestic abuse and mental health are a feature.

- Links have been made with the Trust well-being leads to review how further support can be offered to staff in relation to domestic abuse and mental health concerns.

- Mental Capacity Act (MCA) audits have continued, and action plans developed.

- SFHT have been represented at external LPS working groups and analysis is under way.

- Safeguarding named nurses have continued input to external local, regional and national forums to ensure that current trends, best practice and pressures are shared

Monitoring and Reporting for Sustained Improvement

- The safeguarding team will continue to provide quarterly reports with key information to provide assurance that SFHT are meeting its statutory responsibilities.

- Input into divisional governance meetings will continue

- Workplans are under review to ensure these reflect the needs of the service

- An updated audit programme will be identified for key issues relating to the safeguarding and vulnerabilities agenda

- Teaching materials for the annual training programme are under constant review and are updated appropriately to ensure focus on key areas.

- Training compliance will continue to be monitored, with any concerns shared accordingly

Aims for 2022/23

Lockdown and self-isolation during the COVID-19 pandemic has been a catalyst for safeguarding risk to both vulnerable adults and children. For many, the home was not be a safe place, with routes to support and safety being shut down or limited. However, with lock down restrictions coming to an end this has created further concerns as what was potentially hidden abuse is now coming to the forefront as people now have the opportunity to be seen and disclose. This along with the impact upon people's mental health, families experience, poverty due to loss of employment and the rise in the cost of living is raising concern both locally and nationally. SFHT recognises safeguarding remains a priority within our care and service delivery. We will work to maintain that system safety processes are in place and introduce recovery plans where appropriate. We will build on established work and strengthen our approach to 2021/22 by aligning with the Trust strategic objectives below:

To provide outstanding care

- Implement a 'Think Family' audit plan, to focus on benchmarking safeguarding standards set out in the Markers of Good Practice and Partner Assurance Tool (PAT) and be responsive to the priorities as set out by the NSAB and NSCP.

- Work to further embed the Mental Capacity Act principles across the organisation.

- Continue to develop and implement the organisational legislative responsibilities to Liberty Protection Safeguards (LPS).

- To agree and embed delivery of the Mental Health Strategic Plan

To Promote and support health and wellbeing

- Safeguarding priorities during 2022/23 will continue to ensure that where there are safeguarding concerns, adults, children, young people and carers are recognised as partners in the outcomes. This will focus around 'Making Safeguarding Personal' and the 'Voice of the Child'.

- Further embed the integrated hospital IDVA role

- To enhance the personalisation of care to patients with a Learning Disability

To maximise the potential of our workforce

- Focus during 2022/23 will continue to be around supporting the health and wellbeing of SFHFT workforce, particularly in relation to domestic abuse and mental health

To continually learn and improve to achieve better value.

- Continue to embed organisational learning through mandatory training, serious incidents and adult/child reviews

- Learn lessons from the COVID-19 pandemic and use this to contribute to future working with children, young people and vulnerable adults.

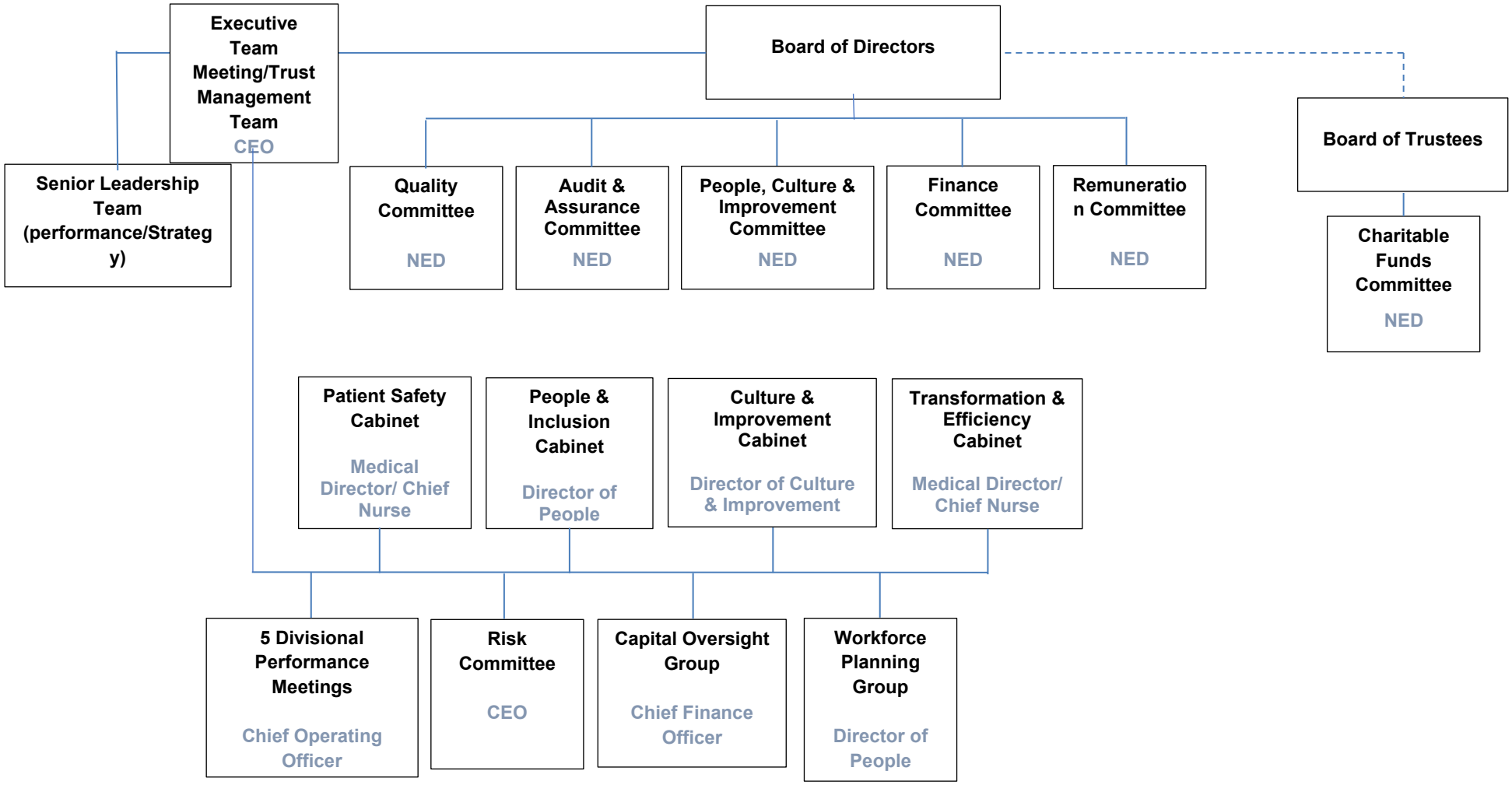
3.10 Mandatory Key Performance Indicators

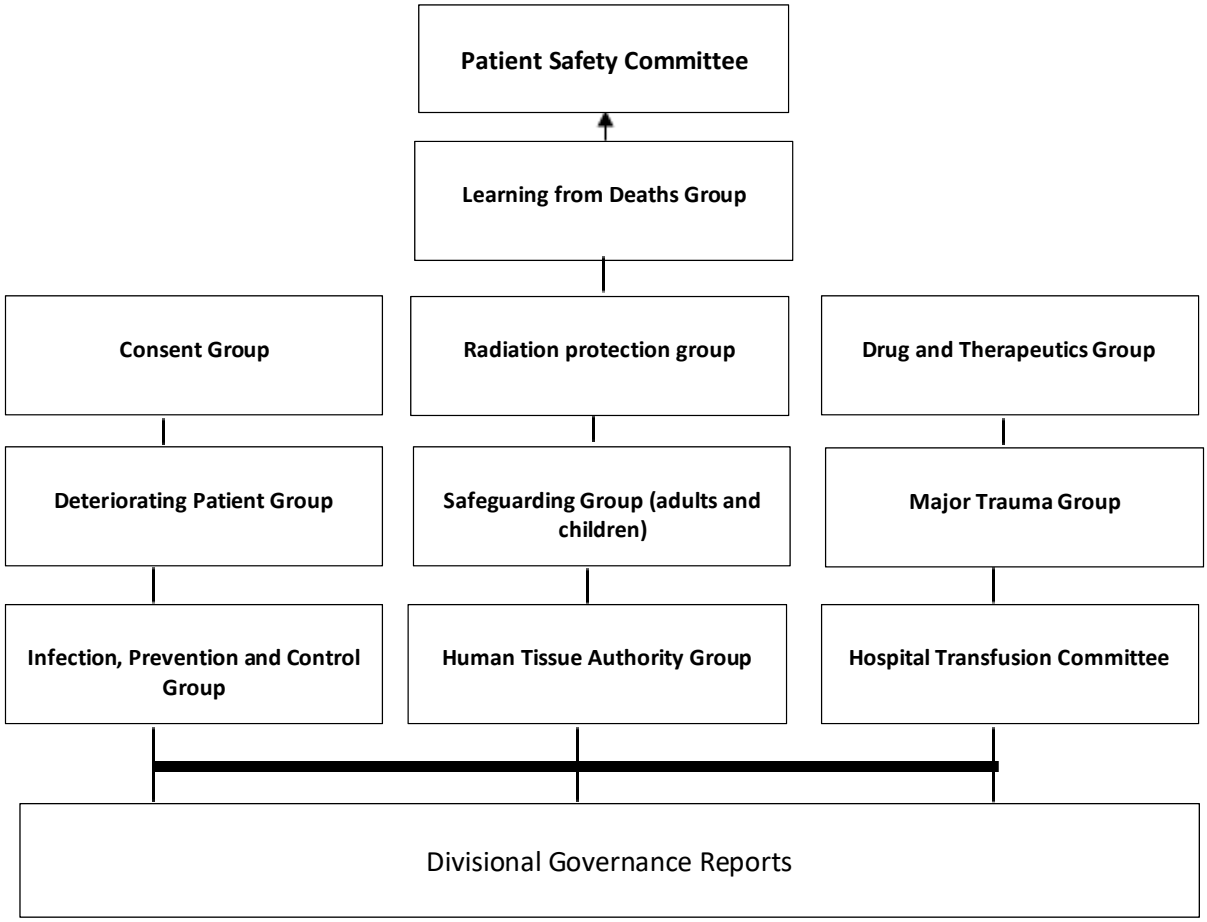
Indicators identified within the Single Oversight Framework	**Target**	**Performance**	
		Yr 2020/21	**Yr 2021/22**
*Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – Patients on an incomplete pathway	92%	69.2%	70.0% - Apr-21 to Jan-22
*A&E : maximum waiting time of four hours for arrival to admission / transfer / discharge	>95%	94.1%	86.2% - Apr-21 to Feb-22
Cancer 2 week wait: all cancers	93%	96.0%	90.8% - Apr-21 to Jan-22
Cancer 2 week wait: breast symptomatic	93%	99.7%	93.3% - Apr-21 to Jan-22
Cancer 31 day wait: from diagnosis to first treatment	96%	93.5%	92.3% - Apr-21 to Jan-22
Cancer 31 day wait: for subsequent treatment – surgery	94%	81.8%	85.0% - Apr-21 to Jan-22
Cancer 31 day wait: for subsequent treatment –drugs	98%	91.8%	91.7% - Apr-21 to Jan-22
Cancer 62 day wait: urgent GP referral to treatment for suspected cancer	85%	68.0%	65.6% - Apr-21 to Jan-22

Cancer 62 day wait: for first treatment – NHS cancer screening service referral	90%	72.0%	74.2% - Apr-21 to Jan-22
Maximum 6- Week wait for diagnostic procedures	99%	61.5%	76.7% - Apr-21 to Jan-22
Clostridium difficile variance from plan	56	74	Target 57 Actual 76
**Summary Hospital-level Mortality Indicator (SHMI)	100	97.57	97.25
VTE Risk assessment	95%	93.9%	93.3% - Apr-21 to Jan-22

*Further detail of assurance over mandated and selected local indicators can be found in Appendix 3.
** The Summary Hospital-level Mortality Indicator (SHMI) is a rolling reporting period. The figures reported represent most current data available:
97.57 August 2019 – July 2020
97.25 August 2020 – July 2021

Sherwood Forest NHS Foundation Trust
Committee Structure – June 2022





The Quality Assurance and Safety Cabinet (QASC) meet on the second Wednesday of every month. QASC is the key Governance Committee that operationally supports the delivery of safe, high quality care to patients. QASC also provides an Assurance Report from each meeting to the Board of Directors via the Quality Committee.

Statement from Mansfield and Ashfield and Newark and Sherwood Clinical Commissioning Groups (CCGs)

Introduction

Nottingham and Nottinghamshire Clinical Commissioning Group (NNCCG) welcomes the opportunity to review and comment on the 2021/2022 Quality Accounts for Sherwood Forest Hospitals NHS Foundation Trust (SFHT). NNCCG is committed to ensuring a high-quality health service for our local population working as partners within the Integrated Care System (ICS) to improve health and change lives. We work collaboratively with system partners to collate and analyse information from a range of sources to ensure that safe, effective, and caring health services are commissioned and delivered for our local population.

NNCCG wishes to extend special thanks to all Trust staff for the noteworthy achievements that have been accomplished by working together throughout the continued system pressures of the last year. The landscape of constant change imposed by the COVID-19 pandemic has added an extra layer of complexity to the resilience normally expected of staff during their day to day working.

Quality Oversight

Throughout 2021/2022 the CCG has continued to work with the Trust to monitor the quality and continuous improvement of services delivered through reviews of information on safety, patient and staff experience, outcomes, and performance. The Trust's quality priorities are embedded within the Quality Strategy (2018-21; 2022-24 strategy in draft) with executive oversight by the Medical Director and Chief Nurse and reporting via the Advancing Quality Programme.

The CCG has worked with SFHT to gain assurances around patient safety, clinical effectiveness, and patient experience through a variety of approaches: review of committee papers, informal meetings with the Trust Quality & Governance, CCG representation at a range of Trust Committees and Groups such as the Deteriorating Patient Group, Mobility and Falls Group, Harm Free Care Group, Infection Prevention and Control Committee, and the Quality & Safety Cabinet. This has further built relationships and understanding of the real-time challenges and proactive work.

The pressures resulting from the COVID-19 pandemic have continued to impact the clinical audit programme in 2021/2022. However, the Trust has fully participated in National Audits and Confidential Enquiries as well as local clinical audit. The Account demonstrates some good examples of work to improve care with a commitment to clinical effectiveness, and a focus and ambition to strengthen the assurance and visibility of clinical audit through 2022/23.

The CCG can confirm that, to the best of its knowledge, the information provided within this Annual Quality Account is an accurate and fair reflection of the Trusts' performance for 2021/22.

Achievements

Wider Organisational Achievements

Key successes include the accreditation of SFH as a Schwartz Round site, providing an evidence-based forum for staff to come together to talk about the emotional and social challenges of caring for patients. The aim is to offer staff a safe environment in which to share stories and offer support. This has been evaluated positively by clinical and non-clinical staff. The development and roll out of the PASCAL questionnaire also provided the views on safety in services from over 2000 front line staff

The Quality Account shows that the Trust remains the best acute Trust in the Midlands for staff engagement and ranks highest for staff morale and teamworking. The staff survey for 2021 clearly shows a focus on quality of care and safety culture, again ranking highest in the midlands in these areas of feedback.

The Friends and Family Test (FFT) was formally reported from October 2021 – March 2022 and shows a high recommendation rate across divisions with scores mainly above 90%. As a result of patient feedback. The Quality Account shows improvements made in communication, including the reintroduction of a family liaison service to support communications between patients, family, and medical and nursing teams.

Quality Improvements

Although Clinical Audits have been disrupted by the COVID-19 pandemic this year the Trust has:

- Introduced a QIP club, engaging trainee doctors to lead on an audit and improvement projects
- Developed an e-learning package for audit
- Supported wards involved in pathway to excellence from the QI and Audit Team to help achieve ward accreditation as an exemplar ward.
- Introduced a new governance route via the Advancing Quality Group to strengthen the clinical effectiveness agenda and assurance processes.
- Shown a high level of compliance and favourable results against comparators in National audits

The Trust has evidenced in the report their involvement in clinical research and has a dedicated Research and Innovation department (R&I).

The 'Improving Care and Learning from Deaths Review' captures themes and examples of learning where the care provided to the patient had been excellent as well as identifying any learning to be gained. Following a review of the structured case reports during the COVID-19 waves, the Trust has commenced the introduction of a data and quality improvement process aimed at strengthening consistency of approach and distribution of learning.

Learning from Incidents

A barometer of understanding patient safety is the use of information and learning around Serious Incidents (SI). The number of serious incidents reported has increased compared to 2020/21 this is due in part to the requirement to report and investigate all nosocomial COVID-19 deaths as serious incidents from March 2021. All Serious Incidents are investigated, and action plans are developed to mitigate the risk of recurrence.

Identifying and disseminating the learning arising from incidents to improve patient safety remains a key priority for the Trust and the Account shows practice improvement introduced as a result of learning from incidents to improve patient safety and quality of care. The Trust continues to promote openness and

honesty at all levels and continues to show a high level of compliance with the duty of candour requirement.

The Trust is committed to the national Patient Safety Strategy and fully engaged with the system through the ICS Patient Safety Specialists Steering Group.

Challenges

The Trust has been affected by the wider system pressures of increased demand within the context of recovery and restoration post-Covid. There has been a focus on the number of patients readmitted to a hospital within 28 days of being discharged with the intention of taking action to improve quality: and a collaborative system approach to the safe admission and discharge of patients via appropriate routes.

The process for collecting the data for Venous Thromboembolism (VTE) risk assessments was re-introduced in April 2021 and the Account acknowledges that the Trust has not achieved the required 95% compliance. To address this the Trust are planning to launch a mandatory electronic screening tool in conjunction with the implementation and roll out of Electronic Prescribing and Medicine Administration (EPMA).

There continues to be a partnership approach to the management of clostridium difficile (CDiff) across the health economy. The Account acknowledges the rise in CDiff cases from April 2021 and continue to closely monitor, conducting root cause analysis of all cases and taking appropriate action, sharing learning across the Trust. NHSE/I and CCG colleagues were invited to conduct a peer review which provided assurance that the Trust had implemented appropriate actions and no new actions were identified. Monitoring continues through the IPC and patient safety committees that are attended by a CCG representative.

Reducing harm from falls was identified as a quality priority for 2020/21, and whilst the desired trend has not been achieved, there has been an increase in patient mobility, and the Trust continue to promote mobility to reduce deconditioning. A community of practice has been developed involving social care and community colleagues as well as other acute providers to connect the care of people at risk of falls and mitigate risks across the whole community.

2021/2022 Priorities

Achievement against 2020/2021 Priorities

Quality improvement activities were maintained during 21/22 and progress against the quality priorities continued to be monitored monthly by the Executive Medical Director and Chief Nurse through the Advancing Quality Oversight Group and organisational Quality Committee.

Quality priorities included improving inpatient mobility to reduce functional decline and maximising discharge potential; improving the use of personalised care and support plans (PCSP) for women using maternity services; and reviewing diabetes pathways to isolate and act on crisis points.

During the year data relating to patients who are sitting out of bed at lunchtime has been collated and supported by falls prevention practitioners who have celebrated the successes reported across inpatient areas. The PCSP has not progressed as predicted due to continued COVID-19 pressures but the workstream has recommenced and SFHT continue to be active participants.

The Trust has continued to play a vital role within the health and care partnership in particular Mid Nottinghamshire Integrated Care Partnership within the Nottingham and Nottinghamshire ICS. This has been evidenced through their integrated work with primary care networks in areas including implementation of virtual ward for respiratory patients, the introduction of a primary and secondary care elective recovery board focussing on effective communication to those awaiting treatment, improving advice and guidance and joint education, and improving direct access to diagnostic testing. SFHT has also helped establish the priorities and roadmap for the Mid Notts ICP working with system partners outside of the hospital.

Conclusion

The position statement issued by the National Quality Board during April 2021 emphasises the importance of prioritising the delivery of high-quality care setting out some core principles and operational requirements for quality oversight in systems. 2021-22 will bring some fundamental changes in the way that the CCG and the Trust work to foster even more collaborative and systems-based working.

The CCG welcomes the specific priorities that the Trust has identified for 2022-2023 which are highlighted within the report and considers that these are appropriate areas to target for continued improvement. The CCG looks forward to continuing to work in partnership with Sherwood Forest Hospitals NHS Foundation Trust.

Statement from the Health Scrutiny Committee

The Health Scrutiny Committee for Nottinghamshire welcomes this Quality Account and the opportunity to comment on it.

It is important to recognise that this report covers a very challenging period for the Trust due to Covid Pandemic and the Health Scrutiny Committee wishes to recognise the vital rule the Trust has played in caring for the most vulnerable at a time of great turmoil and pressure. The work of the Trust and their dedicated staff must not go unrecognised. This report clearly reflects the hard work and commitment of all staff. This clear and transparent report is very much welcomed by the committee.

The Trust's use of several internal and external sources to support and drive quality improvements has ensured that its ambition to deliver sustainable, high-value, high-quality services, delivered in partnership with other health and social care providers across the Nottinghamshire footprint is central to all plans. This enables the Trust to clearly identify the areas for improvement.

The Health Scrutiny Committee would like to welcome the recommenced workstream on Personalised Care and Support Plans in maternity services and recognises that the pause was due to the pressures of covid, and we welcome the Maternity Voices Partnership involvement in the redesign of the process to co-produce PCSP and to bring this into the digital transformation programme. The Committee is acutely aware that many departments have felt the pressure due to the pandemic but recognising the importance of maternity care and these plans are strongly supported by the committee.

The Health Scrutiny Committee supports the position statement issued by the National Quality Board during April 2021 which emphasised the importance of prioritising the delivery of high-quality care setting out some core principles and operational requirements for quality oversight in systems. The Committee welcomes the specific priorities that the Trust has identified for 2022-2023 which are highlighted within the report and considers that these are appropriate areas to target for continued improvement including improving inpatient mobility to reduce functional decline and maximising discharge potential; improving the use of personalised care and support plans (PCSP) for women using maternity services; and reviewing diabetes pathways to isolate and act on crisis points.

The Health Scrutiny Committee welcomes the accreditation of a Schwartz Round site, providing an evidence-based forum for staff to come together to talk about the emotional and social challenges of caring for patients. We feel that given the heightened pressures and risks to staff that have derived from the pandemic, having this support for staff is vital. We commend the Trust for providing staff a safe environment in which to share stories and gain support. The Quality Account shows that the Trust remains the best acute Trust in the Midlands for staff engagement and ranks highest for staff morale and teamworking

The Friends and Family Test (FFT) was formally reported from October 2021 – March 2022 and shows a high recommendation rate across divisions with scores mainly above 90%, this again is welcomed by the Health Scrutiny Committee and reflects the dedication of the staff. The Committee fully recognises the improvements made in communication, including the reintroduction of a family liaison service to support communications between patients, family, and medical and nursing teams.

The Health Scrutiny Committee welcomes the improvements at the Trust and appreciates the transparency of the report, including the way in which the Trust has highlighted the challenges they face within the context of recovery and restoration post-covid. Including a focus on the number of patients readmitted after 28 days.

The Trust overall provides outstanding care, and this is reflected throughout the report. The last few years have been immensely challenging, and the Trust has clearly had a strategic vision, coupled with dedicated committed staff, which we believe puts them in a very healthy position to meet the post-covid challenges.

Councillor Sue Saddington

On behalf of the Nottinghamshire Health Scrutiny Committee

Statement from Healthwatch in response to 2020-21 Quality Accounts

Healthwatch Nottingham & Nottinghamshire is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully and that they are transparent in their decision making. We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen.

As part of this role we have taken the opportunity to review and comment on the Sherwood Forest Hospitals NHS Trust 2021- 22 Quality Account report.

The report includes a comprehensive section on complaints. Whilst it is concerning that the number of complaints received by the Trust increased by 27% in 2021 -22, the report demonstrates an honest and transparent approach by sharing the main themes and specialties involved. There are reported concerns with the pressure on the Complaints Team and a new set of timescales for responding to complaints is outlined.

The staff survey reports positive results, with the Trust achieving the highest score in the Midlands and the accolade of the "best acute Trust to work in". Staff engagement and satisfaction are important indicators for the delivery of excellent patient care.

We welcome the additional Quality Priorities around patient experience: improving the experience of care for Dementia patients and their carers; using feedback from patients and their carers (using the Families and Friends Test); and safeguarding vulnerable people. The Trust has shared feedback from the Families and Friends Test with divisions for learning and reflection, and the report documents some of the changes that have been made as a result of this feedback.

Improvement priorities for 2022-23 include 'Excellent patient experience for users and the wider community'. This will be measured by increased service user/citizen engagement at key SFH meetings. Whilst this priority is welcomed, the Trust needs to pay attention to the metric which focusses on engagement at meetings. This will exclude some service users/citizens for whom other engagement approaches are needed.

Annex 2 - Statement of Directors responsibilities for the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2021/22 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
    1. Board minutes and papers for the period April 2021 to March 2022
    2. Papers relating to quality reported to board over the period April 2021 to March 2022
    3. Feedback from commissioners dated 27/05/2022
    4. Feedback from local Healthwatch organisation dated 28/06/2022
    5. Feedback from Overview and Scrutiny Committee not received on date of submission
    6. The Trust's complaints report published under regulation 18 of the Local Authority Social and Complaints Regulations 2009,
    7. The 2021 survey was published in March 2022
    8. The 2021 national staff survey dated 30 March 2022
    9. The Head of Internal Audit's annual opinion of the trust's control environment dated xxx
    10. CQC Inspection report dated 14 May 2020
- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- The performance information reported in the Quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- The Quality report has been prepared in accordance with NHS Improvement's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

30/06/2022 ……Chair

Sherwood Forest Hospitals NHS Foundation Trust

Council of Governors

Subject:	Quality Account	**Date**: 01.08.2022	
Prepared By:	Carl Miller – Director of AHPs and Deputy to the Chief Nurse Kate Wright-Associate Chief AHP		
Approved By:	Phil Bolton – Executive Chief Nurse		
Presented By:	Carl Miller – Director of AHPs and Deputy to the Chief Nurse Kate Wright-Associate Chief AHP		
Purpose			
Presentation of the 2021-2022 SFHT Quality Account		**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**
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	**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	**X**
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	**X**

Committees/groups where this item has been presented before
Quality Committee June 2022

Executive Summary

Providers of NHS healthcare are required to publish a Quality Account (QA) each year as set out by the Health Act 2009, and in the terms set out in the National Health Service Regulations 2010 ('the Quality Accounts regulations').

NHS England and NHS Improvement require all NHS foundation trusts to produce quality reports as part of their annual reports. Quality reports help trusts improve public accountability for the quality of care they provide. The quality report incorporates all the requirements of the QA regulations as well as additional reporting requirements.

The process for producing QA remains the same as previous years with the following 4 exceptions for 2022 submission:

1. *NHS foundation trusts are no longer required to produce a Quality Report as part of their Annual Report. NHS foundation trusts will continue to produce a separate Quality Account for 2021-22.*
2. *There is no national requirement for NHS foundation trusts to obtain external auditor assurance on the quality account*
3. *The publication process has been amended. Providers must publish their Quality Accounts on their own websites by 30 June 2022 (not NHS Choices), and forward*

the link to quality-accounts@nhs.net (NHS providers) and QualityAccounts@dhsc.gov.uk (independent providers).

4. *Integrated Care Boards (ICBs) will assume Clinical Commissioning Group (CCG) responsibilities for the review and scrutiny of Quality Accounts, subject to the Health and Care Bill receiving Royal Assent.*

To obtain assurance, the authors have scrutinised and ratified the QA data. In addition to presenting the QA to the CCG (now ICB), the QA has been presented to Healthwatch and the Overview and Scrutiny Committee for comment. These comments are included in the final QA. The Medical Director, Chief Nurse and Non-executive lead have all been involved in the production of the QA.

The QA priorities for 2022/2023 were agreed with the launch of the 2022-2025 Quality Strategy. Priorities and were presented to Quality Committee and Council of Governors for agreement and approval prior to completion of the QA.

In line with the submission criteria. the QA were submitted on 30th June 2022 and published on the SFHT website. A link has been forward to NHS providers and the DOH to comply with submission and legislative requirements to be presented to parliament.
The Council of Governors are asked to:

- acknowledge the submission and completion of the SFHT 2021-2022 QA
- recommend the submission of the QA to the Annual General Meeting in September 2022.

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Audit & Assurance Committee Chair's Highlight Report to Council of Governors

Subject:	Audit & Assurance Committee (AAC) Report	**Date:** 9th August 2022
Prepared By:	Graham Ward – AAC Chair	
Approved By:		
Presented By:	Graham Ward – AAC Chair	

Purpose	
To provide Assurance to the Council of Governors regarding the activities of the Audit Assurance Committee. The Committee met on 21st July 2022, the meeting was quorate	**Assurance**

Matters of Concern or Key Risks to Escalate	**Major Actions Commissioned / Work Underway**
▪ Internal Audit – Implementation of internal audit recommendations is still problematic, though there are early signs of improvement. ▪ Internal Audit Limited Assurance Report (Contract Management) - The report and actions progress were presented by the Strategic Head of Procurement. The Committee took assurance from the planned actions against the three recommendations and the progress being made and will continue to monitor action implementation. ▪ Risk Committee – fragile corporate services had been highlighted as a new risk and a report is to be presented to Board.	▪ Non-Clinical Policies – there are still a number of these that are out of date across all executive directors and as a priority these need reviewing, updating as appropriate and approving. Executive directors will be asked to attend the next Audit Committee with an update on progress where still outstanding.
Positive Assurances to Provide	Decisions Made
▪ Counter Fraud – Actions are in place to support maintaining all 14 measures of the Functional Standard Requirement rated as Green for 2022/23. ▪ Internal Audit – 360 Assurance are developing a Divisional Governance Toolkit which will be rolled out across all divisions to measure and help further develop their governance processes	

▪ External Audit – KPMG presented the final External Audit Annual Report which will now be published on our website. ▪ Procurement – the Strategic Head of Procurement presented the annual procurement report which highlighted the strength of the department and the value it continues to deliver to the Trust. ▪ Clinical Audit – the annual report (which has also been presented to Quality Committee) was tabled. While a lot of disruption to reports has happened due to Covid good progress was evidenced. It was agreed that future reports would highlight progress from the previous years.	
Comments on Effectiveness of the Meeting	
▪ All papers were of a high quality and clear which helped the meeting run smoothly.	

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Quality Committee Chair's Highlight Report to Council of Governors

Subject:	Report from the Quality Committee	**Date:** 9th August 2022
Prepared By:	Barbara Brady, Non – Executive Director, Chair of QC	
Approved By:	Barbara Brady	
Presented By:	Dr Aly Rashid, Non – Executive Director and member of the Quality Committee	
Purpose		
To provide Assurance to the Council of Governors regarding the activities of the Quality Committee. The Committee met on 11th July 2022, the meeting was quorate		**Assurance**

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
▪ Negative impact of COVID-19 on clinical capacity resulting in poor attendance and limited contribution to key forums within the Trust e.g. Drug and Therapeutics Committee, GIRFT, and CYP Board (this has been temporarily suspended) ▪ Relocation of services due to COVD-19 related operational pressures has had an impact on patient care e.g. impact of discharge lounge relocation on vascular clinic ▪ Results of the Sentinel Stroke National Audit	▪ Deep Dive into Stroke services ▪ Review of how SFHT Quality Committee relates to Quality forum for Nottinghamshire ICS
Positive Assurances to Provide	**Decisions Made**
▪ PFI Quality Dashboard, with particular focus on water quality issues ▪ Progress on Medicines optimisation ▪ Clinical Audit programme and work to better align this programme with Clinical Effectiveness and Quality Strategy	▪ BAF PR1 & PR2 reviewed, overall risks remain the same. ▪ Terms of reference approved.
Comments on Effectiveness of the Meeting	
▪ Good discussion, debate and healthy challenge.	

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Finance Chair's Highlight Report to Council of Governors

Subject:	Finance Committee meeting	**Date:** 9th August 2022	
Prepared By:	Richard Mills, Chief Financial Officer		
Approved By:	Andrew Rose-Britton Non-Executive Director		
Presented By:	Andrew Rose-Britton Non-Executive Director		
Purpose			
This paper summarises the key highlights from the Finance Committee meeting held on 26th July 2022		**Assurance**	**Sufficient**

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
• Board Assurance Framework Principal Risk 4 remains at a score of 16 (Significant) in recognition of the financial risks facing the organisation.	• Recommendations of 2021/22 Contract Management internal audit to be actioned. • To review number of Finance Committee meetings for 2023. • Financial challenges: Deeper dives to be instigated to provide further assurance on financial risks.
Positive Assurances to Provide	**Decisions Made**
• The format of the Monthly Finance Report has been refreshed and the paper prompted a good conversation about pertinent issues. • A Procurement Forward View was shared, giving advanced notice of significant upcoming projects. • Positive action has been taken in response to the recommendations outlined in the 2021/22 Contract Management internal audit report. • The Trust is progressing its self-assessment against the HFMA Financial Sustainability report. • We are on track to complete and submit the National Costs Collection return in line with NHSE/I timescales.	• Sherwood Community Unit approval was confirmed. • The risk associated with Board Assurance Framework Principal Risk 4 was considered and maintained at 16, in recognition of the financial risks discussed. • Approved a funded case to support the development of a Community Diagnostics Centre (CDC). • To ensure that the committee recognised the need to align forecasts with operational pressures
Comments on Effectiveness of the Meeting	
The Committee felt the meeting was productive and the papers were well presented which enabled decisions to be made in a considered manner.	

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

People, Culture & Improvement Committee Chair's Highlight Report to Council of Governors

Subject:	People, Culture & Improvement Committee Highlight Report	**Date:** 4th August 2022	
Prepared By:	Manjeet Gill, Non-Executive Director		
Approved By:	Manjeet Gill, Non-Executive Director		
Presented By:	Manjeet Gill, Non-Executive Director		
Purpose			
		Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
Areas such as staff absence, mandatory training, appraisals and wellbeing continue to be key concerns and risks and a key part of the Committees focus. Following a review of PR3 and PR4 risks in the Board assurance framework, Committee decided to keep the same risk level and were assured they have greater visibility on some of the workforce capacity issues as a result of the work force planning analysis. Two areas of potential risks on the horizon are industrial action and impact of pensions. The Strategic Workforce Plan ongoing development shared the analysis by types of staff and divisions. The trajectory of staff leaving the Trust, versus staff recruited was projected as negative in most service areas, which informs the mitigations proposed and being taken. Further work is taking place with services on detailed actions to mitigate against, these future scenarios.	The People Culture and Improvement Strategy implementation will include further ongoing development of its measurable outcomes in areas such as rates of staff turnover and specific targets where protected characteristics show negative variations to the Trust wide outcome. The next Committee workshop will seek to develop a collective understanding and agreement on how assurance is given on measuring impact of strategy work. Estates scorecard requested to establish assurance on management of people in the service and by partner teams such as Medirest. This to be aligned with the PCI strategy metrics scorecard and presented to a future committee. The Equality Diversity and Inclusion strategy and work will receive regular updates to the committee. Leadership Development and Talent Management approach to incorporate medics and make greater links to EDI agenda. Further development of agency spend and controls in place to reduce

	agency usage, this work to be taken through the Medical and Nursing Taskforce meetings and to be presented back to the committee. The latest draft of the Strategic Workforce Plan was presented and more detail of the engagement taking place across the divisions was shared. The October Committee will receive the final plan.
Positive Assurances to Provide	**Decisions Made**
An update was presented regarding the work undertaken to implement the People, Culture and Improvement Strategy 2022-2025. The committee noted the work which has taken place to socialise and commence delivering the strategy. Positive assurance was received in various areas such as wellbeing, Employee relations, estates scorecard, external funding secured for collaborative work, Involvement Charter, QI Maturity Matrix and agency reporting dashboard. Update report on the People, Culture and Improvement Strategy highlighted the range of activity in the first quarter. A lot of good progress made. Positive assurance received regarding the 360 Audit Assurance report on the Equality, Diversity & Inclusion (EDI) agenda with its recommendations, actions taken and proposed. Equality impact assessment of the virtual wards project highlighted issues, mitigations and benefits and is to be aligned with the technology impact assessment for virtual wards.	Audit and Assurance Committee to be informed of the assurance received by this Committee and actions being taken regarding the audit report on Equality Diversity and equality strategy.

Comments on Effectiveness of the Meeting
The Committee's agenda has many important reports and items for assurance and the ongoing challenge is ensuring that enough time is given to a subject area as well doing this in an efficient and timely manner.

Sherwood Forest Hospitals
NHS Foundation Trust

Council of Governors - Cover Sheet

Subject:	Membership and Engagement Group	**Date:** 9th August 2022	
Prepared By:	Sue Holmes , Lead Governor		
Approved By:	Sue Holmes , Lead Governor		
Presented By:	Sue Holmes , Lead Governor		
Purpose			
To provide assurance to the Council of Governors regarding the activities of the Membership and Engagement Group. The report also incorporates feedback from the Governor Forum		**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**

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

N/A

Executive Summary

A well-attended meeting with a lot of lively discussions.

There was a very interesting presentation on the work being carried out on the Bellamy Road Estate.

Engagement with young people was discussed and the idea of appointing 'Young advisors' to CoG. The Governor vacancies were discussed and proposals were made that are listed in the Lead Governor report.

There was a great deal of discussion about Justin Wyatt's 'Virtual Ward' questionnaire with many suggestions as to how to get a wide range of people to complete it.

Engaging with the wider population was discussed and it was proposed that we attend the following local shows/events

Event	Date
Mansfield Woodhouse Party in the Park	27th August 2022
Ashfield Day	27th August 2022 12-8pm
Flintham Show	22nd September 2022
Southwell ploughing match	24th September 2022

The purpose being to engage with people, to encourage them to join our membership – with email addresses of course – and to interest them in standing for election as a governor. If the 'Virtual Ward' questionnaire is still current, we can encourage completion of this and generally do a 'Meet your governor' event to collect any opinions on 'What we could do better'. This is a good way to begin as governors can attend in pairs or teams and support each other in their first events.

To date, I am waiting to see how many governors will commit to any of these events before we can proceed with detailed plans. Comms. are assisting and enabling us.

We did manage 'Meet your Governor' in June with many governors attending for the first time. Although we do talk to many people and are very happy that they are generally very pleased with our services and their treatment, I do not feel we are getting representative views from across our constituencies. I have, therefore, asked governors to find out about local groups, whether they be OAPs, food clubs, SureStart type groups, etc so that we can get out and about more. I also think that it is a good idea for Governors to join their own GP's Patient Participation Group – indeed one long standing governor was instrumental in setting one up. This is a very good forum to collect views.

Sherwood Forest Hospitals NHS Foundation Trust

Council of Governors - Cover Sheet

Subject:	Non-Executive Directors Appraisal outcome 2021/22 and objectives 2022/23	**Date:**	9th August 2022
Prepared By:	Claire Ward, Chair		
Approved By:			
Presented By:	Claire Ward, Chair		

Purpose		
To approve the recommendation of the Chair in respect of the appraisals for the Non-Executive Directors.	**Approval**	x
	Assurance	
	Update	
	Consider	

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
X	X	X	X	

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

Executive Summary

This year continued to be a challenging time for the organisation and required NEDs to adapt their engagement due to restrictions on face-to-face meetings and attendance across our sites. It has also been a period of significant change for the board with approaching half of the positions either being vacated as people moved to new opportunities or being held by those in acting or interim roles. As I prepare this report in advance of the August Board, I am delighted to note we have a full team of substantive Executives and Non-Executives in place.

During this year, we sadly said goodbye to Tim Reddish and Neal Gossage but were delighted to be joined by three new Non-Executive Directors – Steve Banks, Dr Aly Rashid and Andrew Rose Britton. Appraisals for these three NEDs will take place next year. During the period when we were at a reduced number of NEDs, our longer serving colleagues – Graham Ward, Barbara Brady and Manjeet Gill stepped up to cover any gaps in committees and attendance and I am grateful to them for the flexibility and their ongoing support.

For a short period, we were able to return to in person board and committee meetings. This was welcomed and contributed to the ability for board members to get to know each other. There was also an opportunity for the return of visits to clinical and non-clinical areas, with some 15 step programme engagements which are an important part of the NEDs ability to gain assurance and oversight of the organisation and its activities. Unfortunately, due to a rise in covid over the summer, those meetings have returned to online, and visits have been curtailed. We look forward to those returning as soon as it is safe to do so.

As Chair, I have also relied upon NEDs to consider how they may engage at a system level. We have recently been invited to participate in meetings across the Provider Collaborative and the Nottingham and Nottinghamshire system. Again, NEDs have been willing to give additional time to those commitments which I believe will greatly assist SFHT and the wider NHS to provide the best services to our patients.

In the coming year NEDs will contribute and help shape our strategic plan and how we will meet the challenges facing the NHS which are considerably different to those which we faced pre pandemic. In previous years, summer was an opportunity for colleagues and the organisation to have a different pace between winter pressures. This year demand has continued to grow, and the pressures have not reduced. NEDs will need to support executive colleagues as we consider how best to prepare for greater challenges in coming months.

We have an excellent range of NEDs who bring a wide range of expertise and experience to our board, and I look forward to continuing to work with them.

1. Overview of NED Objectives for 2022/23

General objectives were agreed with each NED as follows:

- Participate fully and contribute to the Board
- Hold the executives to account through challenging and seeking evidence to triangulate the views of the executives and information presented at the Board
- Participate in discussion and formulation of strategy, cultural and OD
- Participate in 15 step quality walks, complaints reviews and other activities
- Ensure the Board outward looking and takes a lead across the health and social care system.
- Engage with system leaders and others where possible and appropriate
- Work with Governors through attendance as agreed at Council meetings
- Work with colleagues to support the CEO and EDs with the changes in the Executive Team.

In addition, individual objectives were agreed as follows:

Name	NED Specific Objectives
Barbara Brady	1. Senior Independent director 2. Lead NED for whistleblowing and Freedom to Speak Up 3. Chair Quality Committee and ensuring that in restoring and recovering services we continue to provide safe services 4. Remain up to date and engaged in the developments around the ICS and Provider Collaboratives to support and inform SFH Strategic objectives 5. Contribute to the discussions and development of the Place Based Partnership and the focus on health inequalities. 6. Member of Audit and Assurance and Charitable Funds committees 7. Member of Remuneration Committee 8. Lead NED End of Life and Population Health management
Manjeet Gill	1. Continue to Chair the People and Culture committee and to be a member of the Finance committee. Will be a reserve for the Quality Committee. Remain as a member of the Audit and Assurance Committee and Remuneration Committee. 2. Through membership of both finance and People and Culture committee, consider how the strategic objectives of both committees can be developed for SFH and system wide learning. 3. Develop the network and learning from EDI links nationally and bring benefits to SFH role

	4. Build an active relationship with the chairs of workforce/people committees in partner organisations in the Provider Collaborative. 5. Support the new Director of People and provide counsel as appropriate 6. To take part in site visits across the Trust and to a range of services, including 15 steps programme.
Graham Ward	1. To continue as Vice Chair of the board and provide support where needed to the Chair. 2. To Chair the Remuneration Committee. 3. To continue to Chair Audit Committee and be a member of Finance Committee and Charitable Funds 4. To support the new Board members, both NED and Executive as we build a new team. To continue the work of mentoring other NEDs to understand the issues around estates and PFI so that we secure this knowledge and skill for the future. 5. To share any appropriate learning and knowledge from role as Chair at QEII NHS Trust
	For Reference – new NEDs roles will be reviewed again at the end of the year.
Steve Banks	1. Chair of Charitable Funds 2. Member of People and Culture Committee 3. Member of Audit Committee 4. Taking on the role of NED lead on Estates and PFI with the support of Graham Ward
Dr Aly Rashid	1. Member of Quality Committee
Andrew Rose Britton	1. Chair of Finance Committee 2. Member of People Culture and Improvement Committee
Dr Andy Haynes	1. Special Adviser to the Board and Chair 2. Attend Quality Committee 3. Attend People Culture and Improvement committee 4. To provide advice and focus on system working with specific reference to Place Based Partnership and tackling health inequalities.

Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

CONSTITUTION

OF

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

(A Public Benefit Corporation)

Approved from February 2007

Further revised version August ~~2020~~2022

Draft amended constitution - version control

Version 1 - Shirley Higginbotham 26 Jul 2022

Version 2 - Browne Jacobson 5 Aug 2022

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

CONSTITUTION

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

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

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

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

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

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

1 Definitions

In this Constitution:

2006 Act - means the National Health Service Act ~~2006;~~2006.

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

2022 Act – means the Health and Care Act 2022.

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

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

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

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

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

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

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

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

~~CCG~~ PBP - means Mid Nottinghamshire Place Based Partnership ~~Nottingham and Nottinghamshire CCG;~~

~~CCG~~ PBP Governor - means the ~~governor~~ Appointed Governor appointed by the ~~CCG~~ PBP pursuant to paragraph ~~7.5.1;~~7.5.1.

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

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

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

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

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

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

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

Constitution - means this Constitution together with its ~~annexes;~~annexes.

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

Director - means an Executive or Non-Executive ~~Director;~~Director.

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

Model Election Rules - means the election rules set out at Annex 3 of the Constitution as may be amended from time to ~~time;~~time.

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

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

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

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

Governor - means a member of the Council of Governors

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

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

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

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

~~Independent Regulator - means the independent regulator of NHS foundation trusts known as "Monitor" as provided by section 61 of the 2012 Act, Monitor is now part of NHS Improvement~~

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

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

Local Authority Governor - means ~~a member of the Council of Governors~~the Appointed Governor appointed pursuant to paragraph 7.7 by a Local ~~Authority;~~Authority.

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

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

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

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

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

Other Partnership Governor - means ~~a member of the Council of Governors~~the Appointed Governor appointed by an Other Partnership Organisation pursuant to paragraph ~~7.8;~~7.8.

Other Partnership Organisation – means West Nottinghamshire College~~;~~.

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

Public Constituency - means ~~the constituency made up of the Public Constituency Classes;~~Classes. one of the Public Constituencies as set out in Annex 1 and "Public Constituency" shall be construed accordingly.

~~Public Constituency Class - means the classes making up the Public Constituency as set out in Annex 1 and "Public Constituency Classes" shall be construed accordingly;~~accordingly.

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

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

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

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

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

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

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

~~Staff Class - one of the classes for the Staff Constituency as set out in Annex 2 and "Staff Classes" shall be construed accordingly;~~.

Staff Constituency - means the constituency of the Trust ~~comprising the Staff Classes~~ as referred to Annex ~~2;~~2.

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

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

Trust - means the Sherwood Forest Hospitals NHS Foundation ~~Trust;~~Trust.

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

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

~~Volunteer - means an individual who carries out functions on behalf of the Trust on a voluntary basis as set out in paragraph 6.3;~~

~~Volunteer Class - means the volunteer class as set out in paragraph 6.3 which form part of the Staff Constituency;~~

Volunteer Governor – ~~means a governor appointed from the Volunteer Class~~means the Appointed Governor appointed by the Sherwood Forest Volunteers.

2 Name

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

3 Principal Purpose

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

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

4 Other Purposes

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

4.1.1 provide goods and services for any purposes related to:

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

4.1.1.2 the promotion and protection of public ~~health;~~health.

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

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

5 Powers

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

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

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

6 Members and constituencies

6.1 Constituencies

6.1.1 The Trust ~~has two Constituencies, namely~~shall have members each of whom shall be a member of one of the following constituencies:

6.1.1.1 ~~the~~ a Public Constituency; and

6.1.1.2 the Staff Constituency.

6.2 Public Constituency

6.2.1 Subject to paragraph 6.5 an individual is eligible to become a member of ~~the~~ a Public Constituency ~~and therefore a Public Constituency Class~~ if they:

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

6.2.1.2 are not a member of another Public Constituency ~~Class;~~Class.

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

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

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

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

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

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

6.3 Staff Constituency

~~6.3.1~~ Subject to paragraphs 6.3.2 and 6.5 individuals are eligible to become members of the Staff Constituency if they are at least 16 years old and~~:~~

6.3.1 ~~6.3.1.1~~ they are employed by the Trust under a contract of employment (other than as a Non-Executive Director);

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~~Or~~

~~6.3.1.2 they are a Volunteer.~~

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

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~~6.3.2~~6.3.3 An individual is only eligible to become a member of the Staff Constituency under paragraph 6.3.1 above if they satisfy the minimum duration requirements set out in 3(3) of Schedule 7 to the 2006 Act, that is to say:

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

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

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

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

6.3.2.2 ~~In the case of those qualifying under paragraph 6.3.1.2 above, they have been:~~

~~(b) engaged as a Volunteer.~~

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~~and have exercised functions on behalf of the Trust, continuously for a period of at least 12 months.~~

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6.3.2.3 For the purposes of paragraphs 6.3.2.1 ~~and 6.3.2.2~~ Chapter 1 of Part 14 of the Employment Rights Act 1996 shall apply for the purposes of determining whether the individual has been continuously employed by the Trust or has continually exercised functions on behalf of the Trust.

~~6.3.3~~6.3.4 An individual who is:

6.3.3.1 eligible to become a member of the Staff Constituency who qualifies under paragraph 6.3.1.1 ~~or who qualifies under paragraph 6.3.1.2;~~ and

6.3.3.2 is invited by the Trust to become a member of the Staff Constituency ~~and appropriate Staff Class~~Staff Class ~~within the Staff Constituency.~~

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

~~6.3.4~~6.3.5 On receipt of an application for Membership for those qualifying for membership of the Trust and subject to being satisfied that the applicant is eligible, the Trust Secretary shall cause the applicant's name to be entered in the Trust's register of Members.

~~6.3.5~~6.3.6 Those individuals who are eligible for Membership by reason of the provisions set out in this paragraph 6.3 are referred to collectively as the "Staff Constituency".

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

6.4 ~~Staff Constituency: Classes~~Not used

~~6.4.1 The Staff Constituency shall be divided into 6 descriptions of individuals who are eligible for membership of the Staff Constituency, each description shall consist of individuals being specified within Annex 2 and being referred to as a class within the Staff Constituency.~~

~~6.4.2 Individuals who are eligible to be a member of the Staff Constituency may not become or continue as a Member of more than one Staff Class, and individuals who are eligible to join more than one Staff Class shall be allocated to the Staff Class for which they are primarily employed or engaged.~~

~~6.4.3 Any individual who is both a Volunteer and employed by the Trust shall be assigned to the Staff Class for which they are primarily employed or engaged.~~

~~6.4.4 The minimum number of Members of each~~for the Staff Constituency ~~Class is set out in column 3 of Annex 2.~~

6.5 Disqualification for Membership

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

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

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

6.5.2 It is the responsibility of each Member to ensure their eligibility for membership. If the Trust is on notice that a Member may no longer be eligible to be a Member, the Trust shall carry out such reasonable enquiries as it considers necessary to establish if this is the case and shall invite the Member concerned to comment on its findings (within 14 days), and following receipt of any comments or expiry of that 14 day period (whichever occurs first) the Trust Secretary shall decide whether such Member should be disqualified.

6.6 Termination of Membership

6.6.1 A Member shall cease to be a Member if they

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

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

6.7 Voting at Governor Elections

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

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

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

6.8 Annual Members' Meeting

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

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

6.8.2.1 the Annual ~~Accounts;~~Accounts.

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

6.8.2.3 the Annual Report.

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

6.8.4 In accordance with paragraph 20.3 where an amendment has been made to the Constitution in relation the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as a part of the Trust), Members shall be given an opportunity to vote at the Annual Members' Meeting on whether they approve the amendment which shall be presented to that meeting by at least one Governor.

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

7 Council of Governors

7.1 Composition

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

7.1.2 The composition of the Council of Governors shall be:

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

7.1.2.2 ~~six (6)~~Three (3) Staff Governors representing the Staff ~~Classes~~ Constituency as set out in Annex 2;

7.1.2.3 one (1) ~~CCG~~ PBP Governor;

7.1.2.4 one (1) ~~appointed~~ Volunteer Governor.

7.1.2.5 four (4) Local Authority Governors; and

7.1.2.6 one (1) Other Partnership Governor.

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

7.2 Governor Elections

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

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

Commented [CD1]: BJ comment: delete one of Single Transferable Vote / First Past the Post.

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

~~7.2.2~~7.2.4 A subsequent variation to the Model Election Rules to reflect a change by NHS Providers ~~to the Independent Regulator's Model Election Rules~~ shall not constitute a variation of the terms of this Constitution for the purposes of paragraph 20.1.

~~7.2.3~~7.2.5 The Model Election Rules provide for arrangements to be made to assist those persons requiring assistance to vote.

~~7.2.4~~7.2.6 Members:

7.2.4.1 standing for; and/or

7.2.4.2 voting in.

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

~~7.2.5~~7.2.7 Where an election is contested, the election shall be by secret ballot.

7.3 Public Governors

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

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

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

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

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

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

7.4 Staff Governors

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

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

~~7.4.31.1.1 The Model Election Rules, including the specified forms of and periods for declarations to be made by candidates standing for office and Members as a condition of voting and the process if the election is uncontested, are set out in Annex 3.~~

7.5 ~~CCG~~ PBP Governors

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

7.6 ~~Appointed~~ Volunteer Governor

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

7.7 Local Authority Governors

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

7.7.1.1 the leader of the relevant ~~council;~~council.

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

7.8 Other Partnership Governors

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

7.9 Transition arrangements

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

7.9.2 Where the Trust Secretary receives notice from an Elected Governor, pursuant to paragraph 7.8.1, that they believe they are no longer eligible to hold office (or the Trust Secretary otherwise becomes aware that the Elected Governor is no longer eligible to hold office) the Trust

Secretary shall notify the Elected Governor that their position is suspended with immediate effect and shall ask the Governor if they:

7.9.2.1 wish to stand down as a ~~Governor;~~Governor: and

7.9.3 Where the Elected Governor confirms in writing they:

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

7.10 Terms of Office

7.10.1 Elected Governors:

7.10.1.1 shall be elected for a period of 3 ~~years;~~years.

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

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

7.10.1.4 ~~shall cease to hold office if they cease to be a member of the Constituency (or relevant class within a Constituency) by which they were elected or in any other situation specified in this Constitution.~~

Commented [HS(FHNFT2]: Do we just temporarily remove this section whilst we agree the public constituencies

Commented [CD3R2]: BJ comment: this provision is not needed at all because it duplicates 7.12.3.1 and 7.12.4.1.

7.10.2 Appointed Governors:

7.10.2.1 shall be appointed for a period of 3 years.

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

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

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

7.10.2.5 Governors must comply with the Trust's:

7.10.2.5.1 ~~Constitution;~~Constitution.

7.10.2.5.2 Standing Orders for the Council of ~~Governors;~~Governors.

7.10.2.5.3 Code of Conduct for Governors; and

7.10.2.5.4 Policies.

7.11 Termination of Tenure

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

7.11.2 A Governor's tenure:

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

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

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

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

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

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

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

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

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

7.12 Suspension and disqualification from office

7.12.1 Where a Staff Governor ~~(who is not a Volunteer)~~ has been:

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

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

their term of office as Governor may be suspended by the Council of Governors for such period of time as the Council of Governors deems fit and so as to enable, if necessary, an investigation to be carried out to determine whether or not the tenure of that Staff Governor should then be terminated. The Staff Governor in question may submit reasons to the Council of Governors as to why they should still be eligible to continue as a Staff Governor and the Council of Governors shall decide whether to terminate the Governor's term of office and such determination of the Council of Governors shall be final.

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

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

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

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

Commented [HS(FHNFT4]: Sue H - concerns re this being a barrier to some people in our local communities

This paragraph is in the model constitution for Foundation Trusts

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

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

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7.12.2.6 are under 16 years of ~~age;~~age.

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

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

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

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

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

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

7.12.2.13 is a member of Healthwatch; or

7.12.2.14 has contravened any other provision of this Constitution.

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

7.12.3.1 they cease to be a Member of ~~the~~a Public Constituency ~~(or Public Constituency Class) for which they were elected~~; or

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

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

7.12.4.1 they cease to be a Member of the Staff Constituency ~~(or Staff Class) for which they were elected~~; or

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

Commented [HS(FHNFT5]: ???? this caused issues with the elections as ESR doesn't distinguish who is employed on a temporary contract

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

7.12.6 If an Elected or Appointed Governor ceases to be eligible to hold such office because grounds for disqualification exist pursuant to paragraph 7.12 (other than under paragraph 7.12.1 and paragraph

7.11.2), they shall immediately notify the Trust Secretary in writing of the circumstances.

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

7.13 Consequences of termination of tenure

7.13.1 Where a Governor:

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

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

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

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

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

7.14 Vacancies

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

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

7.14.1.2 the ~~CCG~~ PBP Governor, the Local Authority Governor, ~~and~~ , the Partnership Governor and the Volunteer Governor shall be replaced in accordance with the processes set out in paragraphs 7.5 - ~~7.7~~7.8.

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

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

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

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

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

7.15 Roles and Responsibilities of Governors

7.15.1 The general duties of the Council of Governors are:

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

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

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

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

7.15.2.1 at a General Meeting:

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

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

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

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

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

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

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

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

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

7.15.2.6 to hold the Non-executives accountable for the monitoring of the activities of Executive Directors who have wider roles across the local health system, to ensure focus on the strategic objectives of the Trust and alignment with the strategic objectives of the local health system.

7.16 Council of Governors - Further Provisions

7.16.1 Expenses

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

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

7.16.2 Remuneration

Governors are not entitled to receive remuneration for their role.

7.16.3 Meetings

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

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

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

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

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

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

7.16.4 Committees and Sub-Committees

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

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

7.16.5 Conflicts of Interests of Governors

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

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

7.16.6 Referral to the Panel

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

7.16.6.1 to act in accordance with the Constitution; or

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

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

In this paragraph, the Panel means a panel of persons appointed by ~~Independent Regulator~~NHSE to which a Governor of the Trust may refer a question ~~as set out in 7.15.2.7 and 7.15.2.8~~

7.16.7 Engagement Policy

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

8 Board of Directors

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

8.2 The Board of Directors shall comprise the following:

8.2.1 the Chair (a Non-Executive Director);

8.2.2 at least 5 other Non-Executive Directors;

8.2.3 the Chief Executive (an Executive Director);

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

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

8.3 One of the Executive Directors is to be:

8.3.1 a Registered Medical Practitioner or Registered Dentist; and

8.3.2 a Registered Nurse or Registered Midwife.

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

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

8.5.1 Appointment and removal of Non-Executive Directors.

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

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

8.5.1.3 The Council of Governors shall establish the CoG's Nominations Committee (comprising the Chair, four Public Governors, one Staff Governor and one Appointed Governor)

to consider candidates for appointment as Non-Executive Directors against an agreed job specification.

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

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

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

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

8.5.2 Appointment and removal of Executive Directors

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

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

8.6 Terms of Office

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

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

8.6.3 Non-Executive Directors:

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

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

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

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

a) annual re-appointment; or

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

8.6.4 The Directors shall comply with the Trust's:

8.6.4.1 ~~Constitution;~~Constitution.

~~8.6.4.2 Standing~~8.6.4.2 Standing Orders for the Board of Directors;

8.6.4.3 Code of Conduct for Directors; and

8.6.4.4 Policies.

8.7 Disqualification

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

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

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

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

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

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

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

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

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

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

(b) suspend them from office; or

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

for a specified ~~period;~~period.

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

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

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

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

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

8.7.1.14 The Board of Directors may in their discretion appoint a Committee of the Board of Directors to enquire into any such matter as may be raised in connection with paragraph 8.7.1 ~~and/or 8.7.2~~ above in accordance with terms of reference as determined by the Board of Directors and to make recommendations to the Board of Directors in respect thereof.

8.8 Duties, Roles and Responsibilities

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

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

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

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

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

9 Meetings of Directors

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

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

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

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

10 Conflicts of Interest of Directors

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

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

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

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

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

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

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

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

10.4.1 the Trust; or

10.4.2 a person acting on its behalf.

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

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

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

10.8 A Director need not declare an interest:

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

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

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

~~10.8.3.1 by~~10.8.3.1 by a meeting of the Board of Directors, or

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

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

11 Registers

11.1 The Trust is to have:

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

11.1.2 a register of members of the Council of ~~Governors;~~Governors.

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

11.1.4 a register of Directors; and

11.1.5 a register of interests of the Directors.

11.2 The Trust Secretary shall admit to the:

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

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

11.3 The Trust Secretary shall remove from the:

11.3.1 Register of Members any Member:

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

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

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

11.3.2 Register of Governors those Governors:

11.3.2.1 who have not been ~~re-elected;~~re-elected.

11.3.2.2 who have had their appointment ~~withdrawn;~~withdrawn.

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

11.3.2.4 who are otherwise disqualified from office.

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

12 Public Documents

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

12.1.1 a copy of the current ~~Constitution;~~Constitution.

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

12.1.3 a copy of the latest Annual Report.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 Auditor

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

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

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

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

14 Accounts

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

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

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

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

14.4.1 the ~~accounts;~~accounts.

14.4.2 the records relating to them; and

14.4.3 any report of the Auditor on them.

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

14.5.1 the accounts kept by the ~~Trustees;~~Trustees.

14.5.2 any records relating to them; and

14.5.3 any report of an auditor on them.

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

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

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

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

14.8.2 the audit requirements of any such accounts.

14.9 the Trust must:

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

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

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

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

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

15 Annual Reports, Forward Plans and Non-NHS Work

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

15.2 The Annual Report shall contain:

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

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

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

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

15.2.5 any other information the ~~Independent Regulator~~NHSE requires.

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

15.3.1 the form of the Annual ~~Reports;~~Reports.

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

15.3.3 the periods to which the Annual Reports are to relate

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

15.5 Each forward plan must include information about -

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

15.5.2 the income it expects to receive from doing so.

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

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

15.6.2 notify the Directors of the Trust of its determination.

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

16 Mergers, Significant Transactions and other transaction requirements

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

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

16.3 "Significant Transaction" means:

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

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

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

16.4 For the purpose of this paragraph 16:

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

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

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

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

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

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

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

17 Indemnity

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

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

18 Instruments and acts of the Trust etc.

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

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

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

19 Engagement

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

20 Amendment of the Constitution

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

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

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

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

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

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

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

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

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

Annex 1: PUBLIC CONSTITUENCIES OF THE TRUST

NAME OF CONSTITUENCY	AREA	MINIMUM NUMBER OF MEMBERS	NUMBER OF GOVERNORS
~~Ashfield~~Rest of East Midlands	All Wards of Ashfield District Council, plus the Wards of: Newstead Abbey Ward from Gedling District Council All wards of Mansfield District Council, plus the Ward of Welbeck, from Bassetlaw District Council Any area within an electoral constituency of the East Midlands region not covered above. In geographical terms ,this covers the local authority districts across the rest of Nottinghamshire, Derbyshire Rutland, Lincolnshire, Leicestershire, Northamptonshire	50 ~~(Total Pop. 135,353)~~	410
~~Mansfield~~	~~All wards of Mansfield District Council, plus the Ward of Welbeck, from Bassetlaw District Council~~	~~50~~ ~~(Total Pop. 110,849)~~	~~4~~

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~~Newark & Sherwood~~Newark Hospital Constituency	~~All Wards of Newark & Sherwood District Council, plus the Wards of:· Tuxford and Trent, from Bassetlaw District Council; and the Wards of: Loveden Heath from South Kesteven District Council; and the Wards of: Bingham East; Bingham West;· Cranmer; and Thoroton; from Rushcliffe District Council~~ All Wards of Newark & Sherwood District Council, plus the Wards of:· Tuxford and Trent, from Bassetlaw District Council; and the Wards of: Loveden Heath from South Kesteven District Council; and the Wards of: Bingham East; Bingham West;· Cranmer; and Thoroton; from Rushcliffe District Council	50 ~~(Total Pop. 145,018)~~	4

Rest of East Midlands	Any area within an electoral constituency of the East Midlands region not covered above. In geographical terms ,this covers the local authority districts across the rest of Nottinghamshire, Derbyshire Rutland, Lincolnshire, Leicestershire, Northamptonshire All members within this new public constituency area, and no other people who are ineligible to vote, have been included in these elections.	**500** **(Total pop 3,175,146).**	2
Totals	**Population**	**3,642,037**	
	Minimum Membership	**680**	
	Public Governors		**14**

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

Annex 2: Staff Constituency

~~**Staff Classes**~~

~~1. There shall be 12 Staff Classes as follows:~~

~~2. The King's Mill Hospital Class being:~~

~~a. those staff employed primarily at, King's Mill Hospital and Mansfield Community Hospital; and Newark Hospital and~~

~~b. staff who provide community services or exercise corporate functions for the Trust but who are not employed at any Hospital;~~

~~3. The "Newark Hospital Class" being those staff employed primarily at Newark Hospital;~~

1. The minimum number of Members required for ~~each Staff Class~~ the Staff Constituency shall be: 950.

~~4.~~

~~a. King's Mill Hospital & Mansfield Community Hospital Class – 850~~

~~b. Newark Hospital Class - 100~~

~~5.~~2. The Staff ~~Classes~~ Constituency shall be entitled to elect ~~the following number of~~three Governors:

~~6. three~~two ~~(3~~2) ~~elected by the King's Mill Hospital Class;~~

~~7. one (1) elected by the Newark Hospital Class;~~

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Annex 3 – Model Election Rules

Annex 4 – Board of Directors Standing Orders

Annex 5 – Council of Governors Standing Orders

Sherwood Forest Hospitals NHS Foundation Trust

Council of Governors

Subject:	Revisions to Constitution	**Date**: 9th August 2022	
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs		
Approved By:	Shirley A Higginbotham, Director of Corporate Affairs		
Presented By:	Shirley A Higginbotham, Director of Corporate Affairs		
Purpose			
To receive and approve the amendments to the Trusts Constitution		**Approval**	x
		Assurance	
		Update	
		Consider	

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
x	x	x	x	x

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

Committees/groups where this item has been presented before

Discussed at the Constitution Working Group meeting 28th June 2022, and Membership and Engagement Committee 12th July 2022

Executive Summary

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

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

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

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

Council of Governors

Subject: Revisions to Trust Constitution **Date:** 9th August 2022
Prepared by: Shirley A Higginbotham, Director of Corporate Affairs
Approved by: Shirley A Higginbotham, Director of Corporate Affairs
Presented by: Shirley A Higginbotham, Director of Corporate Affairs

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

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

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

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

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

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

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

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

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

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

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

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

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

In order for the Governors recently elected to remain in post paragraph 7.10.1.4 is also deleted temporarily, until all Governors are elected by their new constituency. This will be in three years' time.

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

20 Amendment of the Constitution

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

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

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

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

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

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

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

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

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

Sherwood Forest Hospitals NHS Foundation Trust

Council of Governors

Subject:	Governor Elections	**Date**: 9th August 2022	
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs		
Approved By:	Shirley A Higginbotham, Director of Corporate Affairs		
Presented By:	Shirley A Higginbotham, Director of Corporate Affairs		
Purpose			
To consider and approve Governor Elections which align with then new constituencies		**Approval**	x
		Assurance	
		Update	
		Consider	

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
x	x	x	x	x

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

Committees/groups where this item has been presented before

N/A

Executive Summary

The recent Governor elections did not result in all vacant posts being filled.

The Constitution has been revised with a view to encouraging more members to stand for election.

The current structure of the Council of Governors, which includes only 10 public governors could result in the meeting not being quorate as the 2006 Act states that more than 50% of those in attendance must be public governors.

It is therefore proposed to hold Governor Elections in the Autumn of 2022 to align to the revised Constituencies.

Council of Governors

Subject: Governor Elections **Date:** 9th August 2022
Prepared by: Shirley A Higginbotham, Director of Corporate Affairs
Approved by: Shirley A Higginbotham, Director of Corporate Affairs
Presented by: Shirley A Higginbotham, Director of Corporate Affairs

The Trust held Governor elections earlier this year, not all posts were filled, and the Constitution has been revised to amend the Constituencies to Newark and Sherwood Public Constituency, Rest of East Midlands Public Constituency and Staff constituency across the Trust, not site specific.

The Council of Governors currently has four public governor vacancies and one staff governor vacancy.

The quoracy for the Council of Governors, as the 2006 Act states, is that more than 50% of those in attendance should be public governors. Currently the structure of the Council of Governors is:

10 public Governors
2 staff Governors
7 appointed governors

Totalling 19 governors, there is a risk, future meetings, of the Council of Governors may not be quorate, if a number of apologies are received from public governors.

It is therefore proposed to hold Governor elections in the Autumn of 2022, which align with the revised Constituencies.

Sherwood Forest Hospitals NHS Foundation Trust

Council of Governors

Subject:	Covid-19 Inquiry - Process	**Date**: 9th August 2022	
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs		
Approved By:	Shirley A Higginbotham, Director of Corporate Affairs		
Presented By:	Shirley A Higginbotham, Director of Corporate Affairs		
Purpose			
The purpose of this paper is for the to receive assurance regarding the process the Trust is undertaking in response to the publication of the Covid-19 Inquiry Terms of Reference		**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	X19	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	x
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	x

Committees/groups where this item has been presented before

N/A

Executive Summary

The Government announced in May 2021 there would be an independent public inquiry into the governments handling of the Covid-19 pandemic.

At the announcement of the Inquiry the Trust developed a Covid-19 Inquiry working group, the first meeting was July 2021. The Director of Corporate Affairs is the Chair of the group.

The working group met twice during 2021 to ensure the preservation order was enacted and was then temporarily paused awaiting confirmation of the Terms of Reference.

The Terms of Reference for the Inquiry were published in June 2022 and the working group has had a meeting in July to identify areas of focus.

On 21st July 2022 the Covid-19 Inquiry launched its first investigation, identifying three modules, the public hearings for the first two modules will take place in the spring and summer of 2023.

The third module will focus on healthcare systems, timings for this module will be published in the coming weeks.

Subject: Covid-19 Inquiry - Process **Date:** 9th August 2022
Prepared By: Shirley A Higginbotham, Director of Corporate Affairs

The Government announced in May 2021 there would be an independent public inquiry into the government's handling of the Covid-19 pandemic. The Chair of the inquiry, Baroness Heather Hallett was appointed in December 2021, the Terms of Reference were consulted on, and the final version published on 28 June 2022.

At the announcement of the Inquiry the Trust developed a Covid-19 Inquiry working group, the first meeting was July 2021. The Director of Corporate Affairs is the Chair of the group.

The first task was to implement a preservation order, to ensure no documents were destroyed. Also, all staff who were involved in any Covid 19 meetings or correspondence and were leaving were asked to leave their contact details should they be required for anything in relation to the inquiry.

The working group met twice during 2021 to ensure the preservation order was enacted and was then temporarily paused awaiting confirmation of the Terms of Reference. These have now been re-instated and the latest meeting was in July 2022.

The Terms of Reference identify the aims of the Inquiry as:

Aim 1 Examine the Covid-19 response and the impact of the pandemic in England, Wales, Scotland and Northern Ireland and produce a factual narrative account, including:

- The public health response across the whole of the UK
- The response of the health and care sector across the UK
- The economic response to the pandemic and its impact, including governmental interventions

Aim 2 Identify the lessons to be learned from the above, to inform preparations for future pandemics across the UK

A link to the full Terms of Refence is here UK COVID-19 Inquiry: terms of reference - GOV.UK (www.gov.uk)

The key areas of focus for the group, as identified in the Terms of Refence are:

The Public health response across the whole of the UK

a) Preparedness and resilience
b) How decisions were made, communicated, recorded and implemented
c) The impact on health and care sector workers and other key workers
d) The safeguarding of public funds and the management of financial risk. – Covid-19 expenditure details

The response of the health and care sector across the UK

a) Preparedness, initial capacity and the ability to increase capacity and resilience – Documentation as b) above.
b) The management of the pandemic in hospitals, including infection prevention and control, triage, critical care capacity, the discharge of patients, the use of Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions, the approach to palliative care, workforce testing, changes to inspections and the impact on staff and staffing levels.

c) Antenatal and post-natal care
d) The procurement and distribution of key equipment and supplies, including PPE and ventilators
e) The development, delivery and impact of therapeutics and vaccines
f) The consequences of the pandemic on provision for non-Covid related conditions and needs
g) Provision for those experiencing long-Covid

The group are collating and reviewing:

- Business Continuity Plans.
- documentation from the Incident Control Team meetings and other governance meetings, including the executive team meetings and decisions and the items reviewed discussed and approved at Board of Director meetings.
- Health and well-being support offers to staff and volunteers.
- Covid-19 expenditure details

These areas of focus may expand as the inquiry progresses.

On 21st July 2022 the Covid-19 Inquiry launched its first investigation, identifying three modules

Module 1 – which opened on 21st July will examine the resilience and preparedness of the UK for the coronavirus pandemic

Module 2 – will be split and will examine core political and administrative governance and decision making by the UK government. Modules 2A, 2B and 2C will address the same overarching and strategic issues from the perspective of Scotland, Wales and Northern Ireland.

Module 3 – will investigate the impact of Covid, and the governmental and societal responses to it on healthcare systems, including on patients, hospital and other healthcare workers and staff.

Procedural hearing for Modules 1 and 2 will begin in September and October 2022, with public hearings for Module 1 commencing in spring 2023 and summer 2023 for Module 2. The timings for Module 3 will be released in the next few weeks.

Further modules will be announced in 2023 and these are expected to cover both the system and impact of issues including: Vaccines, therapeutics, anti-viral treatment, the care sector, Government procurement, Personal Protective Equipment (PPE), testing and tracing, Government business and financial response; health inequalities and the impact of Covid-19 on education, children and young people and the impact of Covid-19 on other sectors.

The Chair of the Inquiry has pledged to deliver reports with analysis, findings and recommendations whilst the Inquiry's investigations are ongoing, so that key lessons from the pandemic are learned quickly.