

## MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

## AGENDA

**Date:** Thursday 4<sup>th</sup> April 2024  
**Time:** 09:00 – 12:30  
**Venue:** Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	<b>Welcome</b>		
2.		<b>Declarations of Interest</b> To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest :- <a href="https://www.sfh-tr.nhs.uk/about-us/register-of-interests/">https://www.sfh-tr.nhs.uk/about-us/register-of-interests/</a> <i>Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.		<b>Apologies for Absence</b> Quoracy check: (s3.22.1 SOs: no business shall be transacted at a meeting of the Board unless at least 2/3rds of the whole number of Directors are present including at least one ED and one NED)	Agree	Verbal
4.	09:00	<b>Minutes of the meeting held on 7<sup>th</sup> March 2024</b> To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	<b>Action Tracker</b>	Update	Enclosure 5
6.	09:10	<b>Chair's Report</b>	Assurance	Enclosure 6
7.	09:15	<b>Chief Executive's Report</b>	Assurance	Enclosure 7
<b>Strategy</b>				
8.	09:25	<b>Strategic Priorities 2023/2024 Quarter 3 update</b> Report of the Acting Director of Strategy and Partnerships	Assurance	Enclosure 8
9.	09:40	<b>Strategic Objective 1 – Provide outstanding care in the best place at the right time</b> <ul style="list-style-type: none"> <li><b>Maternity Update</b> Report of the Director of Midwifery <ul style="list-style-type: none"> <li><b>Safety Champions update</b></li> <li><b>Maternity Perinatal Quality Surveillance Model</b></li> </ul> </li> <li><b>Learning from Deaths</b> Report of the Medical Director</li> </ul>	Assurance  Assurance	Enclosure 9.1  Enclosure 9.2
10.	10:15	<b>Strategic Objective 3 – Empower and support our people to be the best they can be</b> <ul style="list-style-type: none"> <li><b>Staff Survey</b> Report of the Director of People</li> </ul>	Assurance	Enclosure 10.1

	Time	Item	Status	Paper
11.	10:30	<b>Strategic Objective 4 – To continuously learn and improve</b> <ul style="list-style-type: none"> <li><b>Research Strategy – Annual Report</b> Report of the Medical Director (presented by the Research and Innovation Manager)</li> </ul>	Assurance	Enclosure 11.1
12.	10:45	<b>Patient Story – The Community Diagnostic Centre – Reducing waiting times for patients</b> Lauren Brown, Matron	Assurance	Presentation
	<b>BREAK (10 mins)</b>			
	<b>Strategy</b>			
13.	11:15	<b>Clinical Services Strategy</b> Report of the Medical Director	Approve	Enclosure 13
	<b>Governance</b>			
14.	11:35	<b>Annual Sign Off of Declarations of Interest</b> Report of the Director of Corporate Affairs	Approve	Enclosure 14
15.	11:40	<b>Assurance from Sub Committees</b> <ul style="list-style-type: none"> <li>Audit and Assurance Committee Report of the Committee Chair (last meeting)</li> <li>Finance Committee Report of the Committee Chair (last meeting)</li> <li>Quality Committee Report of the Committee Chair (last meeting)</li> <li>People Committee Report of the Committee Chair (last meeting)</li> </ul>	Assurance  Assurance  Assurance  Assurance	Enclosure 15.1  Enclosure 15.2  Enclosure 15.3  Enclosure 15.4
16.	12:00	<b>Maternity Services – Welcoming partners and supporters to stay overnight</b>	Assurance	Presentation
17.	12:10	<b>Communications to wider organisation</b> (Agree Board decisions requiring communication to Trust)	Agree	Verbal
18.	12:15	<b>Any Other Business</b>		
19.		<b>Date of next meeting</b> The next scheduled meeting of the Board of Directors to be held in public will be <b>2<sup>nd</sup> May 2024, Boardroom, King’s Mill Hospital</b>		
20.		<b>Chair Declares the Meeting Closed</b>		
21.		<b>Questions from members of the public present</b> (Pertaining to items specific to the agenda)		

	Time	Item	Status	Paper
		<b>Resolution to move to the closed session of the meeting</b> In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: <i>“That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</i>		

### Board of Directors Information Library Documents

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

Enc 15.1	•	Audit and Assurance Committee – previous minutes
Enc 15.2	•	Finance Committee – previous minutes
Enc 15.3	•	Quality Committee – previous minutes
Enc 15.4	•	People Committee – previous minutes
Enc 15.4	•	Gender Pay Gap Report

**UN-CONFIRMED MINUTES** of the Board of Directors meeting held in Public at 09:00 on  
Thursday 7<sup>th</sup> March 2024, in the Boardroom, King's Mill Hospital

<b>Present:</b>	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	David Selwyn	Medical Director	DS
	Richard Mills	Chief Financial Officer	RM
	Rob Simcox	Director of People	RS
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Claire Hinchley	Deputy Director of Strategy and Partnerships	CH
	Phil Bolton	Chief Nurse	PB
	Rachel Eddie	Chief Operating Officer	RE
<b>In Attendance:</b>	Paula Shore	Director of Midwifery	PS
	Navtej Sathi	Guardian of Safe Working	NS
	Vicki Leivers	Diabetes Specialist Nurse	VL
	Sue Bradshaw	Minutes	
	Deborah Dowsing	Producer for MS Teams Public Broadcast	
	Caroline Kirk	Communications Specialist	
<b>Observers:</b>	Mohammed Gorvi	Programme Support Officer	
	Tyler Stevens	Programme Support Officer	
	Adam Mudd	Graduate Business Intelligence Developer	
	Namanpreet Singh-Ghotra	Graduate Business Intelligence Developer	
	Ian Holden	Public Governor	
	1 member of the public		
<b>Apologies:</b>	Neil McDonald	Non-Executive Director	NM



Item No.	Item	Action	Date
<b>24/068</b>	<b>WELCOME</b>		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&amp;A function.</p>		
<b>24/069</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
<b>24/070</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	Apologies were received from Neil McDonald, Non-Executive Director.		
<b>24/071</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 1 <sup>st</sup> February 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>24/072</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 23/255, 23/315.1, 23/315.2, 24/040 and 24/042.3 were complete and could be removed from the action tracker.		
<b>24/073</b>	<b>CHAIR'S REPORT</b>		
2 min	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting volunteers' events, donations received from the wider community and refurbishment of the hospital buggies.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Council of Governors highlight report</b></p> <p>CW presented the report, which provided details of the matters discussed at the Council of Governors meeting which took place on 13<sup>th</sup> February 2024.</p> <p>The Board of Directors were ASSURED by the report.</p>		

24/074	<b>CHIEF EXECUTIVE'S REPORT</b>		
4 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting high levels of demand for urgent care, strong performance despite the pressures, industrial action, visit from Nottinghamshire County Council colleagues, information event in relation to the Community Diagnostic Centre (CDC), Step Into the NHS event and resignation of David Ainsworth, Director of Strategy and Partnerships.</p> <p>PR advised the results of the National Staff Survey are due to be released while the meeting is in progress and brief highlights will be provided later in the meeting. PR noted the announcements made in the 2024 Spring Budget in relation to funding being made available to the NHS, advising the Trust looks forward to receiving the guidance on how this will be distributed.</p> <p>BB noted the reduction in the number of patients who are medically safe for discharge and queried if this is due to internal improvements which have been made and/or the extent to which external partnerships have started to make a difference.</p> <p>RE advised there are many different drivers behind the improvement, noting partners and the Trust are collaborating well and the Transfer of Care Hub is starting to make a difference. Capacity challenges across the system remain. There is improved system working, there are some areas where increased capacity has been put in place and internal processes have improved. There is, however, still work to do. The number of long length of stay patients is also reducing.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/075	<b>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</b>		
12 mins	<p>PS joined the meeting.</p> <p><b>Maternity Update</b></p> <p><b>Safety Champions update</b></p> <p>PB presented the report, highlighting the relaunch of the Aromatherapy Service, relaunch of the Maternity website, NHS Resolution (NHSR) submission, staff engagement, focus on neonatal unit and the Care Quality Commission (CQC) Maternity Survey.</p> <p>PS provided some highlights from the CQC Maternity Survey and highlighted the three areas of focus going forward. The findings from the survey are being triangulated with the safety culture work.</p> <p>SB noted the Quality Committee have agreed the CQC actions are rated as green. Given the areas of assurance come from different sources, if the CQC were to visit the Trust again, SB queried if all the different areas of assurance would 'add up' to the Trust being rated as Good by the CQC.</p>		

	<p>PS advised a regional heatmap has been developed, which takes into account internal and external markers and the data is validated by external teams. This gives each trust a score and currently SFHFT is the second best trust in the West and East Midlands region. The heatmap provides ongoing validation of data. The information comes from multiple sources, which provides rich data in real time. If an area of concern starts to flag, this can be picked up and actioned before any external inspection visits.</p> <p>PB advised receiving assurance from lots of different areas, which are not directly connected, provides more assurance than a single data source.</p> <p>BB noted the findings from the CQC Maternity Survey are being triangulated with other intelligence and felt it would be useful to draw this information together in future reports as it helps to provide assurance the right intelligence is feeding in and shaping decisions.</p> <p>AH queried how the Trust is performing against the British Association of Perinatal Medicine (BAPM) standards for neonatal care. PS advised the Trust is in line with BAPM standards. The only area in which the Trust is an outlier relates to the staffing model, but there are mitigations for this. Due to the size of the Trust's units, the issue relates to the nursing and medical workforce, particularly the middle tier rota for registrars and nurses qualified in a speciality. The Trust has a development plan, which has been signed off by the network. The Trust has to feed into the regional neonatal network to demonstrate progress. Through the division, consideration is being given to reframing the service so it is a perinatal service and not maternity and neonatal. This will lead to more joined up and aligned work with a unified workforce. The work undertaken with the safety champions has been the starting point and there is a need to drive it forward. The BAPM standards are a big part of that.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Maternity Perinatal Quality Surveillance</b></p> <p>PB presented the report, highlighting reduction in massive obstetric haemorrhage, positive recruitment and retention position, home births service, one suspension of service and annual neonatal peer review.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p>		
24/076	<b>STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE</b>		
20 mins	<p>NS joined the meeting.</p> <p><b>Guardian of Safe Working</b></p> <p>DS presented the report, highlighting the number of post-graduate doctors in training, vacant posts, mitigations to manage gaps, update regarding the Doctors' Mess, industrial action and remedial actions taken in Acute Medicine.</p>		

	<p>DS advised there were 56 exception reports in the period from 1<sup>st</sup> November 2023 to 31<sup>st</sup> January 2024, three of which were categorised as immediate safety concerns. Further information on the exception reports raised is included in the report. There has been a deterioration in the performance metrics and there is a plan to improve this. There is a cluster of exception reports in one speciality in one division, which is largely due to one doctor. It was noted wellbeing support is being put in place. All of the immediate safety concerns have been closed and there have been no fines in this reporting period.</p> <p>GW noted in 2023 there was a peak in F1 doctors raising concerns and in 2024 it appears to be the F2 doctors who have raised the most concerns. GW queried if this was a coincidence or if it was due to F1 doctors moving into F2.</p> <p>DS advised the F2 doctors currently with the Trust are not necessarily the F1 doctors who were with the Trust last year. Historically, exception reports have been raised by foundation programme doctors, with fewer reports from more senior trainees. Therefore, the Trust has targeted more experienced teams to try to gain further understanding and encourage exception reporting.</p> <p>AR sought assurance the Guardian of Safe Working has sufficient capacity to cover the large agenda in terms of programmed activity (PA). DS advised there is a national tariff in relation to the Guardian of Safe Working. As the Trust increases the number of trainee doctors and clinical fellows, there will be a need to review all the resource relating to medical HR. In addition to the Guardian of Safe Working, there are other roles which support this work, for example, Specialty and Specialist (SAS) doctors, tutors, etc.</p> <p>NS advised time allocated is one PA per week and this time is used flexibly. Tasks include, looking at the dashboard, reports from wards, identifying and resolving matters, attending meetings to ensure people are aware of the exception reporting process, etc. NS advised his role primarily is to ensure reports are completed, encourage people to report, ensure reports are dealt with in a timely manner and address any issues to find solutions. NS advised one area to look into is the facilities available to doctors on the wards.</p> <p>MG noted 68% of all exception reports have either had an initial meeting beyond 7 days or have not had an initial meeting. MG queried what percentage of reports raised have not had an initial meeting. DS advised all of the exception reports have been closed and they cannot be closed without some form of meeting. Therefore, meetings will have taken place.</p> <p>BB queried the extent to which there is liaison between the Guardian of Safe Working agenda and Freedom to Speak Up (FTSU). NS advised he has not met with the FTSU Guardian since taking up post, but will be arranging a meeting to discuss any issues. NS advised he meets with trainees individually if issues are coming up on a regular basis.</p> <p>DS advised medical issues are flagged up through FTSU. However, issues raised through FTSU relate more to culture and behaviours, rather than rotas and safe working, etc.</p>		
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

	<p>The Board of Directors were ASSURED by the report.</p> <p>NS left the meeting.</p>		
<b>24/077</b>	<b>PATIENT STORY – DIABETES – A YOUNG ADULT SERVICE</b>		
11 mins	<p>VL joined the meeting.</p> <p>VL presented the Patient Story, which highlighted the work of the Young Adult Service for Diabetes.</p> <p>AH noted it is recognised diabetics in their late 20s / early 30s have a different requirement in terms of support and queried what the handoff is from the Young Adult Service to that age group.</p> <p>VL acknowledged there is still a lot of work to be done, but the vision is for a full, smooth transition from the Young Adult Service. VL advised she also works in paediatrics and, therefore, tries to smooth the transition for patients to the Young Adult Service. There is an holistic approach to care. VL advised her role is to empower patients to live independently with diabetes at that fragile time in their lives so they have the 'tools' required when they reach the age of 25. Some patients with additional needs are retained in the Young Adult Service as they are not ready to move into the adult world.</p> <p>AH queried what has been seen regarding health inequalities, in terms of uptake for the service and getting access across the spectrum. VL advised she has presented to NHS England (NHSE) and the Integrated Care Board (ICB) Steering Group. In addition, communications are issued to all primary care services. The Trust has managed to 'pull' young adults with diabetes into the service. The Trust has had contact from other trusts asking to share learning in terms of how to improve engagement. A poster has been developed which will be submitted to other platforms, national conferences, etc.</p> <p>PB advised there has been an increase in complex cases relating to diabetes within maternity. Therefore, getting patients involved at an early stage will help address this.</p> <p>MG queried how the service works with GPs in terms of an holistic approach.</p> <p>VL advised she sent out information to all the local GP practices to highlight the service and presenting directly to the ICB Steering Group has been beneficial. Some patients have transferred their care from other local sites to the Trust.</p> <p>VL left the meeting</p>		

24/078	<b>TRUST STRATEGY FOR 2024-2029</b>		
11 mins	<p>PR advised the Trust Strategy for 2024-2029 commits to improving the lives of patients by providing outstanding care, improving the lives of colleagues by supporting them to be the best they can be and improving the lives of people in the community by improving the health and wellbeing of the local population. PR advised, in developing the Strategy, there has been widespread engagement with Trust members, volunteers, governors, colleagues and the local population. The Strategy is underpinned by six strategic objectives, five supporting strategies and the Trust's CARE values.</p> <p>CH advised the key aim of the Strategy for the next five years is to improve lives and SFHFT wants to be known as the best local hospital, which consistently delivers outstanding services for patients and improves lives. Celebrating success is a good baseline to build on to continue to deliver outstanding care and CH highlighted some recent examples of success.</p> <p>The vision for the Strategy is Outstanding Care, Compassionate People and Healthier Communities. CH highlighted the six strategic objectives and supporting strategies, advising there are technical strategies which sit under the supporting strategies. CH highlighted the engagement activities which have taken place in developing the Strategy, feedback received, commitments and measures of success.</p> <p>BB expressed thanks to the team involved in developing the Strategy, noting how the Strategy has improved and matured during the development process.</p> <p>CW noted it was good to see partners being brought together as this is an indication of how the Trust wants to work with partners to develop deeper partnership working.</p> <p>GW felt the process of developing the Strategy was very thorough, which is reflected in the quality of the output.</p> <p>MG noted there is increased focus on prevention and collaboration.</p> <p>The Board of Directors APPROVED the Trust Strategy for 2024-2029.</p>		
24/079	<b>USE OF THE TRUST SEAL</b>		
1 min	<p>SBS presented the report which confirms the Trust Official Seal has been affixed to the following documents, in accordance with Standing Order 10 and the Scheme of Delegation:</p> <ul style="list-style-type: none"> <li>Seal number 109 was affixed to a document on 26<sup>th</sup> January 2024 for Kier Construction Ltd. The document related to the demolition of the old Victorian building and associated service divisions located at Mansfield Community Hospital.</li> <li>Seal number 110 was affixed to a document on 7<sup>th</sup> February 2024 for Bizspace Ltd. The document related to the five-year lease for Byron Court.</li> </ul>		



	<ul style="list-style-type: none"> <li>Seal number 111 was affixed to a document on 23<sup>rd</sup> February 2024 for Bevan Brittan. The document related to the appointment of WSP UK Ltd in relation to the provision of asset surveying and scheduling of programmed maintenance works.</li> <li>Seal number 112 was affixed to a document on 23<sup>rd</sup> February 2024 for Bevan Brittan. The document related to the Survey Deed in relation to the project agreement.</li> <li>Seal number 113 was affixed to a document on 23<sup>rd</sup> February 2024 for Bevan Brittan. The document related to the Letter of Appointment of a fire safety engineer relating to fire safety requirements.</li> <li>Seal number 114 was affixed to a document on 28<sup>th</sup> February 2024 for Bevan Brittan. The document related the enabling works licence relating to land at Mansfield Community Hospital.</li> </ul> <p>The Board of Directors NOTED the use of the Trust Seal numbers 109, 110, 111, 112, 113 and 114.</p>		
24/080	<b>EXTERNAL WELL-LED REVIEW RECOMMENDATIONS PROGRESS REPORT</b>		
3 mins	<p>SBS presented the report, advising details of the progress made is included in the report. While most recommendations are complete and embedded, there are two areas where there is ongoing work to do. The recommendation is to close this report, noting the introduction of the Care Quality Commission (CQC) updated assessment framework. A follow up independent report will be commissioned to assess the Trust's state of preparedness against the new framework.</p> <p>MG noted the CQC's move towards a single assessment process and queried how the Trust is aligning with the ICB approach to self-assessment. SBS advised there have been no contextual discussions with the ICB. This has been a process which the Trust commissioned independently of the ICB.</p> <p>PR advised there have been some discussions in the context of early preparations for system-wide CQC reviews, but there have been no specific conversations relating to the Well-Led domain. The Trust will commission an independent review of the Trust's preparations. There will be a prompt for wider discussion within the system for that review to be included in broader preparations for system reviews.</p> <p>ARB queried if the areas which are ongoing will be completed before the next review, or form part of the next review. SBS advised if the work is not completed, it will be carried forward into the next review.</p> <p>The Board of Directors were ASSURED by the report.</p>		

24/081	<b>ASSURANCE FROM SUB-COMMITTEES</b>		
23 mins	<p><b>Finance Committee</b></p> <p>GW presented the report, highlighting ED attendance deep dive, Month 10 finance report, risk that the CDC funding of £5.5M for 2023/2024 may not be received, approvals made, agency expenditure and ongoing work to develop the Financial Strategy.</p> <p>CW queried when the Trust will be informed if the CDC funding for 2023/2024 will be received and what the consequences are in terms of the Trust's ability to deliver the additional services it has committed to in advance of the building work being completed.</p> <p>RM advised the risk does not relate to the forward build or the additional activity which is being put into the Mansfield CDC. The risk relates to capacity which was put in place in 2021/2022 or 2022/2023, which was early adopter funding. This was provided to the Trust to put in mobile endoscopy and mobile CT capacity to bridge the gap until the CDC opened. The Trust has continued to maintain the capacity, with the expectation the CDC would come on-line in a phased approach over the next 12-18 months. The Trust was advised to plan for this funding stream, but has not yet had confirmation the £5.5m will be received. There will be no impact on the future CDC, although there are financial risks in relation to that. A programme governance structure is in place to manage that and ensure the Trust is able to progress with the plans.</p> <p>CW noted there will be a transfer of services until the CDC building is complete, but there is a risk to those services if the Trust is not funded up to the point of a physical building. GW noted the Trust has provided services but there is a risk of the Trust not being funded for those.</p> <p>MG welcomed the positive assurance in relation to the improvement in productivity, with cost growth below the regional and national average for acute providers and requested a copy of the report. RM advised he would provide the report and a brief overview.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Copy of NHSE report, outlining the growth in productivity, to be shared with members of the Board of Directors.</b></li> </ul> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Quality Committee</b></p> <p>AR presented the report, highlighting internal audit report into the governance of statutory regulatory committees, challenged services, process for sending patient letters, positive assurance from the highlight reports provided for the Patient Safety Committee, Maternity Assurance Committee and the Nursing Midwifery and Allied Health Professional (AHP) Committee, review of Board Assurance Framework (BAF) Principal Risks and appointment of Manjeet Gill as Vice-Chair of the Committee.</p> <p>The Board of Directors were ASSURED by the report.</p>	RM	04/04/24



	<p><b>Partnerships and Communities Committee</b></p> <p>BB presented the report, highlighting the pause of the health inequalities funding stream through the ICB, time commitment required for relevant clinicians to be active in collaborative endeavours, the need to develop the whole organisation's understanding of local health needs and implications for services, Partnership Delivery Plan, workstream relating to joining the NHS workforce, review of Board Assurance Framework (BAF) Principal Risk and appointment of Manjeet Gill as Vice-Chair of the Committee.</p> <p>CW noted the concerns raised by the Committee in relation to the health inequalities funding stream and suggested a letter should be sent from the Board of Directors to the ICB expressing the Trust's concern in relation to the decision to pause this funding and to seek further discussion. PR advised he had recently met with the ICB Chair and Chief Executive in relation to another matter, but took the opportunity to raise this issue. PR agreed a follow up letter should be sent.</p> <p>CW advised, in terms of health inequalities and getting colleagues within the Trust to understand the wider implications, there is good practice happening within the Trust which needs to be acknowledged. For example, staff in the maternity and neonatal team often provide (via staff donations) a range of equipment to families being discharged who may not have everything they require and are not in a position to obtain items. This is not done on a statutory basis, but it is something staff do as they want to provide holistic care.</p> <p>MG felt the Trust should seek assurance from the ICB in terms of the weighting which will be given to the health inequality agenda in the current financial planning process, noting health inequalities is a key part of the ICB's responsibilities. PR advised there is a commitment within the Integrated Care Strategy to address health inequalities. The ICB's attention can be drawn to this in the letter sent by the Trust.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Letter to be sent on behalf of the Board of Directors to the ICB, expressing the Trust's concern in relation to the decision to pause health inequalities funding and to seek further discussion in relation to this.</b></li> </ul> <p>The Board of Directors were ASSURED by the report.</p>		
24/082	<b>OUTSTANDING SERVICE – MEALTIME VOLUNTEERS – SUPPORTING NUTRITION AND HYDRATION ACROSS THE TRUST</b>		
7 mins	A short video was played highlighting the work of the volunteers in supporting patients at mealtimes across the Trust.		

<b>24/083</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
1 min	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Approval and launch of the Trust Strategy for 2024-2029</li> <li>• Patient story relating to the Young Adult Diabetes Service</li> <li>• Mealtime Volunteers</li> <li>• Step Into the NHS event on 7<sup>th</sup> March 2024</li> <li>• Staff Survey</li> </ul>		
<b>24/084</b>	<b>ANY OTHER BUSINESS</b>		
5 mins	<p><b>Staff Survey Results</b></p> <p>RS advised the embargo on the Staff Survey results was lifted while the meeting was in progress and provided some highlights from the results.</p> <p>RS advised the Trust had a 62% response rate, which is 16% above the national average. Of the 100 questions asked as part of the survey, the Trust's score in 80 of those has improved, 17 have deteriorated and 3 have remained the same. In terms of how this benchmarks with other organisations, SFHFT's score in 94 of the 100 questions was above average. In terms of the People Promise elements and themes, there are seven elements, one of which is learning and development. RS advised SFHFT is the best Trust in the Midlands and second nationally for this indicator. There are two themes, relating to morale and staff engagement, and SFHFT is the best acute trust nationally for those two indicators.</p> <p>This has been a very successful Staff Survey for the Trust, but there is always more work to do. The results and actions will be discussed further at the meeting of the People Committee at the end of March.</p> <p>The Board of Directors NOTED the update.</p>		
<b>24/085</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 4<sup>th</sup> April 2024 in the Boardroom at King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 10:45.</p>		
<b>24/086</b>	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p><b>Chair</b> <b>Date</b></p>		

<b>24/087</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
1 min	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>CW advised a question had been received in relation to staff reporting a fear of violence. RS advised there has been some slight improvement. While this is not significant, the indications are the Trust has made some positive steps forward.</p>		
<b>24/088</b>	<b>BOARD OF DIRECTOR'S RESOLUTION</b>		
1 min	<p><b>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.</b></p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."</p> <p>Directors AGREED the Board of Director's Resolution.</p>		

## PUBLIC BOARD ACTION TRACKER

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
23/356.1	02/11/2023	Consideration to be given to how other significant roles, for example pharmacists and clinical scientists, can be included in future staffing reports to the Board of Directors	Public Board of Directors	None	02/05/2024	D Selwyn / P Bolton			Grey
24/007	04/01/2024	Report to be presented to the Quality Committee in relation to the impact of industrial action and to provide information in relation to the activity levels seen over the Christmas and New Year period	Public Board of Directors	Quality Committee	04/02/2024 04/04/2024	D Selwyn		<b>Update 22/01/2024</b> Report will be presented to the March meeting of the Quality Committee  <b>Update 08/03/2024</b> The Quality Committee has a 'Hot Topic' agenda item, which is currently Industrial Action. Therefore, this is discussed at each meeting. An update covering the Christmas period was provided to Quality Committee in January and February 2024.  <b>Complete</b>	Green
24/039	01/02/2024	Divisional breakdown within Freedom to Speak Up (FTSU) Guardian report to be shown as a percentage of workforce in future reports.	Public Board of Directors	None	01/08/2024	S Brook Shanahan	K Bosworth		Grey
24/042.1	01/02/2024	National benchmarking in relation to ED 4-hour wait performance and ambulance turnaround times to be provided to the Quality Committee	Public Board of Directors	Quality Committee	07/03/2024 04/04/2024	R Eddie		<b>Update 22/02/2024</b> Paper will be submitted to the March Quality Committee.  <b>Update 27/03/2024</b> Report presented to Quality Committee on 25th March 2024  <b>Complete</b>	Green
24/042.2	01/02/2024	Data relating to the number of diagnostic tests undertaken to be presented to the Quality Committee	Public Board of Directors	Quality Committee	07/03/2024 04/04/2024	R Eddie		<b>Update 22/02/2024</b> Paper will be submitted to the March Quality Committee.  <b>Update 27/03/2024</b> Report presented to Quality Committee on 25th March 2024  <b>Complete</b>	Green
24/081.1	07/03/2024	Copy of NHSE report, outlining the growth in productivity, to be shared with members of the Board of Directors	Public Board of Directors	None	04/04/2024	R Mills		<b>Update 28/03/2024</b> Will be circulated w/c 01/04/2024	Amber
24/081.2	07/03/2024	Letter to be sent on behalf of the Board of Directors to the ICB, expressing the Trust's concern in relation to the decision to pause health inequalities funding and to seek further discussion in relation to this	Public Board of Directors	None	04/04/2024	P Robinson		<b>Complete</b>	Green

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Chair's report				<b>Date:</b> 4 <sup>th</sup> April 2024
<b>Prepared By:</b>	Rich Brown, Head of Communication				
<b>Approved By:</b>	Claire Ward, Chair				
<b>Presented By:</b>	Claire Ward, Chair				
<b>Purpose</b>					
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.				<b>Approval</b>	
				<b>Assurance</b>	Y
				<b>Update</b>	Y
				<b>Consider</b>	Y
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
Y	Y	Y	Y	Y	Y
<b>Principal Risk</b>					
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				
<b>Committees/groups where this item has been presented before</b>					
None					
<b>Acronyms</b>					
LMNS = Local Maternity and Neonatal System					
<b>Executive Summary</b>					
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.					

## A vision for the future

At the conclusion of the Trust's Public Meeting of its Board of Directors last month, we launched the five-year strategy for our Trust – *Improving Lives*.

In the next five years, we want to be known as an outstanding local healthcare provider that *consistently* delivers quality services for our patients and improves lives. We will achieve this by delivering *consistently outstanding* care by compassionate people who feel enabled and supported to do their best by Sherwood Forest Hospitals.

Our vision reflects this: **Outstanding care, compassionate people and healthier communities.** During the implementation of this strategy, we will improve the lives of our patients, our people and our local population.

Together with the Chief Executive and our Lead Governor, Liz Barrett, I was delighted to present the strategy to an invited audience of our partners across the community, board members, governors and staff.

Achieving these objectives will only be delivered through the partnerships that we have built over recent years, so I want to take this opportunity to thank them for their engagement with us during the development of this strategy.





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

As always, our Trust has so much more added value from the hundreds of volunteers and the donations from patients and public across the community.

March was another busy month for our Trust's Community Involvement team, both in how they encouraged financial donations to be made via our Trust Charity and through the thousands of hours that continue to be committed to support the Trust by our brilliant volunteers across our hospitals.

### **Celebrating the achievements of our Trust volunteers**

In March 2024 alone, 390 Trust volunteers generously gave over 4,700 hours of their time to help make great patient care happen across the 36 services they have supported during the month.

We are extremely grateful to those volunteers who continue to work additional hours to help us to cover short-term response roles. These include covering pharmacy and pathology temporary receptions and ensuring that facemasks and sanitiser are available in the main foyer.

Other notable developments from our Community Involvement team and our team of volunteers during the month include:

### ***Celebrating the long service of a number of our volunteers***

Three of our valued volunteers celebrated long service milestones during the month, as the Trust proudly presented them with long service awards.

Wendy, who has volunteered at Mansfield Community Hospital and currently supports the fundraising stall at King's Mill Hospital, received her 10-year long service award from Director of Corporate Affairs Sally Brook Shanahan. Wendy is pictured top left.

Jane, a Newark Hospital MRI volunteer, received her 10-year award from Radiology colleagues, pictured bottom right.

John also received his five-year award for volunteering in the coffee shop at Newark Hospital from Jo Thornley, the Trust's Community Involvement Manager. They are pictured bottom left at opposite.



We are grateful to Wendy, Jane, John and all our SFH volunteers for the difference they make across our hospitals to our patients, visitors and staff. I thank them all for their brilliant service.

## Recognising donations and other contributions from local community partners

We are also grateful for the following donations that have been made to the Trust from the local community over recent weeks and every week I am able to write personally to those individuals and organisations who continue to support us through these donations.

### ***The Sherwood Forest Hospitals Charity provided funding to support partners to stay overnight in our Maternity department***



People who give birth at our King's Mill Hospital now have the opportunity for a partner or supporter to stay overnight to provide extra support, thanks to the support of our local community partners.

The Trust has listened to and acted on feedback from new families about how their birthing experience could be improved.

As a result, 47 recliners – one for every room and bay on the post-natal ward – have been provided thanks to equal funding from both Sherwood Forest Hospitals Charity and Nottingham and Nottinghamshire Local Maternity and Neonatal System (LMNS).

Fathers and partners staying overnight can be coached to offer skin-to-skin contact with their babies and to build strong bonds from the earliest opportunity. I was pleased to be on one of my regular walk arounds of the maternity services on the first morning following the introduction of the service and it was clear that this had been a welcome introduction.

With the help of staff, supporters can also learn about and assist women/birthing people to get breast- and chest-feeding off to a good start.

We are excited to be sharing more about this fantastic initiative as part of this month's *Outstanding Service* video that will be presented to the Trust's Board of Directors later in this meeting.



## £17,500 donated following 'Breast and Balls' fundraising events



We have said a huge thank you to Angela McCreadie and Wendy Broughton for donating £17,500 to the Sherwood Forest Hospitals Charity that they raised at their 2022 and 2023 'Breast and Balls' fundraising event.

Angela and Wendy have been hosting their annual ball for 15 years and have raised a total £119,500 to support breast and urology services at SFH.

Angela and Wendy presented their kind donation to Mohamed Jahan, Consultant Breast Surgeon and Rebecca Stuart, Urology Operations Manager alongside colleagues from their teams.

### **Other achievements from the Trust's fundraising partners:**

A tabletop activity unit (right) was kindly donated by the League of Friends (Mansfield & Sutton).

The unit will be used by patients on all three wards at Mansfield Community Hospital.

**Thank you to everyone who has supported our hospitals over the past month**



We remain so grateful to everyone who has given their time, money and support in other ways to support the Trust and our hard-working colleagues over the past month.

### Other notable engagements:

- I have attended meetings with our local councils as part of my regular engagement with partners.
- In my role as Board Maternity Safety Champion, I took part in the monthly walkaround of our maternity services and wards with the opportunity to engage with patients and staff and observe the care of our smallest and youngest patients.
- I have also held meetings with our governors and the Lead Governor.

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Chief Executive's report		<b>Date:</b> 4 <sup>th</sup> April 2024		
<b>Prepared By:</b>	Rich Brown, Head of Communication				
<b>Approved By:</b>	Paul Robinson, Chief Executive				
<b>Presented By:</b>	Paul Robinson, Chief Executive				
<b>Purpose</b>					
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.			<b>Approval</b>		
			<b>Assurance</b>	Y	
			<b>Update</b>	Y	
			<b>Consider</b>	Y	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
Y	Y	Y	Y	Y	Y
<b>Principal Risk</b>					
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					
<b>Committees/groups where this item has been presented before</b>					
Not applicable					
<b>Acronyms</b>					
A&E = Accident & Emergency ASOS = Action short of strike BAF = Board Assurance Framework BMA = British Medical Association ICB = Integrated Care Board NHS = National Health Service NTU = Nottingham Trent University PCC = Police and Crime Commissioners UEC = Urgent and Emergency Care UTC = Urgent Treatment Centre					
<b>Executive Summary</b>					
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.					

## Operational updates

### NHS Oversight Framework 2023-24: Quarter 1 Segmentation

Amanda Sullivan, Chief Executive of the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), formally wrote to the Trust on 18<sup>th</sup> March 2024 to confirm the Trust's Quarter 3 2023/24 position and to set out the process and timescales for the 2023/24 Quarter 4 segmentation assessment. The letter is provided in full in appendix one of this report.

Following the ICB peer review process undertaken at the end of December 2023, the proposed segmentation for NHS Provider organisations was approved by the Midlands Regional Support Group at its meeting on 22<sup>nd</sup> February 2024 and notified to the ICB on 7<sup>th</sup> March 2024.

It has been agreed that for Quarter 3 2023/24, Sherwood Forest NHS Foundation Trust should remain in Segment 2 of the NHS Oversight Framework. This rating is based on the quantitative and qualitative assessments of the five national themes and one local priority contained within the NHS Oversight Framework.

A review by 'exception' will be undertaken by the ICB in respect of Quarter 4, with this needing to be submitted to NHS England by 8<sup>th</sup> April 2024.

I will continue to keep the Board updated about this oversight review as it is undertaken each quarter.

### Overview of operational activity

Demand across our Urgent and Emergency Care (UEC) pathway has continued to be extremely high in February and March, with Accident & Emergency (A&E) attendances more than 10% higher than the equivalent period in 2023 and significantly above planned levels.

Ambulance arrivals have continued to trend at high levels, together with the volume of non-elective admissions. That demand has meant that our urgent and emergency care pathway remains under sustained pressure, with patients having to wait longer than we would wish for treatment and admission.

We have taken escalation actions on several occasions during the month – including implementing our Full Capacity Protocol –to help improve the timeliness of patient care.

Despite this pressure, we continue to benchmark among the best Trusts in the country for ambulance handover – a position we are proud of, as it recognises the emphasis we place on releasing ambulance crews to respond to the needs of our local communities.

Our planned care activity levels were above our plan in January and February across outpatient, day case and inpatient services. Those planned care activity levels have supported continued reduction in the number of patients on our waiting list, including those patients waiting over 52- and 65-weeks.

We continue to work to reduce the number of long-waiting patients in 2024 as we focus on recovery plans for our most challenged services.

Within our Cancer services, we continue to meet the national 28-day faster diagnosis standard and have delivered reductions in the number of two-week wait patients waiting over 62 days for treatment. We have further work to do in 2024 to improve the timeliness of the treatment phase of our cancer pathways.



A more comprehensive update on our operational performance will be presented at the May 2024 Trust Board, where we are due to reflect on our 2023/24 quarter four performance.

### **Industrial action updates**

In March, we were disappointed to learn that the lack of progress being made in the national talks to bring an end to the industrial action of the past year has resulted in the British Medical Association (BMA) extending its mandate to call further industrial action and action short of strike (ASOS) action over the coming months.

The British Medical Association has re-balloted its junior doctor members to seek to extend their mandate for industrial action. The re-ballot continued to see high levels of support from members nationally, with a 61.86% national turnout reported. Of those, 97.97% confirmed they are prepared to take part in further industrial action.

While the Trust had not been formally notified of any further industrial action by the time of writing, the extension of that mandate means it is highly likely that we will see further industrial action over the coming months.

The lack of progress being made in these negotiations nationally remains a source of disappointment for the Trust, as we continue to manage the local impact that each period of industrial action inevitably brings for our Trust colleagues, our patients and the communities we serve.

We continue to hope for a resolution to this national dispute in the interests of everyone involved.

Across all periods of industrial action from the start of 2023 to date, the Trust has postponed a total of 9,085 appointments, procedures and operations in order to prioritise the delivery of safe urgent and emergency care throughout each period of industrial action.

The financial cost of the past year's industrial action now runs to over £8.5million at Sherwood alone. That figure accounts for the spend to cover lost shifts, lost income opportunities and missed efficiency-saving opportunities. To date, the Trust has received £4.7million of national funding to mitigate the impact of this.

### **Newark Urgent Treatment Centre (UTC) permanent opening hours confirmed**

The Nottingham and Nottinghamshire Integrated Care Board (ICB) has made its decision on the future opening hours of Newark Hospital's Urgent Treatment Centre (UTC) following feedback from residents, stakeholders and clinical input from healthcare experts.

The UTC, which is run by Sherwood Forest Hospitals NHS Foundation Trust, provides urgent care and non-life-threatening treatment for injuries or conditions, such as cuts, simple broken bones, wounds, minor burns and minor head, eye and back injuries.

Currently, the Urgent Treatment Centre operates between 9am and 10pm as a temporary measure, with the last patient being admitted at 9.30pm.

As a result of the ICB decision on the Centre's permanent opening hours, the UTC will open between 8am and 10.30pm each day, seven days-a-week. Under the new opening hours, the last patient will be admitted at 9.30pm each day.

The new permanent opening hours will offer an extended window for patients to access essential healthcare services, opening earlier and longer to support people who need to access the service around working patterns and school times.

The new opening hours will also provide more time for our colleagues working there to finish caring for patients at the end of the day.

Once the new opening hours are introduced, the service will be open for 14.5 hours per day. That not only exceeds the 12-hour minimum national standard for UTCs set by NHS England, but also the current temporary operating hours at the UTC.

As part of the decision-making process, the Trust supported the ICB in engaging with residents and stakeholders to ensure that the preferred option for the UTC opening hours aligned with the community's needs. The feedback from residents of Newark clearly indicated the high value they place on the service received at the UTC. While there was clearly a strong preference for a return to 24 hours opening, this was balanced against other factors within a rounded, evidence-based decision.

The evidence-based decision follows a review by the East Midlands Clinical Senate and their subsequent recommendation to make permanent the overnight closure of the Urgent Treatment Centre.

Following the decision, the Trust will now turn its attention to reviewing the staffing arrangements that will need to be made in order to implement the new opening hours, which are expected to come into effect from summer 2024.

Both the Trust and the ICB will also continue to assess the impact of the extended operating hours, monitoring usage and reviewing patient feedback to ensure we continue to provide a responsive service to local people.

## Partnership updates

### **Successful partnership with local education providers sees hundreds explore career opportunities within their local NHS**

Hundreds more job seekers explored a host of NHS careers at our first 'Step into the NHS' careers showcase event of 2024, with the event being organised by the Trust in partnership with West Nottinghamshire College and Nottingham Trent University (NTU).

The event presented a valuable opportunity to showcase the host of clinical and non-clinical roles available across the Trust's King's Mill, Mansfield Community, and Newark Hospital sites.

Visitors to the event, which took place at West Notts College's Derby Road Campus on Thursday 7<sup>th</sup> March 2024, had the opportunity to find out about a range of NHS departments including nursing, maternity, neonatal intensive care, and therapy services. For those considering a career in nursing, NTU also conducted tours of their Mansfield Nursing Facilities which are based on the College's Derby Road Campus.

Our partnerships with both West Notts College and Nottingham Trent University continues to deliver real benefits for local people, with our popular *Step into the NHS* events continuing to be a huge success.

We remain grateful for the role that our partners play in *Improving Lives* for our local communities.



Pictured with me at the event are Nikki Slack and Andrew Cropley from Vision West Notts College and Rob Simcox, Director of People.

#### **Other partnership updates during March:**

- We met with Ashfield District Council to explore how we can work together on skills development in the local area, especially raising the level of ambition amongst residents about roles in healthcare
- The Trust was represented at a Universities Board, which saw the Trust involved in discussions around delivering the group's Civic Agreement.

### **Other Trust updates**

#### **NHS enters national pre-election period**

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

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

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



The main elections taking place in May affecting the Mid Nottinghamshire area and Sherwood Forest Hospitals NHS Foundation Trust are listed below, with both elections due to take place on Thursday 2<sup>nd</sup> May 2024:

- Mayor of East Midlands Combined County Authority
- Police and Crime Commissioner for Nottinghamshire

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

### **Celebrating our diverse workforce on Overseas NHS Workers Day**

Large artwork installations of world flags have been unveiled across our King's Mill, Mansfield Community and Newark Hospitals during March, as part of our Trust-wide efforts to mark Overseas NHS Workers Day on Friday 1<sup>st</sup> March 2024.

The installations, which we update each year, celebrate the Trust's diverse workforce that is made up of colleagues who have been born in more than 100 countries from across the globe.

Flags representing the countries of birth of each colleague proudly form part of each installation, where they can be seen by thousands of patients, colleagues and visitors every day.

New flags have been added in 2024 to represent new colleagues from countries including Bahamas, Belgium, Botswana, Finland, Haiti, Malta, Norway and Sweden.

The displays are a very visible display of how we embrace and promote equality, diversity and inclusivity across the Trust and it is fantastic to see that the number of flags has increased from 95 last year to 102 in 2024.

No matter where our colleagues are from, we are proud of how we work together as one team to provide outstanding care every single day.





## Trust risk ratings reviewed

The Board Assurance Framework (BAF) Principal Risk 7 – ‘A major disruptive incident’ – for which the Risk Committee is the lead committee has been scrutinised by the Trust’s Risk Committee. The Committee has confirmed that there are no changes to the risk score.

The full and updated Board Assurance Framework (BAF) is next due to be presented at the Public Meeting of the Trust’s Board of Directors in May 2024.

Sir John Robinson House  
Sir John Robinson Way  
Arnold  
Nottingham  
NG5 6DA

18 March 2024

**Letter sent via email**

Paul Robinson  
Chief Executive  
Sherwood Forest Hospitals NHS Foundation Trust

Dear Paul

**RE: NHS Oversight Framework 2023-24 – Quarter 3 Segmentation**

Thank you very much to you and your teams for your continued leadership at Sherwood Forest Hospitals. I am writing to confirm the Quarter 3 2023-24 segmentation position for your organisation and to set out the process and timescales for the 2023-24 Quarter 4 segmentation assessment.

**Quarter 3 Segmentation Review Outcome- Review Undertaken December 2023**

Following the ICB peer review process undertaken at the end of December 2023, the proposed segmentation rating for NHS Provider organisations was reviewed and approved by Midlands Regional Support Group at its meeting on the 22<sup>nd</sup> February 2024, and notified to the ICB on the 7<sup>th</sup> March 2024. It was agreed that for Quarter 3 2023-24 Sherwood Forest NHS Foundation Trust should remain in segment 2 of the NHS Oversight Framework.

This rating is based on the quantitative and qualitative assessments of the 5 National Themes and one local priority contained within the NHS Oversight Framework. While the Sherwood Forest position will remain at Segment 2 for quarter 3, there are rising concerns which will need to be addressed to prevent a movement into Segment 3 for future quarters, these are in relation to having:

1. a financial plan which is not balanced and/or there is a material actual or forecast deficit (this is a trigger for NOF 3 segment)
2. deterioration in performance or sustained very poor (bottom decile) performance against one or more areas (this is also a trigger for NOF 3)

**Quality of Care, access and outcomes** – The Trust continues to perform well against the Oversight Framework assessment metrics, with a significant amount of performance continuing to be in the upper quartile nationally and is not a significant outlier for any areas of performance. However there are deteriorating positions against trajectories across a number of areas, including cancer 62 day backlogs, 52, 65 and 78 week waits and diagnostic waits (in the lowest NOF quartile) especially in relation to ECHO provision. In addition there are increasing difficulties across the urgent care performance, in part to increased demand, MSFT and LLOS

are remaining at high levels, and there are increasing difficulties with the UEC targets of 4 and 12 hour waits. While ambulance handover delays continue to perform relatively well, these are also experiencing pressures at a higher than previously seen. Any specific areas of concern are addressed through improvement plans, for example diagnostics and long lengths of stay/MSFT, and actions are taken to improve areas of risk, such as reducing surgical capacity to support flow into and through the Emergency Department. In addition, despite internal pressures the Trust maintains support for the wider system and frequently supports through mutual aid and agreed diverts.

The PSIRF policy and plan are in place and agreed, with ongoing divisional development of strengthening the PSIRF actions and understanding. An increase in the number of falls resulting in low harm and increases in catheter associated UTIs have been noted.

The options appraisal and decision regarding the opening hours of Newark UTC continues to identify next steps and future fit of the service.

**Preventing ill-health and reducing inequalities** – The Trust has continued to focus on elective restoration by targeting individuals of higher risk and supporting them the 'wait well'. Recent input into the ICS Health Inequalities and Prevention Oversight Group has reduced from the Trust which impacts upon the opportunity to input into, learn from and undertake system approaches to addressing inequalities, and equity of access.

**Finance and Use of Resources** – The Trust underlying structural financial deficit position is the key driver for the level 2 NHS Oversight Framework segmentation rating.

- The Trust submitted a breakeven plan for 2023-24 which included £27.5m (5.6%) efficiency requirement. There were plans to improve the underlying deficit from £58.3m (2022-23 exit) to £41.2m (2023-24 exit). It was acknowledged that this would be a significant challenge to achieve.
- At month 8, the Trust reported an £3m adverse variance position reporting a deficit of £12.4m. The main driver was reported as being UEC stretch capacity, cost of capital funding shortfall and ERF miss against stretch. Efficiency targets exceeded plans at month 8, however was mainly due to non-recurrent benefits. Agency spend also reported over planned levels at £11.6m, which was a £0.2m adverse position against plan.
- As part of H2 reset, recovery plans were developed which led to £8.5m in year deficit forecast. Discussions to improve the position have been ongoing during quarter 4. We would ask that you continue to work both internally and with the system to deliver against the in-year plans submitted, and to plan for medium term financial sustainability, to support your improvement in your NHS OF Segmentation position.

**People** – Workforce availability remains a key challenge across the Trust, however workforce turnover was within trust target levels at 7.5% at month 8 and remained in the top quartile for August 2023. The Trust has made progress with reducing reliance on agency and bank staff, both performing below planned levels for month 8. The Trust performed well across the 2022 Staff Survey, with many areas reporting in the top quartile national. The only exception to this position being the proportion of staff in senior leadership roles who are from a BME background, however this is reporting year on year improvement, and a full programme of work is in place.

Annual report on Medical Education highlighted challenges in completing appraisals and availability of clinic space for training. Surveys have indicated reduced satisfaction with training and potential identification of bullying and harassment concerns.

**Leadership and capability** – There has been good engagement from across the Trust for development of the system, and active engagement in system transformation programmes, as well as taking lead roles in financial recovery groups, such as the System Agency Group. Engagement across health inequalities and people work programmes has reduced in recent months. There are no material concerns or support needs identified for the trust system or governance.

**Local Strategic Priorities** – The Trust has continued to support the wider system at times of urgent care pressures as well as providing support to progress with recovery of elective services through providing on-going mutual aid and active management of its elective programme, despite significant continual pressures within the trust.

## **Segment 2 Exit Criteria**

The ICB team will work closely with you to review the support needs for the Trust to address the triggers for current segmentation and rising areas of concern and continue to support progress against the exit criteria during 2023-24.

To progress from Segment 2 to Segment 1 the Trust will need to undertake the following actions (exit criteria):

1. Address the underlying and in year deficit of the Trust, working across the system, to ensure a clear plan is in place with evidence of progress being made
2. Continue to progress elective recovery through increasing productivity, ensuring achievement of the 65-week reduction to zero by March 2024, and 62 day backlog reductions back to planned levels.
3. Continue to provide active contribution to the overall system financial sustainability, quality improvements and outcomes.
4. To be a key contributor to the wider system as an anchor institution.
5. Address areas of rising risk across urgent care

## **Quarter 4 2023-24 Segmentation Review Process**

As set out in the NHS Oversight Framework, Integrated Care Boards (ICB) will continue to lead the oversight of their NHS provider organisations with NHS England maintaining statutory accountability for NHS provider organisations.


Whilst the 2023-24 segmentation metrics have been notified to us, the National Oversight Framework has not yet been fully published, therefore the 2022-23 framework will continue to be used for the Quarter 4 segmentation review. The ICB will continue to facilitate a review each quarter, in line with national operating model expectations. The current process is for an ICB Desktop review to be undertaken which is supported by the performance against the NHS Oversight Metrics and Chief Executive to Chief Executive discussions held, which are then discussed through an ICB Review Panel to determine the proposed segmentation and ensure consistency of assessment across the system providers. A review by 'exception' will be undertaken by the ICB of provider organisation's segmentation and will need to be completed with recommendations for changes being submitted to NHS England by the **8<sup>th</sup> April 2024 for Quarter 4.**

We will continue to discuss the arrangements under the NHS Oversight Framework with you, as we further develop our system operating framework. In the meantime, should you wish to discuss this further please contact Stuart Poynor, Director of Finance and Performance, [s.poynor@nhs.net](mailto:s.poynor@nhs.net) in the first instance.

May I take this opportunity to again thank you and your team for the on-going contribution you make to the local system, the segmentation rating is recognition of the significant focus which the trust continues to place on supporting staff, patients and the wider system.

With kind regards

Yours sincerely

A handwritten signature in black ink that reads "A. Sullivan". The script is cursive and fluid.

**Amanda Sullivan**

Chief Executive

NHS Nottingham and Nottinghamshire ICB

cc. Julie Grant, Director of Strategic Transformation, NHSE Midlands

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	23/24 Strategic Priorities Q3		<b>Date:</b> 4 <sup>th</sup> April 2024		
<b>Prepared By:</b>	Kevin Gallacher, Associate Director of Planning and Partnerships				
<b>Approved By:</b>	Claire Hinchley, Acting Director of Strategy and Partnerships				
<b>Presented By:</b>	Claire Hinchley, Acting Director of Strategy and Partnerships				
<b>Purpose</b>					
To provide an update on the delivery of the 2023/24 SFH Strategic Priorities and plans for Q4.			<b>Approval</b>		
			<b>Assurance</b>	<b>X</b>	
			<b>Update</b>	<b>X</b>	
			<b>Consider</b>		
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Principal Risk</b>					
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					
<b>Committees/groups where this item has been presented before</b>					
Executive Team Meeting					
<b>Acronyms</b>					
BAF – Board Assurance Framework CQC – Care Quality Commission EDI – Equality, Diversity, and Inclusion EPR – Electronic Patient Record EPMA – Electronic Prescribing and Medicines Administration FDS – Faster Diagnosis Standard HI – Health Inequalities ICB – Integrated Care Board ICS – Integrated Care System IT – Information Technology MAST – Management and Supervision Tool MSFT – Medically Safer For Transfer NHT – Nottinghamshire Healthcare Trust NHSE – National Health Service England NUH – Nottingham University Hospitals PIFU – Patient Initiated Follow Up RTT – Referral to Treatment SFH – Sherwood Forest Hospitals ToR – Terms of Reference Q1 or Qtr.1 - April to June Q2 or Qtr. 2 - July to September Q3 or Qtr. 3 - October to December					







Q4 or Qtr. 4 - January to March.

## Executive Summary

The Trust's Strategic Priorities for 2023/24 were agreed at the Trust Board meeting in April 2023. Updates to these priorities are provided to the Trust Board of Directors on a quarterly basis.

Due to a crowded Board agenda and the launch of the new 'Improving Lives' Strategy in March 2024 the Trust reporting on Qtr. 3 Priorities was deferred until April with a final Qtr. 4 report and closedown of 2023/24 due to the 2<sup>nd</sup> May Public Board.

The table below provides an update on progress at the end of Quarter 3 with seventeen priorities on track and a further six with actions underway to address minor or major issues.

<b>Fuel Gauge' Assessment</b>	<b>Description</b>	<b>Total Number</b>	<b>Priority Reference:</b>
	<b>On Track</b> - no issues to note.	Thirteen	1.1a Work with clinical divisions to develop clinical service strategies 1.1b Develop high level 5 year bed model. 1.4b Progress nursing, midwifery and allied health profession transformation 2.1 Equitably transform our maternity services. 3.1 Delivery of belonging in the NHS supporting actions 3.2 Delivery of growing for the future supporting actions 3.3 Delivery of looking after our people supporting actions 4.1b Develop EPR business case 4.2a Develop and embed the patient safety incident response framework 4.2b Embed the improvement faculty within the trust 5.3 Develop a multi-year capital investment profile. 6.1a Deliver the new ways of working and delivering care 6.2 Through engagement develop the SFH 2024-29 strategy.
	<b>On Track</b> – action underway to address minor issues	Four	1.2a Expand day case surgery services at Newark hospital 1.2b Expand diagnostic services to Mansfield community hospital 2.2 Agree our approach and programme of actions around health inequalities and prevention. 5.1 Establish an underpinning financial strategy.
	<b>Off Track</b> – action underway to address minor issues.	Three	4.1a Electronic prescribing implementation 5.2 Deliver the objectives set out in the SFH green plan 2021-2026 6.1b Through the provider collaborative improve how we work together with services outside of SFH
	<b>Off Track</b> – action underway to address major issues	Three	1.2c Achieve elective activity levels, backlogs and patient waiting times 1.3 Progress bespoke projects that optimise patient flow, expand Same Day Emergency Care and Virtual wards and reduce the number of MSFT. 1.4a Progress medical workforce transformation
	<b>Off Track</b> – issues identified no action underway	Nil	
	<b>Off Track</b> – issues not identified and no action underway	Nil	

The attached paper provides a 'position on a page' and narrative update against each priority for Quarter 3.

For the items off track, all have actions underway to improve or mitigate the position.



**Plans for 2024/25**

Alongside the Q4 strategic priorities update in May, there will be a review and close down of the 2019-2024 strategy.

The approach to strategy delivery for 2024/25 will be brought to the next Board workshop in April for discussion of methods that add value and demonstrate outcomes of delivery.

**The Board is asked to:**

**Note the update.**



# Sherwood Forest Hospitals NHS Foundation Trust (SFH) 2023-24 Strategic Priorities **Quarter 3 Update**

Contents		Page
1.	Overview of Our 2023/24 Priorities .....	1
2.	Summary 'Position on a Page' at Quarter 3 .....	2
3.	Detailed Quarter 3 Update .....	5

## Overview

**Vision:**  
Healthier  
communities  
and  
outstanding  
care for all

### Strategic objectives

### In the final year of our 2019-24 strategy, we will...

### Values

Provide  
outstanding care  
in the best place  
at the right time

- Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics
- Continue to recover our Planned Care services
- Continue to work towards a sustainable model of urgent and emergency care
- Progress Workforce Transformation

**1**  
**Communicating  
and working  
together**

Improve health  
and wellbeing  
within our  
communities

- Focus on Maternity Services ensuring babies have the best possible start in life
- Work with ICB partners to reduce health inequalities and prevention for those in greatest need

**2**  
**Aspiring and  
improving**

Empower and  
support our  
people to be the  
best they can be

- Support and celebrate diversity in all its forms, creating a sense of belonging
- Retain talent through recognition and development, creating more flexible and varied roles.
- Support our people's health and wellbeing needs, ensuring our people have the practical and emotional support they need to do their jobs.

**3**  
**Respectful,  
inclusive  
and caring**

To continuously  
learn and  
improve

- Use new technology to improve our service offers for our people, patients and carers and the wider populations served by SFH
- Strengthen and sustain a learning culture of continuous improvement

Sustainable use  
of resources  
and estate

- Develop a roadmap to longer-term financial sustainability
- Contribute to the wider societal work to mitigate the impact of climate change on the health and wellbeing of our community
- Enhance the utilisation of the SFH estate to support the delivery of outstanding care in the best place.

**4**  
**Efficient  
and safe**

Work  
collaboratively  
with partners in  
the community




























- Embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.
- Develop and launch the SFH 2024-29 Strategy

## 1. Summary – Qtr. 3. ‘Position on a Page’







Ref	2023/24 Trust Priority	Executive Lead	Overall RAG Qtr. 1	Overall RAG Qtr. 2	Overall RAG Qtr. 3	Overall RAG Qtr. 4	Change to Previous Qtr.
1.1a	Work with Clinical Divisions to develop Clinical Service Strategies	Medical Director					↑
1.1b	Develop high level 5yr bed requirement model	Chief Operating Officer					↔
1.2a	Expand Day Case Surgery Services at Newark Hospital	Chief Operating Officer					↔
1.2b	Expand Diagnostic Services to Mansfield Community Hospital	Director of Strategy and Partnership					↔
1.2c	Achieve elective activity levels, backlogs and patient waiting times	Chief Operating Officer					↔
1.3	Progress ‘Optimising the Patient Journey’, (SFH @ Home) expand Same Day Emergency Care and Virtual wards and reduce the number of MSFT	Chief Operating Officer					↔
1.4a	Progress Medical Workforce Transformation	Medical Director					↔
1.4b	Progress Nursing, Midwifery & Allied Health Profession (NMAHP) workforce transformation	Chief Nurse					↔

### Overall RAG Key


















	<b>On Track</b> - no issues to note.		<b>On Track</b> – action underway to address minor issues		<b>Off Track</b> – action underway to address minor issues
	<b>Off Track</b> – action underway to address major issues		<b>Off Track</b> – issues identified no action underway		<b>Off Track</b> – issues not identified and no action underway

Ref	2023/24 Trust Priority	Executive Lead	Overall RAG Qtr. 1	Overall RAG Qtr. 2	Overall RAG Qtr. 3	Overall RAG Qtr. 4	Change to Previous Qtr.
2.1	Equitably transform our maternity services	Chief Nurse					↔
2.2	Agree our approach and programme of actions around Health Inequalities and prevention	Medical Director					↓
3.1	Delivery of the "Belonging in the NHS" supporting actions	Director of People					↔
3.2	Delivery of the "Growing for the Future" supporting actions	Director of People					↔
3.3	Delivery of the "Looking after our people" supporting actions	Director of People					↔
4.1a	Electronic Prescribing implementation	Medical Director					↔
4.1b	Develop EPR (Electronic Patient Records) business case	Medical Director					↔
4.2a	Develop and embed the Patient safety Incident Response Framework (PSIRF)	Medical Director / Chief Nurse					↔
4.2b	Embed the Improvement Faculty within the Trust	Director of Strategy and Partnership					↔







**Overall RAG Key**

	<b>On Track</b> - no issues to note.		<b>On Track</b> – action underway to address minor issues		<b>Off Track</b> – action underway to address minor issues
	<b>Off Track</b> – action underway to address major issues		<b>Off Track</b> – issues identified no action underway		<b>Off Track</b> – issues not identified and no action underway

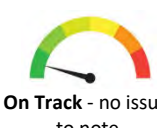
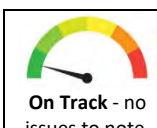


Ref	2023/24 Trust Priority	Executive Lead	Overall RAG Qtr. 1	Overall RAG Qtr. 2	Overall RAG Qtr. 3	Overall RAG Qtr. 4	Change to Previous Qtr.
5.1	Establish an underpinning financial strategy	Chief Financial Officer					↔
5.2	Deliver the objectives set out in the SFH Green Plan 2021-2026	Chief Financial Officer					↔
5.3	Develop a multi-year capital investment programme	Chief Financial Officer					↔
6.1a	Deliver the "New Ways of Working and delivering care"	Director of People					↑
6.1b	Through the Provider Collaborative improve how we work together with services outside of SFH	Director of Strategy and Partnership					↔
6.2	Through engagement develop the SFH 2024-29 Strategy	Director of Strategy and Partnership					↔



## Overall RAG Key


	<b>On Track</b> - no issues to note.		<b>On Track</b> – action underway to address minor issues		<b>Off Track</b> – action underway to address minor issues
	<b>Off Track</b> – action underway to address major issues		<b>Off Track</b> – issues identified no action underway		<b>Off Track</b> – issues not identified and no action underway

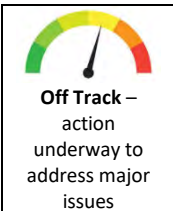
## 2. Detailed Quarter 3 Update

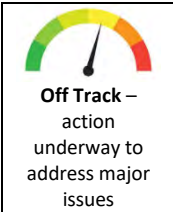
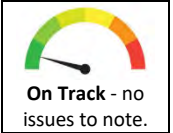
Ref	2023-24 Trust <i>Priority</i> and Deliverable	Executive Lead	SFH Governance	Measures of Success	Quarter 3 Update
1.1a	<p><i>Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics</i></p> <p>Work with Clinical Divisions to develop Clinical Service Strategies at Specialty and Divisional level, to inform a Trust level Clinical Strategy</p>	Medical Director	<p>Executive Team Meeting</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>By the end of July 2023 the ICS Joint Forward Plan will have been made available to the Divisions.</li> <li>By end Qtr. 2. Divisional service lines will have produced a 2 year plan that describes where they are now and key issues and opportunities in the 1-2 Year and 3-5 Year time horizon ensuring that options for fragile services are fully understood.</li> <li>By the end of Qtr. 3. have in place a Trust level Clinical Services Strategy that supports longer term alignment of estates, people, technological, and financial plans.</li> </ul>	<ul style="list-style-type: none"> <li>The draft Clinical Service Strategy has been presented and discussed at Clinical Forums, Quality Committee, and with Individual Non-Executive Directors and is on target to be ratified at April's 2024 Trust Board following approval by the Quality Committee in Q4.</li> </ul>
1.1b	<p><i>Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics</i></p> <p>'Develop high level 5yr bed requirement model</p>	Chief Operating Officer	<p>Executive Team Meeting</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>By the end of Qtr. 3 have an initial 5 year model in place that is informed by Divisional Service Line Plans</li> <li>By the end of Qtr. 4 refine bed model to reflect Trust level clinical strategy.</li> </ul>	<ul style="list-style-type: none"> <li>An indicative view of a 5-year adult bed model was presented to the Trust Board time out session in Nov-23. Demand was based on outline parameters as reflected in the five-year strategy relating to mid-Notts population growth modelling that was completed by our ICS colleagues. The bed model shows growing demand and capacity mismatches without mitigating actions over the next 5-years to curb forecast demand growth, significant length of stay improvements and/or investment in additional hospital capacity.</li> </ul>





1.2a	<p><i>Continue to recover our Planned Care services</i></p> <p>'Expand Day Case Surgery Services at Newark Hospital through the Transformation Investment fund (TIF)</p>	Chief Operating Officer	<p>Executive Team Meeting</p>  <p><b>On Track</b> – action underway to address minor issues.</p>	<ul style="list-style-type: none"> <li>• Service commencement by end of June 2023</li> <li>• 90% of staff substantively in post by end of Qtr. 3.</li> <li>• By end of Qtr. 4 be achieving the monthly levels of activity required to meet the full year aspirations of the TIF submission.</li> </ul>	<ul style="list-style-type: none"> <li>- The new theatre opened at Newark hospital in Nov-23 as part of our Targeted Investment Fund (TIF) development to support our elective pathway.</li> <li>- The main constraint to fully utilise the theatre capacity at Newark is Consultant Anaesthetists where we have a 35% workforce gap across the SFH services. We mitigate these gaps through Waiting List Initiatives. There are other outstanding posts to recruit into for Newark theatres which are out to advert; however, these posts are not presently a rate limiting factor.</li> <li>- The three other elements of TIF (upgrading medical day-case unit, minor operations suite and the procedure room) are now scheduled to open in Apr-23.</li> <li>- Activity levels are lower than the NHS England agreed plan because of delays in the TIF facilities being operational. We have a revised activity plan that we are working to agree with NHS England.</li> </ul>
1.2b	<p><i>Continue to recover our Planned Care services</i></p> <p>'Expand Diagnostic Services to Mansfield Community Hospital</p>	Director of Strategy and Partnership	<p>Executive Team Meeting</p>  <p><b>On Track</b> – action underway to address minor issues.</p>	<ul style="list-style-type: none"> <li>• Building works commenced by June 2023</li> <li>• Staffing model and agreed development plan in place by Qtr. 2 (Feb 25 current go live date).</li> <li>• Mobile MRI service located on MCH site and fully operational by 1st December 2023</li> </ul>	<ul style="list-style-type: none"> <li>- Pre-demolition works have commenced with the Royal Institute of British Architects RIBA stage 2 'Concept Design' completed. RIBA stage 3 'Spatial Co-ordination' has commenced with the programme currently running to plan. Engagement with all clinical specialities is underway, inclusive of suppliers of the MRI and CT scanners.</li> <li>- Completion of the workforce modelling has been dependent on finalising the operational delivery model and producing a schedule of accommodation. This has been completed and the staffing model and development plan will be presented during Q4 to steering group</li> </ul>

					members.
					<ul style="list-style-type: none"> <li>- The Mobile MRI Service has commenced at Mansfield Community Hospital.</li> </ul>
1.2c	<p><i>Continue to recover our Planned Care services</i></p> <p>'Achieve elective activity levels, backlogs and patient waiting times in line with the 2023/24 operational plan and supporting performance trajectories.</p>	Chief Operating Officer	<p>Executive Team Meeting</p>  <p><b>Off Track</b> – action underway to address major issues</p>	<ul style="list-style-type: none"> <li>• Delivery of the following metrics in line with (or better than) plan: <ul style="list-style-type: none"> <li>- Activity plans (Elective, Day Case, O/P)</li> <li>- PIFU</li> <li>- 52 and 65ww</li> <li>- Number of completed RTT pathways</li> <li>- 62-day cancer backlog</li> <li>- 28-day cancer FDS</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- The ongoing instances of Industrial Action (IA) have resulted in curtailments in elective activity which adversely impacted on our elective activity, backlog and performance metrics. This can be evidenced in Q3 when considering our strong performance against planned care activity metrics in Nov-23 (the only month without IA) when we exceeded planned levels.</li> <li>- Despite the challenges, there are some areas of strength within the measures for success with strong Patient Initiated Follow Up (PIFU) (consistently better than the 5% target) and 28-day cancer Faster diagnostic Standards (FDS) performance (consistently achieving the 75% national standard).</li> <li>- In Q3 we saw our long waits (52ww and 65ww) month-end and cancer backlog) levels grow or remain high. Our 65ww cohort continues to reduce and we have seen progress in reducing these backlogs in the early part of Q4.</li> <li>- Planned care performance data with associated narrative for all the metrics of success is included in the the quarterly Integrated Performance Report.</li> </ul>

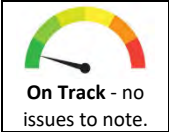
1.3	<p><i>Continue to work towards a sustainable model of urgent and emergency care</i></p> <ul style="list-style-type: none"> <li>- Progress with the Optimising Patient Journey (OPJ) improvement programme</li> <li>- Expand use of Same Day Emergency Care (SDEC) within Surgery</li> <li>- Embed and expand virtual wards</li> <li>- Work with the ICB and system partners to facilitate system actions to reduce the number of Medically Safe For Transfer (MSFT) Patients who should not be in an acute hospital bed</li> </ul>	Chief Operating Officer	<p>Executive Team Meeting</p>  <p>Off Track – action underway to address major issues</p>	<ul style="list-style-type: none"> <li>• Increase the number of patients using SDEC.</li> <li>• Increase the number of patients on a virtual ward pathway.</li> <li>• Reduce number of &gt;20 day length of stay patients.</li> <li>• MSFT patient numbers in line with ICS trajectory.</li> </ul>	<ul style="list-style-type: none"> <li>- A work programme has been agreed and is in place supported by the Improvement Faculty which supplements improvement work underway across our divisional teams.</li> <li>- Medical Same Day Emergency Care (SDEC) continues to be well utilised with our overall SDEC rate exceeding the 33% national standard. Surgical SDEC will go live in early 2024/25, with the plan to expand the offering incrementally.</li> <li>- Virtual ward utilisation has increased as services expanded in Q2 with activity at the highest levels to date in Q3.</li> <li>- Non-elective attendance and admission demand has been high resulting in the benefits of reduced Medically Safe for Transfer (MSFT) and long stay patients in Q3 not translating into improved patient flow through our hospitals. Work continues to improve discharge process data to help identify and resolve bottlenecks in the process.</li> <li>- Urgent and emergency care performance data with associated narrative for the metrics of success is included in the the quarterly Integrated Performance Report</li> </ul>
-----	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------


1.4a	<p><i>Progress Workforce Transformation</i></p> <p>- Progress Medical Workforce Transformation</p>	Medical Director	<p>Finance Committee</p>  <p><b>Off Track</b> – action underway to address major issues</p>	<ul style="list-style-type: none"> <li>• Deliver Trust and ICB/ICS Agency Task Force Group measures</li> <li>• Specialties provide future workforce models by Qtr. 3</li> <li>• Review NHSE workforce plan and put action plan in place within 2 months of publication.</li> </ul>	<ul style="list-style-type: none"> <li>- Improved data quality and analysis has been delivered.</li> <li>- Activity manager has been rolled out across divisions with initial focus on annual leave following audit of anaesthesia and orthopaedics.</li> <li>- There continues a relentless focus on high-cost locums with some progress on rate reductions or removals.</li> <li>- New Junior and SAS doctor Bank rates released.</li> </ul>
1.4b	<p><i>Progress Workforce Transformation</i></p> <p>'Progress Nursing, Midwifery &amp; Allied Health Profession (NMAHP) workforce transformation</p>	Chief Nurse	<p>Finance Committee</p>  <p><b>On Track</b> - no issues to note.</p>	<ul style="list-style-type: none"> <li>• Movement to sustainable use of agency usage starting with off framework/off cap</li> <li>• Month on month reduction in agency usage</li> <li>• Reduction of vacancies focusing on Band 5 Registered Nurses</li> <li>• Develop Allied Health Professional (AHP) Job Planning by Qtr.3 to meet Carter Review recommendations.</li> <li>• Annual Establishment review against current capacity completed by end of Qtr. 3 and development of longer term review process</li> </ul>	<ul style="list-style-type: none"> <li>- During Q3 we have continued to see a sustained reduction in the use of premium escalated rate agency usage. The escalation of staffing requests has been strengthened, and a focus on early de-escalation is being explored whilst ensuring safety remains the driving priority.</li> <li>- Q2 highlighted that the distribution of our agency usage sat at approximately 14% and bank utilisation filled 75% of all requests made. However, Q3 demonstrated a continued positive trajectory with agency usage reducing to 11% and bank utilisation increasing to 81% of all requested filled.</li> <li>- The band 5 vacancy rate continues to reduce as Q2 noted 16% and a turnover rate of 0.5% compared to a 10% band 5 vacancy rate with a turnover rate of 0.2% at the end of Q3.</li> <li>- The Trust has welcomed the final arrival of international nurses, bringing the international recruitment pipeline to a close after welcoming 48 Registered Nurses.</li> <li>- Student Nurse engagement continues to be a</li> </ul>

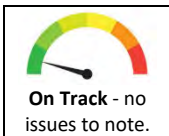
					<p>fundamental focus and incentive schemes have been communicated with teams to promote recruitment offers with participation in recruitment and career events across the region planned.</p> <ul style="list-style-type: none"> <li>- All band 5 Allied Health professionals (AHPs) will have an electronic job plan by 31<sup>st</sup> March 2024. This equates to 28% of the AHP workforce. The CNCF secondment in AHP job planning is due to finish on 31<sup>st</sup> March 2024. There remains significant potential to realise the use of our resources if the remainder of the AHP workforce is also job planned (NHSE requirements set out pre-COVID-19).</li> <li>- The annual establishment reviews have been completed. The review included our adult, children, and young people and maternity areas. Evidence-based acuity and dependency workforce modelling continues to inform the establishment process and is undertaken biannually.</li> </ul>
2.1	<p><i>Focus on Maternity Services ensuring babies have the best possible start in life</i></p> <p>Work with the Local Maternity and Neonatal Services (LMNS) to equitably transform our maternity services through delivering a single delivery plan in line with the recommendations from the Ockenden and Kirkup review and CQC inspection.</p>	Chief Nurse	<p>Quality Committee</p> 	<ul style="list-style-type: none"> <li>• Implementation of the single maternity oversight framework, completion of the CQC must do and should do actions.</li> <li>• Ensure smoking at time of delivery becomes part of our 'Business as Usual' through planning for 2024-25.</li> <li>• Optimisation and stabilisation of the preterm infant principles introduced.</li> <li>• Implementation of NHSE guidance on Equity and Equality.</li> <li>• Annual Establishment review against birth rate plus completed by end of Qtr. 3 and</li> </ul>	<ul style="list-style-type: none"> <li>- The maternity single oversight framework has been embedded within the perinatal scorecard which is utilised at both internal and external meetings. The CQC should and must do actions have now been signed off through Quality Committee and are monitored through divisional meetings.</li> <li>- Our Team who delivers the smoke free pregnancy service are now substantivized within the with W&amp;C division and have clear ongoing work plans relating to public health.</li> <li>- As part of the Maternity and Neonatal Safety Improvement Programme, the perinatal team at Sherwood have had clear Quality Improvement</li> </ul>

				development of longer term review process	<p>focus on delivering the Maternity and Neonatal Safety Improvement Programme (SIP) agenda which has been recognised and celebrated regionally. These have focused upon early breast milk and optimal cord management.</p> <ul style="list-style-type: none"> <li>- A key focus in Q3 for the delivery of the Equity and Equality guidance has been a focus upon the training for staff and has seen the launch of the two-day Cultural Safety training.</li> <li>- In Q3 the annual establishment review has been completed and aligned to the recommendation from the most recent Birthrate Plus review (Jan 2023).</li> </ul>
2.2	<p><i>Work with ICB partners to reduce health inequalities and prevention for those in greatest need</i></p> <p>agree our approach and programme of actions around Health Inequalities and prevention as a key strategic priority for the 24-29 strategy</p>	Medical Director	<p>Quality Committee</p>  <p><b>On Track</b> – action underway to address minor issues</p>	<ul style="list-style-type: none"> <li>• Assessment of 5 Year ICS NHS Joint Forward Plan within 2 months of publication (expected 30th June) to align areas of focus for Health Inequalities</li> <li>• Commence Health Inequalities reporting to Quality Committee Qtr. 3</li> <li>• Agree with Board our approach to Health Inequalities and prevention and identify any gaps Qtr. 3</li> <li>• Work internally and with partners to develop SFH or Joint proposals that qualify for any new Health Inequalities Investment Funding (HIIF) by January 2024</li> </ul>	<ul style="list-style-type: none"> <li>- Partnership and Communities Committee established and terms of reference finalised for formal Board ratification in Q4.</li> <li>- SFH Health Inequalities Steering Group established with draft terms of reference.</li> <li>- Engagement with Mid Notts Health Inequalities Oversight Group.</li> <li>- Trust Strategy 2024/29 drafted setting out high level population health priorities, ambitions, and measures to be approved in March 2024.</li> <li>- Engagement with partner trusts, NUH and NHT, to learn and share approaches in line with the ICB's health inequalities framework.</li> <li>- 2023/24 ICB Health Inequalities Investment and Innovation Fund paused until 1 April 2024.</li> </ul>



3.1	<p><i>Support and celebrate diversity in all its forms, creating a sense of belonging.</i></p> <p>'Delivery of the "Belonging in the NHS" supporting actions in year 2 of the Trusts People Strategy 2022-2025</p>	Director of People	<p>People, Culture and Improvement Committee</p> 	<ul style="list-style-type: none"> <li>On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework</li> <li>Quarterly exception reporting by the People, culture and Improvement Committee of the delivery of supporting actions</li> <li>Evaluate impact of Staff Networks by Qtr. 3</li> <li>Evaluate 6 high impact actions by the end of Qtr. 4</li> <li>Deliver 'closing the gap' action plans to improve experiences for our people with protected characteristics by end of Qtr. 4.</li> </ul>	<ul style="list-style-type: none"> <li>A culture heat map has been developed and rolled out across all Divisional Triumvirates Divisional People Committees and other key forums. Embedding taken place. Areas of improvement identified, and improvements made.</li> <li>Induction process reviewed and in place to support consistent employee feedback programme, new appraisal process rolled out during Q2. Scoping continues regarding exit interviews.</li> <li>Long service milestone events and process in place and embedded following return of face-to-face events in Summer 2023.</li> <li>Review of our Staff Networks approach has been undertaken with a view to achieving increased engagement from members and to provide additional benefits for membership. An Executive Pledge has been drafted to clarify the support from our Board and Executive Team have committed to our staff networks and their success.</li> <li>We have successfully delivered against 8 of the 14 High Impact Actions from the EDI Improvement Plan for 23/24 which is to be celebrated as the national plan was only published in June 2022. Of the remaining 6 actions, 3 were noted as being likely to move beyond March 2024 and 3 are on track.</li> <li>Gender Pay Gap and Workforce Race/Disability Equality Standard action plans have been reviewed and to date, of the 19 actions contained across the 3 action plans, 6 have been achieved and 6 remain on track.</li> </ul>
-----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------	-------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------


3.2	<p><i>Retain talent through recognition and development, creating more flexible and varied roles.</i></p> <p>'Delivery of the "Growing for the Future" supporting actions in year 2 of the Trusts People Strategy 2022-2025</p>	Director of People	<p>People, Culture and Improvement Committee</p> 	<ul style="list-style-type: none"> <li>On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework</li> <li>Quarterly exception reporting by the People, Culture and Improvement Committee of the delivery of the supporting actions</li> <li>Quarterly update to People Culture &amp; Improvement Committee on where we are growing a future workforce.</li> <li>Recruit 20 external apprentices by end of Qtr. 3</li> <li>Evaluate and further utilise the apprenticeship levy throughout 2023-24 (Ongoing)</li> <li>Talent Management approach / Leadership Development programme implemented by the end of Qtr. 4</li> </ul>	<ul style="list-style-type: none"> <li>Processes now in place to assess any completed mandatory (MAST) training for new members of staff joining the Trust from other NHS Trusts, removing the need to repeat training. Remaining training areas to be added to support portability: Safeguarding, Resus, Fire and Moving &amp; Handling (practical only)</li> <li>Appraisal Guidance documentation updated based on feedback with Easy-to-use Appraisal templates in development.</li> <li>Review of appraisals compliance data completed and actions to bring the rate back up to the 90% target.</li> <li>We continued to develop our Leadership Development offer: <ul style="list-style-type: none"> <li>Managers Digital Handbook created.</li> <li>Created content for Leaders Fundamentals and Leaders update course.</li> <li>2024/2025 operational plans developed to support Leadership Fundamentals ie. dates, rooms and planning with speakers.</li> <li>Process set up to book new leaders joining the organisation onto Leaders Fundamentals via TRAC.</li> <li>Senior People Development Trainer recruited to our team to support this portfolio.</li> </ul> </li> <li>Shared our Talent Strategy for 2023-2025 at People Cabinet in November.</li> <li>We have exceeded our Apprenticeships target - to date in 2023/24, 55 apprentices have started (including 22 newly recruited external apprentices).</li> </ul>
-----	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------	-------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

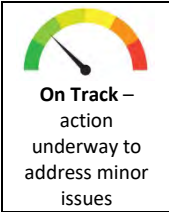

					<ul style="list-style-type: none"> <li>- 48 employees at the Trust have successfully completed apprenticeship programmes in 2023/2024 to date.</li> <li>- Multiple careers events attended (11 careers fairs in 2023/24 to date) including Step Into the NHS programme at West Notts College.</li> <li>- 4 West Notts College Business Administration students have successfully started work placements at SFH, one day per week until April 2024.</li> </ul>
3.3	<p><i>Support our people's health and wellbeing needs, ensuring our people have the practical and emotional support they need to do their jobs.</i></p> <p>Delivery of the "Looking after our people" supporting actions in year 2 of the Trusts People Strategy 2022-2025.</p>	Director of People	<p>People, Culture and Improvement Committee</p> 	<ul style="list-style-type: none"> <li>• On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework</li> <li>• Quarterly exception reporting by the People, Culture and Improvement Committee of the delivery of the supporting actions</li> <li>• Develop cultural insights to support improved experiences for our people at SFH (Ongoing/by Qtr4.)</li> <li>• Introduce a Health &amp; Wellbeing Strategy by Qtr. 3</li> <li>• Measure the effectiveness of our Health &amp; Wellbeing offer including Vivup and Occupational Health by Qtr. 3</li> </ul>	<ul style="list-style-type: none"> <li>- Following completion of our Wellbeing Fundamentals audit we have been working to develop areas where gaps were identified, for example communicating funding streams available through charitable funds/staff lottery.</li> <li>- Our assessment against the NHS England health and wellbeing framework is complete with a Health and Wellbeing Improvement Plan created. This focuses on a core set of key improvements across the whole Health and Wellbeing portfolio (Wellbeing, Occupational Health plus Health &amp; Safety)</li> <li>- Trauma Risk Management (TRiM) training was piloted in December 2023 with Emergency Department and Maternity. Good support from Comms to help with messaging and awareness. Referrals for TRiM support have started to be received and initial feedback is positive.</li> <li>- A violence and aggression working group has been established with formal reporting to the People Cabinet alongside regular attendance at the Regions reducing violence and aggression multidisciplinary group. Letters issuing yellow and red cards to patients to be sent from the</li> </ul>


					Chief Executive. Development of communication strategy regarding violence and aggression.
4.1a	<p><i>Use new technology to improve our service offers for our people, patients and carers and the wider populations served by SFH</i></p> <p>Complete the first and commence the second stages of Electronic Prescribing implementation [1. Implementation, 2. stabilisation, 3. optimisation, 4. transformation]</p>	Medical Director	<p>Quality Committee</p>  <p>Off Track – action underway to address minor issues.</p>	<ul style="list-style-type: none"> <li>Roll out EPMA to remaining areas by end of Qtr. 4</li> <li>Commence Stabilisation during Qtr2</li> </ul>	<ul style="list-style-type: none"> <li>The vacant EPR Pharmacy lead position, having been vacant for 12 months following completion of EPMA Stage 1, has now been appointed too and will be in post for Q1 24/25.</li> <li>At present the current project activities is on the delivery of EPMA to Maternity with a proposed date of delivery of June 2024.</li> <li>Paediatric and ICU timeframes will be reviewing during Q2 2024/25 in line with the EPR procurement.</li> <li>ED and Outpatients remain out of scope at this current time.</li> </ul>
4.1b	<p><i>Use new technology to improve our service offers for our people, patients and carers and the wider populations served by SFH</i></p> <p>Develop EPR (Electronic Patient Records) business case</p>	Medical Director	<p>Quality Committee</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>Submission of business case Qtr. 2</li> <li>Approval dependent commencement of recruitment Qtr. 3</li> </ul>	<p>Please note this shows the position at 29<sup>th</sup> February 2024:</p> <ul style="list-style-type: none"> <li>The EPR in a day event was held on the 6<sup>th</sup> of February. With more than 50 key stakeholders in attendance, the event was a success, and a great way to launch the EPR programme.</li> <li>The procurement workstream has completed most of the work to prepare to go out for tender as soon as the OBC (Outline Business Case) has been signed off.</li> <li>A formal tender to go out for tender is to be finalised pending a discussion with the NHS E Frontline Digitisation Programme Director</li> <li>On February 21<sup>st</sup> 2024, the Frontline Digitisation team confirmed that the Trust's OBC has</li> </ul>

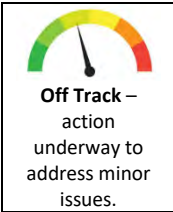
					successfully passed the FCR (Fundamental Criteria Review) gateway. The next steps will include responding to SME (Subject Matter Expert) queries after the 11th of March, with a final meeting to approve the business case in late April (known as EPRIB). Following this, the Cabinet Office review process will commence in time to go out for procurement in June 2024.
4.2a	<p><i>Strengthen and sustain a learning culture of continuous improvement</i></p> <p>Develop and embed the Patient safety Incident Response Framework (PSIRF)</p>	Medical Director / Chief Nurse	<p>Quality Committee</p> 	<ul style="list-style-type: none"> <li>• Develop Patient Safety Incident response Framework (PSIRF) by end of Qtr. 2</li> <li>• Implement PSIRF approach to match national patient safety framework during Qtr. 3</li> <li>• In Qtr.4 set out the plan to embed this in 2024-25</li> </ul>	<ul style="list-style-type: none"> <li>- The PSIRF framework was developed during Q2 and was implemented and rolled out in October 2023.</li> <li>- During Q3 there were 8 PSII's commissioned, investigations are underway. During Q3 The PSIRF Oversight Group was developed to provide the Quality Committee with assurance that an effective patient safety incident response system has been undertaken that integrates four key aims of PSIRF: <ul style="list-style-type: none"> <li>▪ Compassionate engagement and involvement of those affected by patient safety incidents.</li> <li>▪ Application of a range of system-based approaches to learning from patient safety incidents.</li> <li>▪ Considered and proportionate responses to patient safety incidents.</li> <li>▪ Supportive oversight focused on strengthening response system functioning and improvement.</li> </ul> </li> <li>- The Trust continues to embed the Patient Safety Incident Response Framework supporting the divisional processes with twice weekly Patient Safety Incident Review Groups. The Patient Safety Incident Response Plan (PSIRP) is due for review during Q4. The first PSIRF Oversight group will be held in Q4, reporting into the</li> </ul>



					Quality Committee and providing assurance that Incidents have been reviewed in line with PSIRF and that the Trust are meeting the Duty of Candour thresholds.
4.2b	<p><i>Strengthen and sustain a learning culture of continuous improvement</i></p> <p>To embed the Improvement Faculty within the Trust whose role will be to provide a centre of excellence for transformational and improvement support.</p>	Director of Strategy and Partnership	<p>Quality Committee</p> 	<ul style="list-style-type: none"> <li>Fortnightly matrix meetings established from early Qtr. 1, incorporating all teams for whom improvement is a component of their role.</li> <li>By the end of Qtr. 1 all aspects of the Trusts Transformation and Efficiency Programme to have been assessed by the Improvement Faculty to determine validity and deliverability.</li> <li>By the end of Qtr. 2 a physical Improvement Faculty office to be created for the colocation of the Transformation and Improvement Teams plus hot desk availability for other teams involved in the Faculty's work.</li> <li>By the end of Qtr. 4 an Initial (independent) review of the Improvement Faculty's impact will have been completed and reported to the Finance Committee.</li> </ul>	<ul style="list-style-type: none"> <li>The 'Improvement Advisory Group' (IAG) (matrix meeting) continues to meet monthly. As noted previously, the terms of reference have been revised and meetings will, in future, be used to explore specific issues. IAG meetings continue to be well attended.</li> <li>All aspects of the Trusts Transformation and Efficiency Programme have been assessed by the Improvement Faculty. Work has commenced on determining 2024/25 priority areas.</li> <li>The Improvement Faculty 'Hub' has now been created. As well as hosting the Transformation and Improvement elements of the Faculty, the Hub is also used as a hot-desk facility for other colleagues across the Trust. This continues to promote greater collaborative working.</li> </ul>

5.1	<p><i>Develop a roadmap to longer-term financial sustainability</i></p> <p>Establish an underpinning financial strategy to act as the foundation for the delivery of our new 2024-29 Strategy</p>	Chief Financial Officer	<p>Finance Committee</p>  <p><b>On Track</b> – action underway to address minor issues</p>	<ul style="list-style-type: none"> <li>A Financial Resources Oversight Group will be established by the end of Qtr. 1.</li> <li>Use of Resources reviews undertaken by the end of Qtr2, to better understand where and how we spend our resources.</li> <li>By the end of Qtr. 3 multi-year divisional budgets will be established.</li> <li>We will have investment plans and financial efficiency plans for 2024-25 and beyond in place by Qtr. 4.</li> <li>Establishment of a Strategic Procurement plan alongside ICS partners.</li> </ul>	<ul style="list-style-type: none"> <li>A Financial Recovery Cabinet in operation meeting monthly.</li> <li>A Financial Resources Oversight Group is in operation meeting monthly.</li> <li>A Medium-Term Financial Plan, including stretch financial recovery targets to deliver multiyear budgets which return spending to control total limits in the medium term, is in production.</li> <li>Stretch savings targets to formulate into deliverable financial savings plans for 2024/25 have been agreed by the Trust Management Team (TMT)</li> <li>All ICS partner work plan data now on the Atamis database. Working groups now convened to analyse the data. A long list of both clinical and non-clinical potential projects for collaboration has been developed. These projects are being assessed by all partners to review viability. The final shared work plan will be agreed by early April 2024.</li> </ul>
5.2	<p><i>Contribute to the wider societal work to mitigate the impact of climate change on the health and wellbeing of our community</i></p> <p>Establish the Sustainability Development Steering Group and progress delivery of the objectives set out in the SFH Green Plan 2021-2026</p>	Chief Financial Officer	<p>Finance Committee</p>  <p><b>Off Track</b> – action underway to address minor issues.</p>	<ul style="list-style-type: none"> <li>Improvements evidenced in key metrics (including energy and water consumption, waste and carbon emissions).</li> <li>Annual Green Plan report to Board in Q3.</li> <li>BAF PR8 score maintained or reduced.</li> <li>Funding secured to progress Energy Reduction Projects.</li> </ul>	<ul style="list-style-type: none"> <li>A 'Deep-Dive' paper evidencing achievement against key metrics will be developed for March 2023 Finance Committee.</li> <li>A Case for investment in the sustainability team is to be submitted during Q4 as part of the planning round.</li> <li>An application to address a revenue pressure associated with a Decarbonisation Plan is to be submitted during Q4 as part of the planning round following an unsuccessful bid to the ICS to fund.</li> </ul>

					<ul style="list-style-type: none"> <li>- The Trust Sustainability Lead is engaging with all Green Plan workstream leads to refresh expectations and reporting.</li> </ul>
5.3	<p><i>Enhance the utilisation of the SFH estate to support the delivery of outstanding care in the best place.</i></p> <p>Complete a comprehensive space utilisation review of all Trust sites to underpin delivery of the Estates Strategy, develop a multi-year capital investment programme, and work with system partners to find solutions to long-standing estate challenges.</p>	Chief Financial Officer	<p>Finance Committee</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>• Refreshed Space Utilisation Group operational and assessment of all SFH estate completed by Qtr. 4, to identify potential solutions that support delivery of the emerging Clinical Service Strategies.</li> <li>• Completion of the key capital schemes in line with planned timescales and budgets.</li> <li>• Multi-year capital investment programme in place.</li> <li>• Business cases prepared for future development opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>- The new Space &amp; Utilisation Manager post has now been appointed.</li> <li>- Work is progressing to develop a new space allocation process to be agreed by the Trust Management Team during Q4.</li> <li>- Innovative Space allocation software has been rolled out for the Newark Hospital site following completion of the TIF estates scheme. Consideration to be sought for roll out across KMH pending funding.</li> <li>- Early considerations for post PFI settlement investment decant options underway with Project Co.</li> </ul>
6.1a	<p><i>We will embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.</i></p> <p>Delivery of the "New Ways of Working and delivering care" supporting actions in year 2 of the Trusts People Strategy 2022-2025</p>	Director of People	<p>People, Culture and Improvement Committee</p>  <p>On Track – action underway to address minor</p>	<ul style="list-style-type: none"> <li>• On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework.</li> <li>• Quarterly exception reporting by the People, Culture and Improvement Committee of the delivery of the supporting actions</li> <li>• Delivery tactical people plans by Qtr. 1</li> <li>• Develop workforce transformation to deliver</li> </ul>	<ul style="list-style-type: none"> <li>- Tactical People Plans developed and distributed across the Trust. Discussions have occurred, and additional intelligence provided, this feedback has been brought into the next stage of tactical people plans.</li> <li>- Continued to support workforce planning for Mansfield Community Diagnostics Centre (CDC). We have started to revalidate the CDC workforce model will be completed in Q4 now</li> </ul>

			issues	<p>Newark Transformation Investment Funding (TIF) by July 23 and Mansfield Community Diagnostics Centre (CDC) by Qtr. 2</p> <ul style="list-style-type: none"> <li>Design and understand interfaces between People and Transformation programmes to support financial improvements by end of Qtr. 4.</li> </ul>	<p>we have progressed through RIBA stage 2. As part of this we will look at phasing and mobilisation plans.</p> <ul style="list-style-type: none"> <li>Delivered our initial 100-day plan aligned to the route to balance and reducing unnecessary costs, development of +100-day plans aligned to March 2024 targets in progress.</li> <li>Commenced review on change forms looking at internal new starters and terminations. Undertook ESR (Electronic Staff Record) assessment and received high levels of assurance on our ESR usage.</li> </ul>
6.1b	<p><i>We will embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.</i></p> <p>As a Nottingham and Nottinghamshire provider collaborative we will identify and deliver opportunities to improve how we work together with colleagues and services outside of SFH.</p>	Director of Strategy and Partnership	<p>Executive Team Meeting</p> 	<ul style="list-style-type: none"> <li>2023-24 Provider Collaborative at Scale (PC@S) Prospectus agreed during Qtr. 1</li> <li>PC@S Maturity Matrix Completed and action Plan in place by Qtr. 2</li> <li>2023-24 PC@S areas of focus refreshed and agreed for 2024-25 by the end of December 2023</li> </ul>	<ul style="list-style-type: none"> <li>The Nottinghamshire Provider Collaborative at Scale (PC@S) purpose, priorities and mission statement have been drafted and agreed. It has been agreed by the PC@S Leadership Board that more specificity on priorities is needed to produce the prospectus, which has been delayed as the collaborative has been considering its role in system financial recovery. Given this, conversations are ongoing about the need for a prospectus at this time and whether the production of a 2024/25 Plan to accompany the MOU would be most appropriate.</li> <li>The 2024/25 areas of focus have now been agreed as People and Culture and Corporate Services with work to be undertaken during Qtr. 4 and early 2024/25 to fully scope this out.</li> </ul>

6.2	<p><i>Develop and launch the SFH 2024-29 Strategy</i></p> <p>Through engagement with our People, Board, Council of Governors, Patient &amp; Carers, the wider community we serve and our partners we will put in place a strategy that reflects our populations needs and contributes to our social, partner and regulatory agendas.</p>	Director of Strategy and Partnership	<p>Executive Team Meeting</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>Engagement plan in place by the end of May 2023</li> <li>Draft 'Consultation' Strategy completed for 5th October Board</li> <li>Board Approval of Strategy - 4th Jan 24</li> <li>Clear set of priorities and actions for Year 1 agreed with Board during Qtr. 4 (updated annually)</li> <li>2024-29 Strategy launched Qtr. 4 2024</li> </ul>	<p>- The Sherwood Forest Hospitals Trust 'Improving Lives' Strategy launch date has been planned for 7<sup>th</sup> March 2024.</p>
-----	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------



## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Clinical Services Strategy				<b>Date:</b> 4 <sup>th</sup> April 2024
<b>Prepared By:</b>	Kevin Gallacher, Associate Director Planning & Partnerships				
<b>Approved By:</b>	Simon Roe, Deputy Medical Director				
<b>Presented By:</b>	David Selwyn, Medical Director				
<b>Purpose</b>					
To ratify the Clinical Services Strategy.				<b>Approval</b>	<b>X</b>
				<b>Assurance</b>	
				<b>Update</b>	
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Principal Risk</b>					
PR1	Significant deterioration in standards of safety and care				<b>X</b>
PR2	Demand that overwhelms capacity				<b>X</b>
PR3	Critical shortage of workforce capacity and capability				<b>X</b>
PR4	Failure to achieve the Trust's financial strategy				<b>X</b>
PR5	Inability to initiate and implement evidence-based Improvement and innovation				<b>X</b>
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				<b>X</b>
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
Quality Committee Clinical Chairs Medical Managers					
<b>Acronyms</b>					
CSS - Clinical Services Strategy ICS – Integrated Care System					
<b>Executive Summary</b>					
<b>Background:</b>					
<p>The Clinical Services Strategy and its delivery plans have been co-developed and co-produced with our clinical and operational teams and brought together by the Office of the Medical Director supported by the Strategy and Partnership directorate.</p> <p>It is an integral part of the new strategic framework being employed by the Trust to underpin the 'Improving Lives' strategy which was launched by the Trust on the 7<sup>th</sup> March 2024.</p> <p>On Monday 25<sup>th</sup> March 2024 the Quality Committee approved the enclosed Clinical Services Strategy for submission to the April Board meeting for ratification.</p>					

**Further engagement and socialisation:**

Although the CSS will be published on the Trust Internet and Intranet pages it is not intended to be used as a public facing document in the same way as the Trust Strategy, with the main audience for the CSS being the Trust clinical, operational, and corporate support teams and clinical colleagues in the wider Nottingham and Nottinghamshire ICS.

Following ratification at Trust Board we will further socialise the CSS with clinical, operational, and corporate support teams, communicating this strategy both internally and externally. We will also encourage and empower our people to take practical steps to implement this strategy as well as to develop the '*In 2025/26 We Will*' delivery plan as set out in the next steps.

**Assurance of the '*In 2024/25 We Will*' actions:**

The Board strategy assurance framework that will underpin the new Trust strategy relies on the Sub Committees of Board owning and assuring themselves on the delivery of the supporting strategies, which taken together will contribute to the delivery of the strategic objectives and vision.

The overarching strategy assurance framework will be discussed at the Board of Directors workshop on the 25<sup>th</sup> April with the CCS component reflecting the Quality Committee preference to receive six monthly updates on the delivery of the '*2024/25 We Will*' actions as well as the work to be undertaken to refresh the CSS for 2025/26; year two of the CSS.

**Next steps:**

- Further engagement with the Division Leadership Teams to align and integrate the '*In 2024/25 We Will*' actions with existing governance arrangements and the improvement and transformation approach wherever possible.
- Wider internal and external engagement and socialisation of the CSS.
- Establish the programme of work to develop the 2025/26 '*We Will*' delivery plans.

The Quality Committee will be provided updates on the above next steps as part of the first 6 monthly update.

**The Trust Board are asked to:**

1. Note and ratify the Clinical Services Strategy.

Outstanding Care,  
Compassionate People,  
Healthier Communities



Sherwood Forest Hospitals  
NHS Foundation Trust



# Clinical Services Strategy

2024 - 2029





## Contents

01	Welcome	04
02	Our vision for clinical services	06
03	Who we are	08
04	Drivers for change	12
05	Guiding Principles	14
06	What does this mean in practice	16
07	Next steps	28

## Appendix

08	Glossary of terms	29
----	-------------------	----



# 1. Welcome

We are proud to introduce our first Clinical Services Strategy, an integral part of our overall Trust strategy, **Improving Lives**. This supporting strategy provides a clinical and service focal point for shaping the Trust's thinking and future direction. It is central to the delivery of the Trust's Vision:

**'Outstanding Care delivered by Compassionate people enabling Healthier Communities'.**

Over the next five years the NHS will face some of the most challenging times in its 75-year history. In our community, people are living longer but their physical, social, and mental health needs are increasing. Multiple health conditions are increasingly common among our patients. Our current way of delivering services, which are often designed around single diseases, does not always fit with this. There is an increasing demand for the care we provide but with a change in how people want to access our services. We need to focus on ways to maximise independence and minimise the duration of illness from old age to the end of life.

Our services need to reflect advances in medicine and technology including major changes in digital technologies, automation and genomics, the changing workforce, the increasing focus on keeping people healthier so they need our services less or later, and the need to be financially sustainable.





With this volatile and uncertain backdrop, having a clear focus on how our services, our specialities, our models of care and our patient pathways need to change and improve will be crucial for us to improve lives. Achieving this requires a strong, unified clinical and operational voice to ensure that we have clarity on the strategic direction for our services.

**As a local healthcare provider, we are in a privileged place to support patients throughout their life. We recognise our role in helping people to Start Well, Live Well, Age Well and Die Well.**



This Clinical Services Strategy and its delivery plans have been co-developed and co-produced with our clinical and operational teams. It sets out the guiding principles we will use to design our services. It will be regularly reviewed throughout its life and adjusted accordingly, ensuring that the involvement of our patients and our partners influences our delivery plans.

**We are grateful to everyone for their input into this strategy and for the further work that will be undertaken throughout the next five years.**



**Dr David Selwyn**  
Medical Director



**Phil Bolton**  
Chief Nurse



**Rachel Eddie**  
Chief Operating Officer

## 2. Our vision for clinical services

Most decisions in the NHS, especially those about the treatment of individuals, are rightly taken by the 'local NHS' and by patients in conjunction with their clinicians. As a clinically-led organisation, it is important that we actively listen to the voices of our service users and our people working in our services. This will help us to better understand our patient needs and the opportunities for SFH's clinical services in the future.

**Our clinical leaders have agreed on eight guiding principles. These are the underlying values against which our clinical teams will provide care and transform our services. They underpin our ambitions, commitments, and clinical priorities alongside our CARE values.**

We recognise the part we should play in our local area and our role in supporting people to live their best lives as part of their community. Our Improving Lives strategy reflects how important this is to us. Even though we cannot eliminate health inequalities alone, we can make a significant difference by adopting equitable ways of working, prioritising all aspects of healthcare with prevention embedded across our services, reducing our environmental impact, and adding social value in our role as an anchor organisation.



**We will work with patients, carers, and our local community to help keep people well.**

**When we fail to keep people healthy the demand for health and care services grows in magnitude and complexity. It also has wider implications for the economic prosperity of our communities.**

### **We will work individually and with partners:**

- to prevent the onset and development of disease.
- to put actions and services in place that will contribute to increasing healthy life expectancy and that are good for our patients, good for our Trust, and good for our planet.
- to manage the growth in demand for our services and to keep people in the best place for their care needs whether this is in or outside of our hospitals.
- to strive to provide the best possible service and experience for our patients when our hospital services are needed.

### **Our goal is to help people live well today and to influence future generations' health.**

We want Sherwood Forest Hospitals to look beyond its traditional boundaries and contribute to delivering healthier communities. This means that, where it will improve outcomes for our local communities, we may provide or run local services outside of normal hospital services and in community locations. We may also ask partners to run services jointly with us or even to run services for us or instead of us where this strengthens the service.

We also recognise that technology developments such as the electronic patient record can offer significant opportunities for innovation and improvement in our ways of working when implemented well.

Ensuring that our services align with these ambitions will require constant reflection and review of this strategy as part of a framework that will support us to seize opportunities when new resources do become available and to make the case when there are major changes, such as in digital, system automation, robotics or transformational drug treatments and genomics.

**This strategy sits alongside our Quality, People, Finance and Partnership supporting strategies that collectively deliver our strategic objectives and improves lives.**



#### **VISION**

- **Outstanding care** delivered by
- **Compassionate people** enabling
- **Healthier communities**



#### **GUIDING PRINCIPLES**

- Personalised & equitable co-designed care
- Continuous improvement & quality of care
- Research & technology-enabled care
- Compassionate & inclusive
- Developing & empowering our people
- Living healthier & longer lives
- Partnership & collaboration
- Best use of our and the planet's resources



#### **VALUES**

- Communicating & working together
- Aspiring & improving
- Respectful, inclusive & caring
- Efficient & safe



# 3. Who we are

Sherwood Forest Hospitals Trust is an acute hospital providing a full range of hospital and some community services for our Mid Nottinghamshire population and adjoining areas. We provide high-quality unplanned (urgent and emergency) and planned care services across our sites at King's Mill Hospital, Mansfield Community Hospital and Newark Hospital. The Trust is proud to be a clinically led organisation, and as such blends and draws on the expertise of Medical, Nursing, Midwifery, Pharmacists, Clinical Scientists, Allied Health Professionals (AHP's) and operational managers among others to lead and deliver its services.



The Trust delivers its clinical services through five clinical divisions. Our divisions and clinical services are led by a team made up of three individuals representing nursing, midwifery or AHP, operational managers and senior clinicians. These teams are key to the delivery of our clinical strategy.

## Our Clinical Divisions

**Urgent and  
Emergency  
Care**

**Surgery,  
Anaesthetics  
and Critical  
Care**

**Medicine**

**Clinical  
Support,  
Therapies, and  
Outpatients**

**Women's  
and  
Children's**

## Urgent and Emergency Care (UEC)

The Division of Urgent and Emergency Care performs a critical role in keeping the population healthy. Our urgent care front door services respond to more than 180,000 attendances every year and play a key part in supporting patients to receive the right care, by the right person, as quickly as possible. Our services include: King's Mill Emergency Department (ED), Newark Urgent Treatment Centre (UTC), Acute Medicine, Same Day Emergency Care (SDEC), Emergency Assessment Unit; Short Stay Unit, Discharge Lounge and our Hospital Out of Hours service.



**Dr Ben Owens**  
Divisional Clinical Chair



**Steven Jenkins**  
Divisional General Manager



**Richard Clarkson**  
Divisional Head of Nursing & Head  
of Service ED and Newark UTC

## Surgery Anaesthetics and Critical Care (SA&CC)

The Division of Surgery, Anaesthetics and Critical Care is one team looking after the full surgical pathway for patients from pre-op through to discharge from our surgical wards. We are responsible for anaesthetics, theatres and critical care, along with nine surgical specialties and decontamination.

Our services are provided on both Kings Mill and Newark hospital sites. We have 130 beds across six inpatient wards at King's Mill, including a surgical assessment unit and an additional ward at Newark. We are also responsible for a 16-bedded day-case unit, a 15-bedded intensive care unit and 11 main and four day-case theatres, which includes a new laminar flow theatre at Newark which opened in November 2023 to support the expansion of surgical services.

The Division will be implementing surgical same day emergency care from April 2024 to support the reduction in unnecessary admissions.



**Mr Sreebala Srinivasan**  
Divisional Clinical Chair



**Jo Fort**  
Divisional General Manager



**Trevor Hammond**  
Divisional Director of Nursing

## Medicine Division:

The Medicine Division looks after the majority of acute admissions to Sherwood Forest Hospitals, with over 400 in-patient beds over three sites, ranging from high acuity cardiac and respiratory beds to inpatient rehabilitation services. We also look after many patients in their own homes through the SFH@Home service providing intravenous therapy and stepdown services for a wide range of conditions. We aim to look after as many patients as possible in their own home.

The Division offers diagnostic tests, including gastroenterology and respiratory endoscopic examinations and cardiac respiratory and gastroenterology physiological tests.

The outpatient services include Dermatology (including skin surgery), Diabetes and Endocrinology (including pumps), Gastroenterology, Geriatric Medicine, Clinical Haematology, Neurology (provided by Nottingham University Hospitals – NUH), Oncology (provided in conjunction with NUH and including systemic anticancer treatment), Renal (NUH), Respiratory (including Sleep Medicine), Rheumatology and Stroke.



**Dr Mark Roberts**  
Divisional Clinical Chair



**Jo Wright**  
Divisional General Manager



**Carly Rollinson**  
Divisional Director of Nursing

## Clinical Support, Therapies & Outpatients (CSTO)

We are a new and forward-looking divisional team, supporting over 15 separate services which impacts every patient the trust sees. Alongside Pharmacy, Radiology, Pathology and Outpatients, our other services include Medical Photography, the Faith Centre, Therapies, Medical Records, Clinical Engineering and Sexual Health Services.

The Division is entering an exciting time with several ongoing and innovative projects including a cross-county innovation for Pathology services, a trust-wide Outpatient Transformation Programme and the opening of the Mansfield Community Diagnostic Centre (CDC) which has the potential to be the largest capital project that the organisation has undertaken in a decade.



**Dr James Thomas**  
Divisional Clinical Chair



**Adam Littler**  
Divisional General Manager



**Lindsey Chapman**  
Divisional Director of Nursing & AHPs



## Women's and Children's (W&C)

The Women's & Children's Division supports our dynamic and innovative teams within Obstetrics & Gynaecology, and Acute & Community Paediatrics.

Maternity Services at Sherwood Hospital are rated as one of the highest performing in the Midlands. We have approximately 3,500 babies born every year with this number expected to grow further over the life of this strategy. The Children's Centre at King's Mill Hospital has a proud reputation for providing first-class general acute and community paediatric services alongside our children's services and Women's Centre at Newark Hospital.

A level 2 Neonatal & Paediatric centre based at King's Mill Hospital offers premature babies and children high-quality care. Gynaecology services range from general to specialist, including managing approximately 50-60 gynaecological cancers per year working in partnership within the East Midlands Cancer Network.

As part of our clinical services strategy, we are committed to supporting and developing our workforce to ensure that teams and services are well led and have access to academic opportunities and wellbeing support.



**Mr Srin Vindla**  
Divisional Clinical Chair



**Matt Warrilow**  
Divisional General Manager



**Paula Shore**  
Divisional Director of Midwifery &  
Head of Nursing



## 4. Drivers for Change

We cannot work in isolation, and we have developed our clinical services strategy considering the Nottingham and Nottinghamshire Integrated Care Strategy and the Nottingham and Nottinghamshire NHS Joint Forward Plan.

We will further develop our role in population health management contributing to a shift in focus from reactive to proactive and preventative care while targeting health inequalities and inequity and reducing our impact on the environment.



### We have identified several key drivers:

- People in our community are living longer, but frequently with an increasing number of complex physical, social, and mental health needs. We aim to contribute to the increased healthy life expectancy of our population.
- Our services need to reflect advances in medicine and technology, the changing workforce, and be financially sustainable.
- To meet increasing demand, we need to develop new ways of working. Services will have to be delivered in ways that are different from how people have accessed and received services previously.
- People will also need to take a more active role in their own well-being and accept that things may have to be done differently in the future.
- We need to keep people out of hospital when this is in their best interests, or to minimise length of stay when admission is essential. Expanding the hospital isn't realistic nor is a hospital always the best place for someone to receive care.
- At the same time we need to maintain the quality of interaction with our patients and manage the impact of these changes on our people.

Innovation and partnership collaboration is more important than ever to maintain the quality of our services and to meet these future challenges. Through this we have the opportunity to draw upon clinical and operational knowledge and leadership from across the system to deliver, develop, plan and implement different ways of working.

We have a hugely talented, skilled, and committed workforce who are ambitious about their services, patients and people. Through this clinical services strategy, we will empower our people to develop, innovate and work across professional and organisational boundaries within the resources provided to us.



# 5. Our Guiding Principles

Our clinical leaders have agreed **guiding principles** which can be applied to all of the services we deliver.

## Personalised and equitable co-designed care

- Some people require more help to access healthcare than others. We plan our services around the needs of the individual, asking: **“what matters to you?”**
- **Service users, our people and partners** are actively encouraged and supported to be **involved in the design and implementation of our services** as we strive to ensure consistently good outcomes.

## Continuous improvement quality of care

- We embrace **improvement as fundamental** to deliver outstanding care and recognise that it is everyone’s responsibility.
- We provide our people with the **right information tools** to assess service performance, identify improvement areas and monitor progress.
- We are **open and welcoming of opportunities** to provide services in a better way.

## Research, technology and innovated care

- We actively seek out new **research opportunities, innovations, and digitally-enabled solutions** with the resources we have, or can attract, to improve the health outcomes of our patients, our citizens and their communities.

## Compassionate and inclusive

- **Our people and patients come first**, doing what is the right thing ‘with them’ and not ‘for them’.
- **We value every person** as an individual, respect their aspirations and commitments, and seek to understand their values and beliefs .
- We exhibit **CARE values** in every interaction with each other and our patients.



### Developing and empowering our people

- We actively plan for, and participate in, the **education and teaching** of our current and future workforce.
- We **empower and harness the potential of our people** to have confidence in their judgement, to work collaboratively and to develop new ways of working.
- We **grow the medical and wider NHS leaders of the future**, equipping them to thrive in a complex and evolving future.

### Living healthier and longer lives

- We develop our plans and design our services to meet the **current and forecast health needs of our population**.
- We contribute to **prevention and reducing health inequalities** helping our population to keep well and healthy.

### Partnership and collaboration

- We support **self-care and management** in the community to keep patients out of hospital, where it is clinically appropriate and safe to do so.
- We seek out opportunities for effective **collaboration and partnerships** to meet people's healthcare needs.
- We are open to **new provider / collaborative models** if it is in the best interests of our patients and communities.

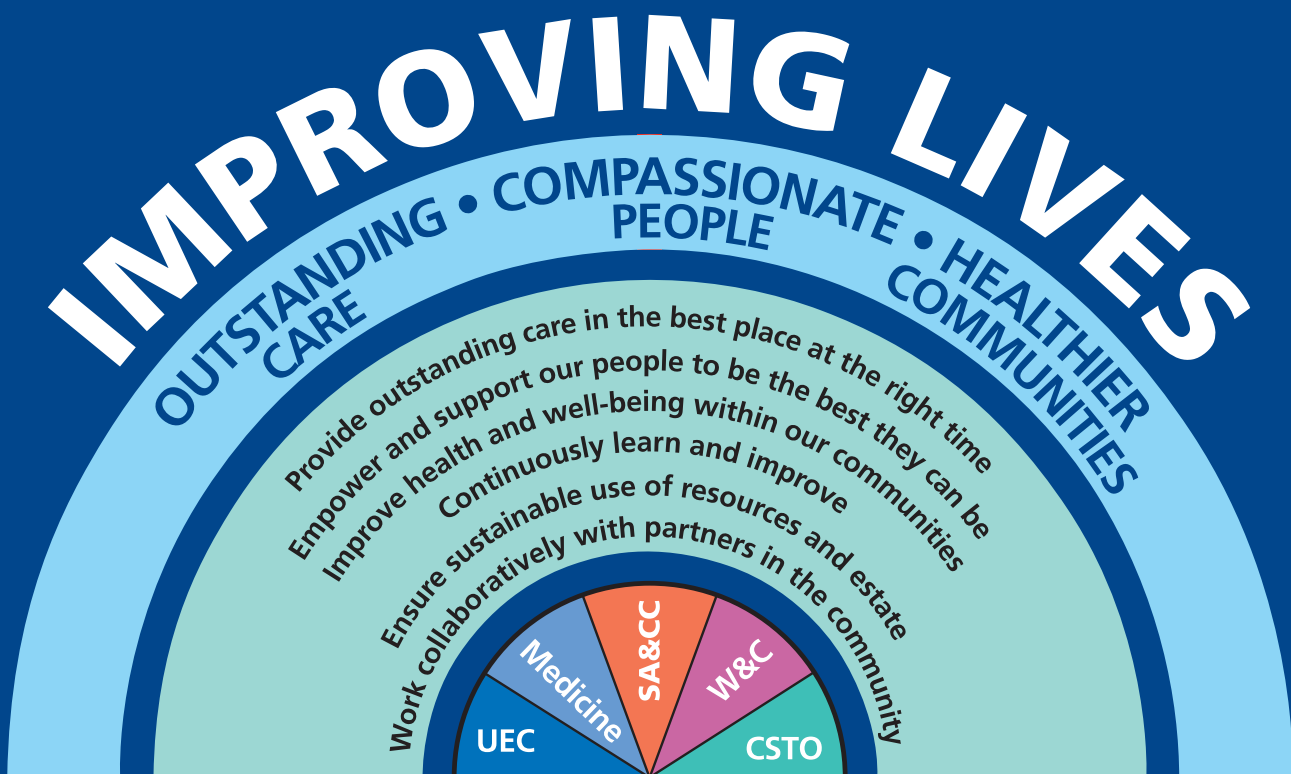
### Best use of our and the planet's resources

- We provide care and services for our patients and communities that is **sustainable, both financially and for the planet**.
- We recognise our financial constraints and act with **responsibility**.

## 6. What does this mean in practice and how we will get there

**The Sherwood Forest Hospitals Improving Lives strategy sets out six strategic objectives.**

Within this section we have described what these objectives mean for patients and our people in the context of the Clinical Services Strategy. We have also set out the actions we will be undertaking during 2024/25 that, when taken together, will make a significant contribution to the delivery of our vision of Outstanding Care delivered by Compassionate People enabling Healthier Communities.



The Quality Committee, a Sub Committee of the Trust Board, will retain oversight of these actions and assure the Trust Board on their delivery. We will plan and develop additional deliverables for 2025/26 as set out in the next steps section.

We have set out on the following pages what we are committing to deliver in 2024/25 linking this directly to the different strategic objectives:



## Strategic Objective 1

### Provide outstanding care in the best place at the right time

#### What does this mean for our patients and communities?

- Patients can be confident that we strive to provide them with the best evidence-based care, not necessarily at a hospital or provided by us.
- Services are planned around the needs of our patients who are asked what matters to them as equitable partners.
- Additional support is given to our most vulnerable patients and their carers to facilitate equitable access to care.
- Patients receive earlier diagnosis of conditions meaning treatment can be started earlier with an improved chance of a better outcome for them and less cost to the healthcare system because we caught things earlier.
- Patients will recognise that we will always strive to ensure that their experience is consistently positive.
- Our communities will experience a reduction in relative disparities in access to our services.



#### What does this mean to our people and the organisation

- We provide a supportive, inclusive and kind working environment for our people to be their best.
- We are always willing to learn and improve and our people feel supported and able to raise any concerns and are confident that that these are acted upon.
- Our people work together, with patients, communities, and partners to design solutions, which improve access to care, narrow health inequalities, and improve outcomes.
- We will continue to work with partners to seek whole system solutions to the increasing demand and levels of care complexity experienced by our services.
- We will ensure that our clinical staff retain generalist as well as specialist skills to ensure we are best placed to deal with our ageing population and increasing multi-morbidity demand across all age groups.

## Strategic Objective 1

### Provide outstanding care in the best place at the right time

#### In 2024/25 we will:

- Embed a systematic and strategic approach into planning our clinical services.
- Evaluate a series of proposals from our clinical teams to develop our local services to ensure that where clinically appropriate care is provided locally. Where care has to be provided by partners, we will seek to ensure transitions of care between organisations is as smooth as possible.
- Work with colleagues across the local health care system to reduce people accessing our hospital based urgent care services or remaining in them where there are better alternatives for them. As part of this we will continue to develop our SFH@Home 'Virtual Ward' model of care.
- Continue to develop our internal urgent care pathways and optimise patient's journeys through our hospital so that when we are needed, patients are seen and discharged from our hospitals with minimal delay.
- Continue to take actions to increase access to and improve waiting times for our planned care and cancer services.
- Increase the availability of diagnostics services through the establishment of a community diagnostic centre (CDC) at Mansfield Community Hospital
- Work to identify and implement sustainable solutions for services recognised as our most challenged.
- Work with our Regional & System partners to consider the further expansion of our Paediatric & Neonatal Critical Care services.
- Further develop our community and hospital based services for children and young people.
- Support the System to achieve year two of the three year Maternity & Neonatal delivery plan.



## Strategic Objective 2

### Empower and support our people to be the best they can be

#### What does this mean for our patients and communities?

- Patients are always treated with respect and compassion in line with our CARE values.
- Patients come first, with care provided “with them” not “for them”.
- Patients can access closer to home services that are sustainable through the result of workforce solutions like growing our own talent.
- The patient experience will be made better through our use of technology.

#### What does this mean to our people and the organisation

- Our people feel supported, valued, and treated equitably in their job.
- Our people can explore their potential and develop themselves including learning innovative skills, with technology making our working lives easier.
- Our people are enabled to deliver high quality research and innovation.
- Our people feel they are physically and psychologically safe at work.
- We grow the workforce we need, reducing the need to use temporary agency or locum staff, and maximising the chance to maintain the viability of our services.

#### In 2024/25 we will:

- Engage our Board and staff in the vision for inclusive recovery and reducing health inequalities.
- Set out a people development approach for our teams to build their knowledge and confidence in population health and health inequalities and to ensure we make every contact count.
- Develop long term workforce plans for our clinical services exploring how services can be delivered differently which will offer new opportunities for existing staff to develop or, for recent retirees, to return to work.
- Learn lessons from the invaluable contribution that our volunteers made during COVID in delivering care, explore how this can be sustained and introduced more widely across Trust.
- Undertake gap analysis in our medicine optimisation workforce to identify what options are available to fill, considering in particular “growing our own” and shared roles across organisations.
- Develop specialist midwifery roles.
- Undertake a series of reviews of our speciality operating models to ensure they are optimally configured to support timely and effective access to services, developing any cases for change as part of a systematic and strategic approach to planning our clinical services.



### **Strategic Objective 3**

#### **Improve health and wellbeing within our communities**

##### **What does this mean for our patients and communities?**

- Patients have an active role in deciding when, what, where and who delivers the care they receive.
- In routine interactions with health and social care staff, patients are encouraged to make positive behaviour changes that can improve their health and wellbeing.
- Patients, carers and the community have more confidence in using technology to access health information and understanding of the information and advice they receive from healthcare professionals, leading to more confidence in managing their health conditions.

##### **What does this look like for our people and the organisation?**

- Digital technology helps share information between organisations and ensures treatment decisions are based on the latest information which is easily accessible to clinical teams.
- Our people are empowered and confident in using every contact with service users to support them in making positive changes to their physical and mental health and wellbeing. They will also be confident to use this in their own lives outside of work.
- Our people work with partners to support and care for patients with long term conditions in the community.
- We have a structured population health management approach to influence pathway development and to facilitate a focus on preventing and delaying the onset of ill health.





## In 2024/25 we will:

- Strengthen the focus on health inequalities in our provider collaborative.
- Increase the awareness of existing population health and health inequalities work ongoing in the Trust.
- Further develop our secondary prevention strategies (screening to identify diseases in the earliest stages), particularly focussing on high-impact interventions for prevention and treatment of cardiovascular disease, diabetes and respiratory disease.
- Analyse our local population health data, identify our priorities and establish a health inequalities delivery plan that is within our existing resource envelope and that supports us to access additional resources when they become available.
- Improve the awareness of health literacy amongst our health professionals supporting them to equitably enable individuals to find, understand and use information and services to inform health related decisions for themselves and others.
- Conduct a review of outpatient patient leaflets and update these to equitably recognise the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- Promote “it’s OK to ask” to check that outpatients understand the information they are given.

## Latest Health inequality indicators between our most and least deprived communities

(Correct as at March 2024)



## **Strategic Objective 4**

### **Continuously learn and improve**

#### **What does this mean for our patients and communities?**

- Patients feel able to give honest feedback about their experiences and are actively involved in the design and implementation of pathways.
- Patients, carers and families are confident that issues they raise are properly addressed, within the right timeframe and clearly communicated.
- More patients will have the opportunity to take part in research.

#### **What does this mean for our people and the organisation?**

- Our people are empowered with the skills, experience and confidence for their role with timely access to training and development opportunities.
- All our people feel able to give honest feedback to improve the organisation and are confident that issues raised will be addressed.
- Our people feel supported and appreciated by peers as well as the organisation.
- Digital and technology innovations are embraced to improve patient care, avoid harm and deliver efficiencies.
- Research and innovation are used as tools for improving health and wellbeing in our communities and given appropriate priority.





### In 2024/25 we will:

- Continue to develop capacity and capability within the Trust to enable our staff to deliver high quality research and innovation and to offer more patients the opportunity to take part in research.
- Gather population health data and information from external and internal sources to establish a Trust knowledge base that supports the future planning of our services.
- Actively seek and improve the options available to patients to comment on their experience, so we can learn from their feedback.
- Actively use the Improvement Faculty to support and prioritise both small and large ideas for improvement that will help improve lives.
- Share learning from clinical audit and other service improvement activities to highlight good practice, celebrate success and spread opportunities for learning for compassionate and safe patient care.
- Take learning from other areas and where appropriate develop business cases for the application of advances in medicine and technology that will support us to improve our peoples and patient experience and to deliver outstanding care.
- Identify further opportunities for external accreditation of our services and put plans in place to obtain this where there is clear benefit to be achieved.
- Further develop our approach to supporting patients transitioning care, for example young adults moving from paediatric to adult care.



## Strategic Objective 5

### Sustainable use of resources and estate

#### What does this mean for our patients and communities?

- Patients access services in different locations, reducing travel and time spent at hospital.
- Reduced demand on hospital-based services, making it easier to park and access clinics for those that do still need to access their care there.
- Reduction in the need for patients to have further appointments and to repeat their story because the information they have already shared is digitally accessible to those involved in their care across the whole patient pathway.

#### What does this mean for our people and the organisation?

- Use of our estate is maximised:
  - Lower acuity services can move closer to communities by co-locating them with system partners.
  - Space freed by lower acuity services allows consolidation or expansion of higher acuity services to deliver care more effectively and concentrate services.
- By streamlining processes and pathways and reducing duplication, our people can focus more on patient care.
- We follow Getting It Right First Time (GIRFT) principles to reduce unwarranted clinical variation, delivering better outcomes and use of our limited resources.
- Working collaboratively enables organisations to take advantage of a combined purchasing power.
- Primary care and community health partners can access advice from secondary care to better manage patients, and signpost appropriate referrals to acute services.



### **In 2024/25 we will:**

- Prepare for our Electronic Patient Record (EPR) implementation using this as an enabler for transformation of our service delivery.
- Continue to develop our out-patient services, focussing on referral optimisation, use of virtual technology and appointments and ensuring that patients are only followed up by the Trust where this adds value to their care.
- Continue to develop and deliver our 'Future Pharmacy' programme. We will implement and optimise electronic prescribing and administration. We will develop plans to ensure that our pharmacy workforce can best support our patients with their medicines and ensure we make best use of medicines across the Trust.
- Increase our planned care activity within existing resources by improving the productivity of our theatres.
- Undertake a series of reviews across Medicine and UEC that together will support us to make the most of our existing urgent care capacity and estate.
- Finalise our plans and seek funding to implement our long term plan to 'right size' our MRI capacity.



## **Strategic Objective 6**

### **Work collaboratively with partners in the community**

#### **What does this mean for our patients and communities?**

- Communities, including those who are seldom heard, receive support and find it easier to access healthcare e.g. healthcare co-located with other public services making it more accessible.
- Patients' health conditions are better managed outside of hospital because primary care and community professions have access to advice from Trust clinicians.
- Patients and carers experience of health and social care is seamless regardless of the provider organisation.
- Services, that have been made sustainable through partnership arrangements, are still provided locally where it is reasonable to do so.
- People feel that the environment they live and work in supports and encourages them to have healthier lives.

#### **What does this mean for our people and the organisation?**

- Our people are empowered to work across traditional organisational boundaries.
- There is a co-ordinated partnership approach, which ensures we and our partners in health, social care and the voluntary sector use resources as sustainably as possible and that services are equitably accessible.
- Primary care and community health partners can access timely advice from secondary care to better manage patients, and signpost appropriate referrals to acute services. This is possible as pathways are co-designed and streamlined.
- We are clear as to which of our partnerships are key for our health inequalities strategic aims.
- Cutting across traditional health boundaries we collaborate with, and contribute to, those partnerships focused on the wider determinants of health.
- There are opportunities to draw on the collective expertise, knowledge, insight and reach of others that have more or different experience e.g. how best to engage and provide services to those seldom heard.
- We find and develop innovative solutions to problems one provider may not be able to solve on their own.
- Our people can arrange and deliver care to patients more easily in conjunction with other health and social care partners. Our people can arrange and deliver care to patients more easily in conjunction with other health and social care partners including the voluntary, community and social enterprise (VCSE) sector.



## In 2024/25 we will:

- Work with partners through 'MSK Together' to develop value-based proposals for a new integrated knee pain pathway that drives better experience and outcomes for people, using the collective resources we currently have.
- Work internally and with partners to develop our plans and the understanding of the range of benefits for the introduction of robotic surgery locally at SFH alongside proposals for funding.
- Build relationships with partners including Public Health to develop our contribution in addressing our main killers, e.g. diabetes, cardiovascular and respiratory disease and cancer.
- Support our local ambulance service to respond to patients in the community quicker by improving ambulance turnaround times at our Emergency Department.
- Work with system partners to provide streamlined pathways for patients with mental health problems who need to remain in acute settings until their care can be transferred.
- Work with our partners to engage people and communities and to strengthen the understanding of health inequalities and the impact on accessing healthcare services.





# 7. Next steps

**The launch of our first Clinical Services Strategy is an exciting opportunity to set out the guiding principles for the development of our clinical services.**

We recognise that this is the start of a journey. In the first year of this strategy, we will deliver our 2024/25 commitments and continue to build on our initial engagement with our services. We want to be ambitious but at the same time must be realistic about the workforce, financial, and capacity constraints we will experience during the life of this supporting strategy.

We will work with our services, patients, and partners to develop the workplan for year 2 of this strategy and beyond, prioritising areas that our services and divisional teams have agreed as requiring early attention and which will make the most difference to the care and healthy life years of our patients and community.

We will engage more widely with system partners to ensure this is an outward looking living strategy that recognises the challenging environment we are working within and contributes significantly to our vision of 'Outstanding Care delivered by Compassionate people enabling Healthier Communities' and the Nottingham and Nottinghamshire NHS Joint Forward Plan.

We will take every opportunity to communicate this strategy both internally and externally. We will encourage and empower our people to take practical steps to implement this strategy.



# Glossary

## **Allied Health Professional (AHP)**

This refers to roles such as Physiotherapies, Radiographers (Diagnostic or Therapeutic), Osteopaths, Speech and Language Therapists, Occupational Therapists, Podiatrists, Dieticians, Music, Art and Drama Therapists, Orthoptists and Operating Department Practitioners.

**Anchor Institution** Are usually large non-profit public sector organisations who have a strong and lasting link to the wellbeing of the community they work in. It's called an Anchor as they are unlikely to move away because of their link to the local community and they have a great influence on the health and wellbeing of the people who live and work there.

**Continuous Improvement** This is a habit (or culture) that encourages everyone to look for ways to enhance the way the organisation works, and in the context of healthcare this relates to the way it provides and delivers patient care as well as the way it operates.

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

**Health Inequalities** This is talking about the unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

**Health literacy** This term combines two parts 1) communicating the complexity of health information and the health care system 2) an individual's ability to understand and use information to make decisions about their health and care.

**Health outcomes** This is the result after a treatment, intervention or interaction with healthcare services.

**Integrated care strategy** This is the plan that sets out the most important problems that will be tackled by the ICS.

**Joint Forward Plan (JFP)** NHS organisations come together with partner organisations to produce a strategy that explains how collectively they will improve health and care for local people.

**Population health management** An approach aimed at improving the health of an entire population, addressing physical and mental health outcomes and wellbeing of people and reducing health inequalities.

**Prevention** Is the term to describe actions that aim to keep people healthy and well, and prevent or avoid risk or poor health, illness, injury and early death.

**Provider Collaboratives** These are partnerships involving at least two NHS trusts with a shared purpose and combined decision-making arrangements, aimed at transforming health services by promoting better health outcomes and values.

**Seldom heard populations** Under-represented people who use or might potentially use health or social services and who are less likely to be heard by these service professionals and decision-makers.

**Virtual Ward** Allows patients to get hospital-level care at home safely and in familiar surroundings, helping speed up their recovery.





Emergency Department  
& Primary Care Entrance







EMERGENCY CARE





## Board of Directors – Cover Sheet

<b>Subject:</b>	Declaration of Interests Progress Report		<b>Date:</b> 04/04/24		
<b>Prepared By:</b>	Laura Webster, Corporate Secretariat Team Leader				
<b>Approved By:</b>	Sally Brook Shanahan, Director of Corporate Affairs				
<b>Presented By:</b>	Sally Brook Shanahan, Director of Corporate Affairs				
<b>Purpose</b>					
To provide an update of the status of the Trust's Conflicts of Interest register.			<b>Approval</b>	<b>X</b>	
			<b>Assurance</b>		
			<b>Update</b>		
			<b>Consider</b>	<b>X</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
				<b>X</b>	
<b>Principal Risk</b>					
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				
<b>Committees/groups where this item has been presented before</b>					
Audit and Assurance Committee – 21 <sup>st</sup> March 2024					
<b>Acronyms</b>					
ESR – Electronic Staff Record   AAC – Audit and Assurance Committee   SFHFT – Sherwood Forest Hospitals NHS Foundation Trust					
<b>Executive Summary</b>					
<p>All staff are required to submit a declaration of interest if they have an actual or potential conflict. This must be made upon appointment with the Trust or when a conflict arises during their employment. Staff who are a band 7 or above are required to submit a nil declaration if there is no interest to declare.</p> <p>As of 12<sup>th</sup> March 2024, <b>51</b> employees within the Trust who are band 7+ remain non-compliant; this is a decrease from <b>88</b> employees who were non-compliant in January 2024. New starters have been contacted to ask that they complete their declaration of interests. Emails targeting band 7+ non-compliant staff members are now sent every three weeks. Recipients' line managers are automatically copied which provides an avenue for additional support to ensure compliance.</p> <p>In comparison to March 2023, 96 were reported as being non-compliant with an overall total of 1088 Band 7+ staff being identified via ESR.</p> <p>In accordance with our annual publishing schedule, the associated reports have been formatted to ensure they are suitable for public consumption. As these documents will be published post April 2024 the new Trust branding has been applied.</p> <p>The Board are asked to <b>APPROVE</b> these documents for publishing to the Trust website.</p>					

**Data as of 12<sup>th</sup> March 2024**



**Most recent actions taken:**

- ➔ Chaser emails have automatically been sent to all non-compliant band 7 and above colleagues. Line managers have been copied into these emails for notification, in hopes they will be able to support colleagues in reaching compliance.
- ➔ Information slide included on the Trust's Orientation Day presentation to capture new starters.
- ➔ Preparations arranged with the Communications Department to issue annual reminders to all staff via the below channels:
  - Weekly Staff Bulletin (scheduled for the whole of April 2024).
  - Screen savers (will pop up on all idle monitors).

### Declaration Compliance Report by Division

Division	Active Staff	Declared	Nil Returns	Non-compliant Staff	Staff Compliance (%)
214 Clinical Support, Therapies and Outpatients - L2	207	26	173	8	96.1%
214 Corporate - L2	206	25	176	5	97.6%
214 Medicine Division - L2	190	20	161	9	95.3%
214 MSK - L2	4	1	3	0	100%
214 NHIS - L2	45	4	41	0	100%
214 Surgery Division - L2	215	43	168	4	98.1%
214 Urgent & Emergency Care Division - L2	145	9	118	18	87.6%
214 Vaccination Programme - L2	5	0	4	1	80%
214 Women & Childrens Division - L2	118	10	102	6	94.9%

### Declaration Compliance Report by Staff Group

Division	Active Staff	Declared	Nil Returns	Non-compliant Staff	Staff Compliance (%)
Add Prof Scientific and Technic	41	9	31	1	97.6%
Additional Clinical Services	4	0	4	0	100%
Administrative and Clerical	210	19	188	3	98.6%
Allied Health Professionals	105	12	88	5	95.2%
Healthcare Scientists	56	6	49	1	98.2%
Medical and Dental	354	66	260	28	92.1%
Nursing and Midwifery Registered	365	26	326	13	96.4%

**Non-Compliant Band 7+ Staff as of 12th March 2024**

Last name	First name	Position name	Division	Department	Job staff group
Zaitoun	Abdul	Consultant	Clinical Support, Therapies and Outpatients	Consultants Histopathology	Medical and Dental
Weerakoon	Dharunee	Specialty Doctor	Clinical Support, Therapies and Outpatients	Consultants Microbiology	Medical and Dental
Bakhtyari-Nejad-Esfahani	Arash	Locum Consultant (P)	Clinical Support, Therapies and Outpatients	Consultant Radiologists	Medical and Dental
Hibberd	Joanne	Lead Radiographer - Nuclear Medicine	Clinical Support, Therapies and Outpatients	KMH - Generic Radiology	Allied Health Professionals
Harris	Debbie	Lead Radiographer	Clinical Support, Therapies and Outpatients	Radiography KMH - MRI Suite	Allied Health Professionals
Salih	Ahmad	Sonographer	Clinical Support, Therapies and Outpatients	Ultrasound	Healthcare Scientists
Bird	Rachel	Deputy Divisional Lead Pharmacist	Clinical Support, Therapies and Outpatients	Pharmacy SFH	Add Prof Scientific and Technic
Newman	Hannah	Practice Development Lead for Occupational Therapy	Clinical Support, Therapies and Outpatients	Therapy Management	Allied Health Professionals
Oakes	Matthew	Head of Information Services	Corporate	Digital Transformation Unit	Administrative and Clerical
Liddell-Roberts	Tracy	Accounts Payable Manager	Corporate	Financial Services	Administrative and Clerical
Chari	Raymond	Consultant	Corporate	Medical Education	Medical and Dental
Anthony	Hannah	Chief Nurse Clinical Fellow	Corporate	Corporate Nursing	Allied Health Professionals
Goulding	Georgina	Admiral Nurse	Corporate	Practice Development	Nursing and Midwifery Registered
Robinson	Lynn	Quality and Clinical Effectiveness Lead	Corporate	Vaccination SFH Staff	Administrative and Clerical
Bulgin	Melanie	Department Leader	Medicine Division	Cardiac Catheter Suite	Nursing and Midwifery Registered
Enguell	Hannah	Specialist	Medicine Division	Diabetics Medical	Medical and Dental
Bhatti	Naseer	Specialty Doctor	Medicine Division	Gastroenterology Medical	Medical and Dental
Mohamed	Atef	Specialty Doctor	Medicine Division	Gastroenterology Medical	Medical and Dental
Pembleton	Caroline	Consultant	Medicine Division	Gastroenterology Medical	Medical and Dental
Wight	Nicholas	Consultant	Medicine Division	Gastroenterology Medical	Medical and Dental
Sunny	Nisha	Ward Leader	Medicine Division	Ward 42 (Prev Ward 33)	Nursing and Midwifery Registered
Al-Asadi	Mazin	Locum Consultant (P)	Medicine Division	Haematology Medical	Medical and Dental
Vickers	Adam	Matron	Medicine Division	Division Management	Nursing and Midwifery Registered
De Soysa	Jeewana	Specialty Doctor	Surgery Division	Medical Staff Anaesthetics KMH	Medical and Dental
Abdalla	Mohamad	Consultant	Surgery Division	Medical Staff - Ophthalmology	Medical and Dental
Munir	Mubashar	Specialty Doctor	Surgery Division	Medical Staff - Ophthalmology	Medical and Dental
Jones	Francesca	Ward Leader	Surgery Division	Ward 14B Elective Orthopaedics	Nursing and Midwifery Registered
George	Samantha	Department Leader	Urgent & Emergency Care Division	A & E	Nursing and Midwifery Registered
Rose	Julia	Department Leader	Urgent & Emergency Care Division	A & E	Nursing and Midwifery Registered
Wilkinson	Andrea	Department Leader	Urgent & Emergency Care Division	A & E	Nursing and Midwifery Registered
Ali	Alaeldin	Specialty Doctor	Urgent & Emergency Care Division	KMH A & E Medical	Medical and Dental
Bodle	Kelly	Emergency Nurse Practitioner	Urgent & Emergency Care Division	KMH A & E Medical	Nursing and Midwifery Registered
Dumancas-Foster	Kristah Marie	Trainee Advanced Clinical Practitioner	Urgent & Emergency Care Division	KMH A & E Medical	Allied Health Professionals
Eche	Eric	Specialty Doctor	Urgent & Emergency Care Division	KMH A & E Medical	Medical and Dental
Elamin	Elamin	Locum Consultant (P)	Urgent & Emergency Care Division	KMH A & E Medical	Medical and Dental
Etakewen	Paul	Specialty Doctor	Urgent & Emergency Care Division	KMH A & E Medical	Medical and Dental
Haikal	Sara	Specialty Doctor	Urgent & Emergency Care Division	KMH A & E Medical	Medical and Dental
Hussain	Saghir	Specialist DR in Emergency Care	Urgent & Emergency Care Division	KMH A & E Medical	Medical and Dental
Mahmoud	Mahmoud	Specialty Doctor	Urgent & Emergency Care Division	KMH A & E Medical	Medical and Dental
Malik	Uzair	Specialty Doctor	Urgent & Emergency Care Division	KMH A & E Medical	Medical and Dental
Mamadi	Ibrahim	Specialty Doctor	Urgent & Emergency Care Division	KMH A & E Medical	Medical and Dental
Nama Kodhandram	Anushka	Specialty Doctor	Urgent & Emergency Care Division	KMH A & E Medical	Medical and Dental
Padmanabhan	Preetha	Specialty Doctor	Urgent & Emergency Care Division	KMH A & E Medical	Medical and Dental
Shafiuddin	Khaja	Specialty Doctor	Urgent & Emergency Care Division	KMH A & E Medical	Medical and Dental
Thazhathuveedu	Arun	Specialty Doctor	Urgent & Emergency Care Division	KMH A & E Medical	Medical and Dental
Dean	Nicola	Midwifery Practitioner (Co-ordinator Ward/Dept)	Women & Childrens Division	Maternity	Nursing and Midwifery Registered
Paul	Tilly	Maternity Ward Sister	Women & Childrens Division	Maternity	Nursing and Midwifery Registered
Jones	Sophia	Advanced Neonatal Nurse Practitioner	Women & Childrens Division	NICU	Nursing and Midwifery Registered
Ali	Salma	Consultant	Women & Childrens Division	Medical Staff - Paediatrics	Medical and Dental
Foster	Rebecca	Consultant	Women & Childrens Division	Medical Staff - Paediatrics	Medical and Dental
Ayre	Sarah-Jane	Head of Midwifery	Women & Childrens Division	W & C Div Management	Nursing and Midwifery Registered



Last name	First name	Position name	Job staff group
Abah	Godwin	Specialty Doctor	Medical and Dental
Abdallah	Mahmoud	Specialty Doctor	Medical and Dental
Abdelsamie	Ahmed	Specialty Doctor	Medical and Dental
Abdul Karim	Mohamed	Locum Consultant (P)	Medical and Dental
Abdul Latip	Nor	Consultant	Medical and Dental
Abeykoon	Sooriyaarachchige	Specialty Doctor	Medical and Dental
Abouelatta	Mohamed	Consultant	Medical and Dental
Abouellif	Ahmed	Specialist DR in Emergency Care	Medical and Dental
Abouzid	Islam	Locum Consultant (P)	Medical and Dental
Adams	Rebecca	Business Manager	Administrative and Clerical
Adebutu	Eniola	Specialty Doctor	Medical and Dental
Adeniji	Olaitan Anthonia	Programme Support Officer	Administrative and Clerical
Adesokan	Adedapo	Specialty Doctor	Medical and Dental
Adnan	Hafza	Specialty Doctor	Medical and Dental
Aftab	Kanwal	Specialty Doctor	Medical and Dental
Ahmad	Awais	Specialty Registrar Core Trainee	Medical and Dental
Ahmad	Khalil	Consultant	Medical and Dental
Ahmed	Mohammed	Specialty Registrar - Year 4	Medical and Dental
Ahmed	Abdelnasser	Locum Consultant (P)	Medical and Dental
Ahmed	Tausif	Locum Consultant (P)	Medical and Dental
Ahmed	Safina	Locum Consultant (P)	Medical and Dental
Ainger	Charlotte	Associate Director of Operational Performance	Administrative and Clerical
Akers	Charlotte	Business Manager	Administrative and Clerical
Aladin	Abizar	Consultant	Medical and Dental
Alam	Mejbahul	Specialty Doctor	Medical and Dental
Alayon	Ruby Grace	Registered Nurse	Nursing and Midwifery Registered
Aldred	Jennifer	Quality Governance Lead	Nursing and Midwifery Registered
Ali	Shaukat	Consultant	Medical and Dental
Ali	Ahmed	Consultant	Medical and Dental
Ali	Yasir	Specialty Registrar Year 4+	Medical and Dental
Ali	Asfar	Senior Clinical Fellow	Medical and Dental
Alkahky	Sherif	Locum Consultant (P)	Medical and Dental
Alkhawalka	Mohammad	Specialty Doctor	Medical and Dental
Allard	Andrew	Income & Contracts Manager	Administrative and Clerical
Allen	Thomas	Lead Radiographer - CT & MRI	Allied Health Professionals
Allen	Holly	Ward Leader	Nursing and Midwifery Registered
Allison	Stephen	Financial Systems Manager	Administrative and Clerical
Allison	Frances	Smoke Free Pregnancy Programme Lead Midwife	Nursing and Midwifery Registered
Allsop	Lynne	Research Nurse Team Leader	Nursing and Midwifery Registered
Al-Samarrai	Susanna	Consultant	Medical and Dental
Alshinnawy	Mohamed	Specialty Doctor	Medical and Dental
Alvi	Zeest	Specialist Clinical Pharmacist	Add Prof Scientific and Technic
Ambalkar	Shrikant	Consultant	Medical and Dental
Amsha	Khaled	Consultant	Medical and Dental
Anderson	Rachel	Specialty Registrar Year 4+	Medical and Dental
Andrews	Jenny	Project and Business Change Manager	Administrative and Clerical
Andrews	Jeremy	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Anjum	Anjum	Network & Telecommunications Manager	Administrative and Clerical
Annapurni	Anupriya	Acting Consultant	Medical and Dental
Anochie	Zelunjo	Junior Doctor	Medical and Dental
Anstess	Stephanie	Nurse Consultant	Nursing and Midwifery Registered
Arbab	Sami	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Arif	Muhammad	Ophthalmic Nurse Specialist	Nursing and Midwifery Registered
Armstrong	Rebecca	Ward Leader	Nursing and Midwifery Registered
Arnold	Ellie	Assistant General Manager	Administrative and Clerical
Arshad	Huma	Specialty Doctor	Medical and Dental
Ashcroft	Paula	Assistant Management Accountant	Administrative and Clerical
Asher	Gillian	Deputy Radiographer Services Manager	Allied Health Professionals
Ashraf	Mohammad	Consultant	Medical and Dental
Ashton	Amy	Trainee Advanced Clinical Practitioner	Allied Health Professionals
Ashwell	Helen	People Development Lead	Administrative and Clerical
Atif	Muhammad	Consultant	Medical and Dental
Atkin	Rosemary	Project & Business Change Manager	Administrative and Clerical
Aye	Thandar	Consultant	Medical and Dental
Babau Maltez	Carlos	Consultant	Medical and Dental
Badrinath	Krishnamurthy	Consultant & Clinical Governance Lead	Medical and Dental
Bagshaw	Kaley	Registered Nurse	Nursing and Midwifery Registered
Baig	Zahraa	Specialist Clinical Pharmacist	Add Prof Scientific and Technic
Bains	Kirandeep	Specialty Doctor	Medical and Dental
Baker	Kate	Emergency Nurse Practitioner/Senior Registered Nurse	Nursing and Midwifery Registered
Baldry	Lorraine	Management Accounts Manager	Administrative and Clerical
Banner	Susan	Practice Development Matron	Nursing and Midwifery Registered
Barke	Karen	Clinical Coding Speciality Lead and Team Leader	Administrative and Clerical
Barker	Gemma	Quality Governance Lead	Nursing and Midwifery Registered
Barker	Helen	Senior Radiographer	Allied Health Professionals
Barlow	Bernadette	Paediatric Respiratory Nurse Specialist	Nursing and Midwifery Registered
Barnes	Zoe	Department Leader	Nursing and Midwifery Registered
Barrett	Amanda	Registered Nurse	Nursing and Midwifery Registered
Barron	Nicky	Financial Income and Planning Manager	Administrative and Clerical
Basra-Mann	Rajdeep	Human Resources Business Partner	Administrative and Clerical
Bass	Nicola	Specialty Doctor	Medical and Dental
Bassi	Sukhbinder	Consultant	Medical and Dental
Baugh	Amy	Consultant	Medical and Dental
Baxter	Jeremy	Project Manager	Administrative and Clerical
Beardsley	Cheryl	Duty Nurse Manager	Nursing and Midwifery Registered
Beastall	Richard	Matron	Nursing and Midwifery Registered
Bekeer	Ahmed	Specialty Doctor	Medical and Dental
Bell	Jane	Cardiac Rehab Specialist Nurse	Nursing and Midwifery Registered
Bell	Thomas	Advanced Pharmacist - Surgery and Crit Care	Add Prof Scientific and Technic
Ben FredJ	Helen	Project and Business Change Manager	Administrative and Clerical
Bence	Beverly	Registered Nurse	Nursing and Midwifery Registered
Benfield	Sara	Consultant	Medical and Dental
Bennett	Kaytie	Critical Care Outreach Nurse	Nursing and Midwifery Registered
Bennett	Carolyn	Breast Care Nurse Specialist	Nursing and Midwifery Registered
Bennett	Rachel	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Bentley	Joanne	Senior Physiotherapist	Allied Health Professionals
Bentley	Sharon	Business Manager	Administrative and Clerical
Berresford	James	Head of Technical Delivery	Administrative and Clerical
Berriman	Amy	Lead Sonographer	Allied Health Professionals
Best	Diane	Specialist Midwife Perinatal Mental Health Substance Misuse	Nursing and Midwifery Registered

Last name	First name	Position name	Job staff group
Bestwick	Anna	Nurse Specialist in ASD/ADHD	Nursing and Midwifery Registered
Bhatti	Muhammad	Consultant	Medical and Dental
Bielak	Slawomir	Consultant	Medical and Dental
Binney	Julie	Aseptic Dispensing Unit & Pre Packing Unit Manager	Add Prof Scientific and Technic
Birchall	Tonia	Tissue Viability Nurse Specialist	Nursing and Midwifery Registered
Bircumshaw	Daniel	Senior Radiographer QA	Allied Health Professionals
Bird	Alison	Nurse Endoscopist	Nursing and Midwifery Registered
Birdi	Surinder	Specialty Doctor	Medical and Dental
Birkin	Stacey	Chief Clinical Physiologist	Healthcare Scientists
Blackband	Teresa	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Bolt	Robin	Senior Solution Developer	Administrative and Clerical
Bolton	Mark	Associate Director of Operational Performance	Administrative and Clerical
Bolton	Philip	Deputy Chief Nurse	Nursing and Midwifery Registered
Bolus	Jane	Nurse Specialist Osteoporosis	Nursing and Midwifery Registered
Bondu	Joseph	Senior Clinical Scientist	Healthcare Scientists
Bonsall	Adele	Dementia Specialist Nurse	Nursing and Midwifery Registered
Booker	Nikitta	Business Manager	Administrative and Clerical
Bosworth	Kerry	Speaking Up Guardian	Administrative and Clerical
Bosworth	Keith	Assistant General Manager	Administrative and Clerical
Bower	Wendy	Senior Infection Control Nurse	Nursing and Midwifery Registered
Box	Mary	Respiratory Nurse Specialist	Nursing and Midwifery Registered
Boyd	Gemma	Consultant Midwife	Nursing and Midwifery Registered
Boyd	Amii	Trainee Advanced Clinical Practitioner	Add Prof Scientific and Technic
Bracewell	Melanie	Consultant Paediatrician	Medical and Dental
Bradbury	Natalie	Department Leader	Nursing and Midwifery Registered
Bradley	Helen	MacMillan Colorectal Nurse Specialist	Nursing and Midwifery Registered
Bradley	Robert	Lead Radiographer - Nuclear Medicine	Allied Health Professionals
Bragg	Damian	Specialty Registrar Year 3+	Medical and Dental
Braithwaite	Lynne	Higher Specialist BMS Histopathology Advanced Dissector	Healthcare Scientists
Bramford	Rebecca	Assistant Technical Officer	Additional Clinical Services
Branton	Lorna	Head of Communications	Administrative and Clerical
Brassington	Tracey	Community Involvement Manager	Administrative and Clerical
Bray	Samantha	Improvement Manager	Administrative and Clerical
Bray	Sarah	Ward Leader	Nursing and Midwifery Registered
Briggs	Jayne	Upper GI Nurse Specialist	Nursing and Midwifery Registered
Briggs	Nemone	Ward Leader	Nursing and Midwifery Registered
Briggs	Jacqueline	Child Death Review Specialist Nurse	Nursing and Midwifery Registered
Bromley	Ellie	Maintenance Contracts Administrator	Administrative and Clerical
Brook Shanahan	Sally	Director of Corporate Affairs	Administrative and Clerical
Brooks	Lorraine	Nurse Educator	Nursing and Midwifery Registered
Brown	Lauren	Matron	Nursing and Midwifery Registered
Brown	Richard	Head of Communications	Administrative and Clerical
Brown	Chloe	Higher Specialist Biomedical Scientist	Healthcare Scientists
Brown	Philippa	Rotational Pharmacy Technician	Add Prof Scientific and Technic
Brown	Lorraine	Administration Assistant	Administrative and Clerical
Brown	Philip	Learning & Development Facilitator	Administrative and Clerical
Budge	Katie	Senior Physiotherapist	Allied Health Professionals
Bulgin	Melanie	Department Leader	Nursing and Midwifery Registered
Bull	Melanie	Deputy Divisional Head of Nursing and Midwifery	Nursing and Midwifery Registered
Bull	Joanne	Trainee Advanced Clinical Practitioner	Additional Clinical Services
Bumstead	Christopher	Urology Practitioner	Nursing and Midwifery Registered
Burge	Frances	Consultant	Medical and Dental
Burgoyne	Jamie-Rae	Health Care Support Worker	Additional Clinical Services
Burkitt	Sarah	Trainee ACP	Additional Clinical Services
Burrows	Simon	Sleep Science/Physiology Lead	Healthcare Scientists
Burscough	Sheila	Clinical Educator	Nursing and Midwifery Registered
Burton	Sarah	Night Team Leader	Nursing and Midwifery Registered
Burton	Wesley	Local Security Management Specialist	Administrative and Clerical
Burton	Clare	Lead Specialist Pain Nurse	Nursing and Midwifery Registered
Butcher	Melanie	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Butler	Lisa	Deputy Head of Midwifery & Nursing	Nursing and Midwifery Registered
Butler	Chelsie	Information Manager	Administrative and Clerical
Butler	James	Deputy Divisional General Manager	Administrative and Clerical
Butlin	Rachael	Registered Nurse	Nursing and Midwifery Registered
Buttery	Jamie	Medical Laboratory Assistant	Additional Clinical Services
Byrne	Madeleine	Chief Clinical Physiologist	Healthcare Scientists
Cain	Robert	Sonographer	Allied Health Professionals
Cale	Daisy	Deputy Ward Leader	Nursing and Midwifery Registered
Callahan	Nigel	Programme Manager	Administrative and Clerical
Camm	Louise	E-Procurement Officer	Administrative and Clerical
Campbell	Ian	Senior Radiographer	Allied Health Professionals
Campbell	Michelle	Specialist Nurse - Pain Management	Nursing and Midwifery Registered
Cann	Kali	Registered Nurse	Nursing and Midwifery Registered
Cannon	Kimberley	Sustainability Service Lead	Administrative and Clerical
Cant	Nicole	Sonographer	Allied Health Professionals
Cantrill	Wendy	Duty Nurse Manager	Nursing and Midwifery Registered
Carter	Mark	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Cartwright	Jane	Department Leader	Nursing and Midwifery Registered
Case	Zachary	Information Analyst	Administrative and Clerical
Cash	Daniella	Registered Nurse	Nursing and Midwifery Registered
Casterton	Debra	Waiting List Co-Ordinator	Administrative and Clerical
Caunt	Sophie	Midwife	Nursing and Midwifery Registered
Chakravarti	Shaurindra	Specialty Doctor	Medical and Dental
Chapman	Sandra	Head Of Management Accounts	Administrative and Clerical
Chapman	Lindsey	Registered Nurse	Nursing and Midwifery Registered
Charles	Claire	Duty Nurse Manager	Nursing and Midwifery Registered
Charles	Abigail	Registered Nurse	Nursing and Midwifery Registered
Charlesworth	Dawn	Information Analyst	Administrative and Clerical
Chell	Ian	Sonographer	Allied Health Professionals
Chikwanda	Fred	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Chilamkurthi	Rajasekhar	Consultant	Medical and Dental
Chinwuko	Nneka	Specialty Doctor	Medical and Dental
Chowdhary	Ranjan	Associate Specialist	Medical and Dental
Clark	Gillian	MacMillan Breast Care Nurse Spec Primy Disease	Nursing and Midwifery Registered
Clarke	Alison	Clinical Governance Lead Nurse	Nursing and Midwifery Registered
Clarke	Caroline	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Clarkson	Richard	Head of Nursing - Urgent & Emergency Care	Nursing and Midwifery Registered
Clifford	Leanne	Operations Manager	Administrative and Clerical
Clipstone	Simon	Higher Specialist Biomedical Scientist	Healthcare Scientists
Cole	Samantha	Assistant General Manager	Administrative and Clerical
Coleman	Kelly	Registered Nurse	Nursing and Midwifery Registered
Collingwood	Jacqueline	Lead Radiographer	Allied Health Professionals
Collins	Sam	Advanced Clinical Practitioner	Allied Health Professionals
Comins	Robert	Therapy Team Leader	Allied Health Professionals
Conchie	Catherine	Clinical Lead Dietitian	Allied Health Professionals

Last name	First name	Position name	Job staff group
Cook	Jane	Lead Stoma Care Nurse Specialist	Nursing and Midwifery Registered
Cook	Katy	Highly Specialist Speech & Language Therapist	Allied Health Professionals
Cope	Rhian	Clinical Supervisor - Immunisation	Nursing and Midwifery Registered
Corah	Dawn	Buyer	Administrative and Clerical
Corderoy-Foster	Richard	Practice Development Matron	Nursing and Midwifery Registered
Cordon	Louise	Lead Sonographer	Allied Health Professionals
Corker	Esther	Consultant Paediatrician	Medical and Dental
Corney	Suzanne	Registered Nurse	Nursing and Midwifery Registered
Costello	Mark	Dispensing Pharmacy Assist - Aseptic Dispensing Unit	Additional Clinical Services
Cotterill	Richard	Associate Director of People	Administrative and Clerical
Coulson	Julie	Registered Nurse	Nursing and Midwifery Registered
Coultas	Andrew	Cancer Improvement Programme Manager	Administrative and Clerical
Coulton	Nicholas	Project and Business Change Manager	Administrative and Clerical
Cox	Giles	Consultant	Medical and Dental
Cox	Jonathan	Specialist Medical Engineering Technician	Additional Clinical Services
Cox-Brown	Anna	Senior Sonographer	Allied Health Professionals
Crookes	Theresa	Lead Sonographer	Allied Health Professionals
Crookes	Emma	Respiratory & Sleep Science Service Manager	Add Prof Scientific and Technic
Cross	Emma	Sonographer	Nursing and Midwifery Registered
Crutchley	Kelly	Department Leader	Nursing and Midwifery Registered
Cudmore	Elizabeth	Named Midwife Safeguarding Children	Nursing and Midwifery Registered
Cupit	Samantha	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Curtis	Louise	Ward Leader	Nursing and Midwifery Registered
Dabbs	Robert	Head of Health and Safety	Administrative and Clerical
Dale	Susan	Clinical Effectiveness Support Officer	Nursing and Midwifery Registered
Daliya	Prita	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Daniel	Amanda	Specialist Nurse Oncology	Nursing and Midwifery Registered
Dann	Christopher	Deputy Chief Operating Officer	Administrative and Clerical
Darby	Keela	Ward Leader	Nursing and Midwifery Registered
Darraj	Eyad	Specialty Doctor	Medical and Dental
Das	Nivedita	Specialty Registrar Year 3+	Medical and Dental
Dave	Dhaval	Consultant	Medical and Dental
Davidson	Alison	Practice Development Matron	Nursing and Midwifery Registered
Davies	Kerry	Respiratory Nurse Specialist	Nursing and Midwifery Registered
Davies	Sophie	Clinical Nurse Educator	Nursing and Midwifery Registered
Davies	Alison	Consultant	Medical and Dental
Davis	Lucy	Senior Orthoptist	Allied Health Professionals
Davis	Emma	Registered Nurse	Nursing and Midwifery Registered
Dawkins	Emma	Speech & Language Therapy Lead	Allied Health Professionals
Dawoud	Amany	Specialty Doctor	Medical and Dental
Day-Lascelles	Heather	Cons Clin Scientist/Head Of Audiology	Healthcare Scientists
Dazzi-Macedo	Kay-Dean	Student Sonographer	Healthcare Scientists
de Alwis	Wahala	Locum Consultant (P)	Medical and Dental
Dean	Roy	Chief Clinical Physiologist	Healthcare Scientists
Dean	Sharon	Lead Nurse (Acute Oncology/CUP & Chemotherapy)	Nursing and Midwifery Registered
Dennis	Ian	Senior Capital Projects Manager	Administrative and Clerical
Dennis	Julie-Anne	Senior Soft FM Manager	Administrative and Clerical
Denny	Nicola	Senior Registered Nurse	Nursing and Midwifery Registered
Derbyshire	Jeanette	Consultant Paediatrician	Medical and Dental
Devine	Kirsty	Locum Fitness Instructor	Allied Health Professionals
Dewar	Amy	Specialist Midwife - Bereavement	Nursing and Midwifery Registered
Dewhurst	Sarah	Extended Scope Practitioner	Allied Health Professionals
Dhokia	Vishal	Consultant	Medical and Dental
Di Furia	Francesca	Matron	Nursing and Midwifery Registered
Dorairaj	Ina	Consultant	Medical and Dental
Doughty	Sarah	Assistant General Manager	Administrative and Clerical
Downer	Nicola	Consultant	Medical and Dental
Draycon	Simon	Finance and Performance Manager	Administrative and Clerical
Dring	Tracy	Lead for Training & Clinical Advisor for Medical Equipment	Allied Health Professionals
Dube	Mukul	Consultant	Medical and Dental
Dube	Manas	Locum Consultant (P)	Medical and Dental
Dudley	Nicole	Registered Nurse	Nursing and Midwifery Registered
Duignan	Kathryn	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Dunkley	Colin	Consultant	Medical and Dental
Dunn	Lisa	Registered Nurse	Nursing and Midwifery Registered
Durant	Matthew	Higher Specialist Biomedical Scientist	Healthcare Scientists
Duro	Pamela	Assistant General Manager	Administrative and Clerical
Dwyer	Ashleigh	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Dykes	Dominique	Invasive Clinical Physiologist Lead	Healthcare Scientists
Earle	Gail	Senior Radiographer	Allied Health Professionals
Eastwood	Faye	Practice Development Midwife	Nursing and Midwifery Registered
Ebueku	Osaretin	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Eccleshall	Helen	Specialist Therapist/Team Lead	Allied Health Professionals
Eddie	Rachel	Chief Operating Officer	Administrative and Clerical
Edmond	Daniel	Specialist	Medical and Dental
Edwards	Geraldine	Matron	Nursing and Midwifery Registered
Egan	Rebecca	Senior Programme Manager	Administrative and Clerical
Eid	Galal	Specialty Doctor	Medical and Dental
Ekins	Laura	Senior Technician Production Services	Add Prof Scientific and Technic
Elamin	Ghassan	Locum Consultant (P)	Medical and Dental
Elfakharany	Nazeh	Locum Consultant (P)	Medical and Dental
Elgharbawy	Mona	Specialty Doctor	Medical and Dental
Elgindy	Mostafa	Specialty Doctor	Medical and Dental
Elkadiki	Alia	Consultant	Medical and Dental
Elkhabiry	Mohab	Specialty Doctor	Medical and Dental
Elkhoully	Heba	Specialty Doctor	Medical and Dental
Ellis	Jane	Consultant	Medical and Dental
Elmahdy	Heba	Specialty Doctor	Medical and Dental
Elsayed	Hatem	Specialty Doctor	Medical and Dental
Else	Gary	Trainee Advanced Practitioner	Nursing and Midwifery Registered
Elsiddeg	Khider	Specialty Doctor	Medical and Dental
Eltawagny	Mahmoud	Specialty Doctor	Medical and Dental
Emmott	Angela	Senior Physiotherapist	Allied Health Professionals
Etches	Claire	Registered Nurse	Nursing and Midwifery Registered
Evans	Karen	Specialist Midwife for Diabetes	Nursing and Midwifery Registered
Evans	Kerry	Lead Clinical Academic Research NMAHP	Nursing and Midwifery Registered
Exell	Daniel	Department Leader	Nursing and Midwifery Registered
Exell	Terri	Department Leader	Nursing and Midwifery Registered
Eyre	Joanne	Registered Nurse	Nursing and Midwifery Registered
Fagan	Cheryl	Matron	Nursing and Midwifery Registered
Falase	Mowaninola	Specialty Doctor	Medical and Dental
Fallon	Emma	IDAT Team Leader	Nursing and Midwifery Registered
Faraj	Sayed	Specialty Doctor	Medical and Dental
Farn	Debra	Department Leader	Nursing and Midwifery Registered
Farrands	Angela	Deputy Risk and Assurance Manager	Administrative and Clerical

Last name	First name	Position name	Job staff group
Farrow	Alexis	Head of Strategy and Transformation	Administrative and Clerical
Fasheloum	Hadeal	Specialist Clinical Pharmacist	Add Prof Scientific and Technic
Fatouta	Rawia	DE Middle Grade	Medical and Dental
Faulkner	Iain	Matron	Nursing and Midwifery Registered
Feek	Elizabeth	Sonographer	Allied Health Professionals
Feltham	Neil	Specialist Medical Engineering Technician	Additional Clinical Services
Fenn	John	Emergency Nurse Practitioner/Senior Registered Nurse	Nursing and Midwifery Registered
Fergie	Neil	Consultant	Medical and Dental
Fernandes-Sarr	Tyrene	Department Leader	Nursing and Midwifery Registered
Fernando	Devaka	Consultant	Medical and Dental
Ferris	Ian	Tobacco Dependence Service Lead	Administrative and Clerical
Fewtrell	Ann	Service Improvement Lead	Administrative and Clerical
Fischer-Orr	Nicola	Consultant	Medical and Dental
Fitzpatrick	Rachel	Registered Nurse	Nursing and Midwifery Registered
Fitzpatrick	Joanne	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Fletcher	Catherine	Specialist Clinical Pharmacist - Oncology & Nutritional Serv	Add Prof Scientific and Technic
Fletcher	Claire	Project Manager	Administrative and Clerical
Fletcher	Stephen	Specialist Medical Engineering Technician	Additional Clinical Services
Flint	Cheryl	Extended Scope Practitioner - Hands	Allied Health Professionals
Foley	Stephen	Consultant	Medical and Dental
Ford	Rebecca	Recruitment Manager	Administrative and Clerical
Fort	Joanna	Divisional General Manager	Administrative and Clerical
Foster	Lisa	Matron	Nursing and Midwifery Registered
Fowkes	Nichola	Professional Training and Education Support Nurse	Nursing and Midwifery Registered
Fox	Lee	Senior Hard FM Manager	Administrative and Clerical
Foxhall	Janine	Associate Director of Operational Performance	Administrative and Clerical
Franklin	Elizabeth	Lead Chaplain	Add Prof Scientific and Technic
Frederick	Matthew	Associate Chief AHP	Allied Health Professionals
Freeman	Joanna	Asst Chief Pharmacist Medicine Management & Clinical Risk	Add Prof Scientific and Technic
Fuller	Laura	Department Leader	Nursing and Midwifery Registered
Furneaux	Holly	Imaging Assistant	Additional Clinical Services
Gallacher	Kevin	Deputy Director of Income and Contracts	Administrative and Clerical
Gambles	Marie	Specialist Nurse	Nursing and Midwifery Registered
Gamlin	Cheryl	Specialist Advanced Audiologist	Healthcare Scientists
Gammon	Rachel	Ward Leader	Nursing and Midwifery Registered
Garley	Janet	Consultant	Medical and Dental
Garner	Claire	Digital Workforce Development Manager	Administrative and Clerical
Garratt	Ali	Registered Nurse	Nursing and Midwifery Registered
Gavai	Piyush	Specialty Doctor	Medical and Dental
Geary	Susan	Consultant	Medical and Dental
Gelsthorpe	Gemma	Head of People Development	Administrative and Clerical
Gemmill	Elizabeth	Consultant	Medical and Dental
Ghowry	Lhara	Specialist Speech & Language Therapist	Allied Health Professionals
Gibson	Fern	Sonographer	Allied Health Professionals
Gibson	Jennifer	Reporting Radiographer	Allied Health Professionals
Gilbert	Alys	Clinical Engineer	Healthcare Scientists
Giles	Rachael	Deputy Head of Midwifery & Nursing	Nursing and Midwifery Registered
Gill	Victoria	Acute Care Practitioner	Nursing and Midwifery Registered
Glendening	John	Trust Lawyer	Administrative and Clerical
Glover	Susan	Lung Cancer Nurse Specialist	Nursing and Midwifery Registered
Glover	Barry	Vaccine Site Manager	Nursing and Midwifery Registered
Godber	Susan	Registered Nurse	Nursing and Midwifery Registered
Goddard	Jason	Operating Department Practitioner	Add Prof Scientific and Technic
Goddard	Robyn	Highly Specialist Speech & Language Therapist	Allied Health Professionals
Goddard	Lucy	Operating Department Practitioner	Add Prof Scientific and Technic
Goodall	Jacqueline	Senior Occupational Therapist	Allied Health Professionals
Goodwin	Jordan	Nurse Endoscopist	Nursing and Midwifery Registered
Goodwin	Sandra	Department Leader	Nursing and Midwifery Registered
Goralik	Suzanne	Mac Gyn Cancer Nurse Specialist	Nursing and Midwifery Registered
Gouldstone	Amy	People Wellbeing Lead	Administrative and Clerical
Govindarajan	Arivan	Consultant	Medical and Dental
Goward	Julie	Practice Development Matron	Nursing and Midwifery Registered
Grainger	Stephen	Specialist Advanced Audiologist	Healthcare Scientists
Grainger	Jeffrey	Therapy Services Leader	Allied Health Professionals
Grainger	Alan	Registered Nurse	Nursing and Midwifery Registered
Grainger	Beverly	Senior Radiographer	Allied Health Professionals
Gray	Phil	Therapy Team Leader- HCOP	Allied Health Professionals
Grayson	Kathryn	Cancer Improvement Programme Manager	Administrative and Clerical
Greasley	Sandra	Corporate Assurance Manager	Administrative and Clerical
Greasley	Gemma	Specialist Physiotherapist	Allied Health Professionals
Green	Deborah	Professional Training and Education Nurse Trainer	Nursing and Midwifery Registered
Green	Lawrence	Chief Clinical Physiologist	Healthcare Scientists
Green	Karen	Deputy Ward Leader	Nursing and Midwifery Registered
Greenwood	Alison	Community Team Leader	Nursing and Midwifery Registered
Gregory	Amy	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Gregory	Melanie	Consultant	Medical and Dental
Griffiths	Melanie	Consultant Clinical Scientist	Healthcare Scientists
Grundy	Adam	Head Of Occupational Health/Lead Nurse	Nursing and Midwifery Registered
Grzelak	Rachel	Head Orthoptist	Allied Health Professionals
Gunaratne	Dharmindra	Locum Consultant (P)	Medical and Dental
Gupta	Navneet	Locum Consultant (P)	Medical and Dental
Gupta	Anindya	Consultant	Medical and Dental
Guzik	Irena	Consultant	Medical and Dental
Hackett	Simon	Database Administrator	Administrative and Clerical
Hafeez	Kamran	Specialty Doctor	Medical and Dental
Hague	Alexander	Project and Business Change Manager	Administrative and Clerical
Hakeem-Habeeb	Akinbode	Consultant	Medical and Dental
Hall	Alison	Specialist Pharmacist - Undergrad Med Stud't Teaching	Add Prof Scientific and Technic
Hallgarth	Emma	Family Liaison Coordinator	Administrative and Clerical
Halsall	Sarah	Mac Gyn Cancer Nurse Specialist	Nursing and Midwifery Registered
Hama	Shahnaz	Matron	Nursing and Midwifery Registered
Hamilton	Fiona	Safeguarding Practitioner - Think Family Safeguarding	Nursing and Midwifery Registered
Hamzepur	Shila	Lead Production and Clin Oncology Pharmacist	Add Prof Scientific and Technic
Handagala	Rangani Kamanitha	Specialty Doctor	Medical and Dental
Hannah-Hayes	Elizabeth	Ward Leader	Nursing and Midwifery Registered
Hanson	Emma	Department Leader	Nursing and Midwifery Registered
Hardy	Amber	People Operations Lead	Administrative and Clerical
Hardy	Lisa	Tobacco Dependence Treatment Practitioner	Additional Clinical Services
Hariharan	Shankar	Associate Specialist	Medical and Dental
Haroon	Saroona	Locum Consultant (P)	Medical and Dental
Harper	Kim	Programme Manager	Administrative and Clerical
Harper	Victoria	Administration Assistant	Administrative and Clerical
Harriman	Colin	Surgical Care Practitioner	Add Prof Scientific and Technic
Harris	Emma	Head of Financial Services	Administrative and Clerical
Harris	Matthew	Specialty Registrar Year 3+	Medical and Dental



Last name	First name	Position name	Job staff group
Harris	Sandra	Advanced Pharmacist - Education and Training	Add Prof Scientific and Technic
Harris	Gemma	Cardiac Physiologist	Healthcare Scientists
Harris	Carolyn	Apprenticeships, Events & Placements Lead	Administrative and Clerical
Harrison	Heather	Specialist Clinical Pharmacist, Acute Medicine & Tng	Add Prof Scientific and Technic
Harrison	James	Pre Operative Deputy Sister	Healthcare Scientists
Harrison	Rachel	Assistant General Manager	Administrative and Clerical
Hart	Rachel	Snr Physiotherapist - Adult Inpatient Rehabilitation	Allied Health Professionals
Hartley	Mandy	Pharmacy Stores Distribution Manager	Add Prof Scientific and Technic
Harwood	Kenneth	Development Services Manager	Administrative and Clerical
Hashmat	Muhammad Zubair	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Hassan	Saad	Locum Consultant (P)	Medical and Dental
Hastings	Kimberley	Neonatal Specialist Nurse for Infant Feeding	Nursing and Midwifery Registered
Hastings	Richard	Consultant	Medical and Dental
Hatfield	Jennifer	Macmillan End of Life Care Clinical Nurse Specialist	Nursing and Midwifery Registered
Hatton	Jacqueline	Lead Stoma Care Nurse Specialist	Nursing and Midwifery Registered
Havers	Catherine	Registered Nurse	Nursing and Midwifery Registered
Hawkins	Steven	Divisional Finance Manager	Administrative and Clerical
Hawley	Angela	Head of Technical Operations	Administrative and Clerical
Hawley	Jack	Physiotherapy Team Leader	Allied Health Professionals
Hayes	Lynsay	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Haynes	Claire	Senior Divisional Finance Manager	Administrative and Clerical
Haynes	Andrew	Specialist Adviser to the Board	Administrative and Clerical
Haynes	Samantha	Parkinsons Disease Senior Nurse	Nursing and Midwifery Registered
Hayward	Georgina	Nurse Educator	Nursing and Midwifery Registered
Hayward	Adam	Deputy Director of Operations	Administrative and Clerical
Haywood	Clare	Ward Leader	Nursing and Midwifery Registered
Hazard	Kerry	Matron	Nursing and Midwifery Registered
Heath	Louise	Midwife	Nursing and Midwifery Registered
Heath	Laura	Paediatric Diabetes Nurse Specialist	Nursing and Midwifery Registered
Heighway	Emma	MacMillan Colorectal Nurse Specialist	Nursing and Midwifery Registered
Hemmings	Alexander	Advanced Clinical Practitioner	Allied Health Professionals
Hennell	Sarah	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Henshaw	Andrew	Senior Server and Storage Engineer	Administrative and Clerical
Herath	H M Sandaruwan Chinthaka	Specialty Doctor	Medical and Dental
Herrington	Helen	Clinical Lead Dietitian	Allied Health Professionals
Hewarathna	Ashani	Specialty Doctor	Medical and Dental
Hewitt	Heather	Senior Radiographer	Allied Health Professionals
Hickman	Hayley	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Higgins	Elaine	Diabetes Specialist Nurse	Nursing and Midwifery Registered
Hillsley	Sarah	Ward Leader	Nursing and Midwifery Registered
Hinchley	Claire	Deputy Director of Strategy and Partnerships	Administrative and Clerical
Hodges	Rhonda	Higher Specialist Biomedical Scientist	Healthcare Scientists
Hodgkinson	Sarah	Paediatric Diabetes Nurse Specialist	Nursing and Midwifery Registered
Hodgson	Mark	Respiratory Nurse Specialist	Nursing and Midwifery Registered
Hodgson	Lucy	Haematology Manager	Healthcare Scientists
Hodgson	David	Consultant	Medical and Dental
Hogg	Alison	Head of Communications - Digital Projects	Administrative and Clerical
Hogg	Martin	Project and Business Change Manager	Administrative and Clerical
Holloway	Jessica	Information Analyst	Administrative and Clerical
Holmes	Michelle	Specialist Dietitian	Allied Health Professionals
Hopkinson	Deborah	Community Team Leader	Nursing and Midwifery Registered
Hore	Simon	Finance Manager	Administrative and Clerical
Hostler	Leanne	Specialist Transfusion Practitioner	Nursing and Midwifery Registered
Howes	Camilla	Specialist Speech & Language Therapist	Allied Health Professionals
Howle	Lisa	Sonographer	Allied Health Professionals
Huguenin	Hannah	Therapy Services Leader	Allied Health Professionals
Hunt	Alison	Reporting Radiographer	Allied Health Professionals
Hussain	Kashif	Consultant	Medical and Dental
Hutchinson	John	Consultant	Medical and Dental
Idle	Richard	Named Nurse, Safeguarding Children	Nursing and Midwifery Registered
Inbasekaran	Mahesh	Consultant	Medical and Dental
Ingleton	Tracy	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Innumerable	Ryan	Macmillan Clinical Nurse Specialist	Nursing and Midwifery Registered
Ip	Pikshun	Advanced Clinical Physiologist	Healthcare Scientists
Iqbal	Javed	Consultant	Medical and Dental
Irwin	Richard	Trainee Advanced Critical Care Practitioner	Add Prof Scientific and Technic
Isaac	Rebecca	EMCA Aspirant Cancer Nurse Specialist Dev Programme Lead	Administrative and Clerical
Itepu	Victor	Specialty Doctor	Medical and Dental
Jacklin	Andrew	Consultant	Medical and Dental
Jacks	Tracey	Department Leader (ODP)	Allied Health Professionals
Jackson	Debbie	Department Leader	Nursing and Midwifery Registered
Jackson	Mark	Deputy Head of Estates and Facilities	Administrative and Clerical
Jahan	Mohammed	Consultant	Medical and Dental
Jain	Ajai	Locum Consultant (P)	Medical and Dental
James	Rebecca	Named Midwife Safeguarding Children	Nursing and Midwifery Registered
James	Deborah	Specialist Clinical Occupational Health Nurse	Nursing and Midwifery Registered
Jayakumar	Delicia	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Jeffs	Laura	Dispensary Manager	Add Prof Scientific and Technic
Jenkins	Gareth	Senior Divisional Finance Manager	Administrative and Clerical
Jenkins	Sarah	Ward Leader	Nursing and Midwifery Registered
Jenkins	Steven	Divisional General Manager	Administrative and Clerical
Jevons	Sarah	Trainee Advanced Practitioner	Nursing and Midwifery Registered
Jogia	Paresh	Electronic Prescribing & Medicines Admin Lead Pharmacist	Add Prof Scientific and Technic
Johal	Jagveer	Senior Business Insight Analyst	Administrative and Clerical
John	Rani	Clinical Nurse Specialist	Nursing and Midwifery Registered
Johnson	Rachel	Registered Nurse	Nursing and Midwifery Registered
Johnson	Linda	Sleep Science/Physiology Lead	Healthcare Scientists
Johnson	David	Urology Cancer Nurse Specialist	Nursing and Midwifery Registered
Johnson	Melanie	Midwife	Nursing and Midwifery Registered
Johnson	Rachel	Registered Nurse	Nursing and Midwifery Registered
Johnson	Gilda	Nurse Specialist in ASD/ADHD	Nursing and Midwifery Registered
Johnson	Kirsten	Children and Young People Epilepsy Nurse Specialist	Nursing and Midwifery Registered
Jones	Emma	Community Paediatric Specialist Nurse	Nursing and Midwifery Registered
Jones	Stephen	Consultant	Medical and Dental
Jones	Mark	Senior Nurse Endoscopist	Nursing and Midwifery Registered
Jordan	Katie	Project Manager	Administrative and Clerical
Joseph	Babin	Hospital Out of Hours Practitioner	Nursing and Midwifery Registered
Joseph	Theresa	Consultant	Medical and Dental
Kabia	Anne	Matron	Nursing and Midwifery Registered
Kadri	Muralidhar	Locum Consultant (P)	Medical and Dental
Kalogeri	Charikleia	Nurse Endoscopist	Nursing and Midwifery Registered
Kalsoom	Seika	Consultant	Medical and Dental
Kathaluwa Liyana Kankanamge	Pradeepa	Specialty Doctor	Medical and Dental
Kathirgamanathan	Aravindan	Consultant	Medical and Dental
Kay	Phaedra	Registered Nurse	Nursing and Midwifery Registered

Last name	First name	Position name	Job staff group
Keane	Thomas	Consultant	Medical and Dental
Kearsley	Deborah	Deputy Director of People	Administrative and Clerical
Kearsley	Dawn	Lead EPMA Nurse	Nursing and Midwifery Registered
Keeling	Craig	Matron	Nursing and Midwifery Registered
Kellock	David	Consultant	Medical and Dental
Kelsey	Denise	Nurse Educator	Nursing and Midwifery Registered
Kemp	Claire	Histopathology Biomedical Scientific Supervisor	Healthcare Scientists
Kerr	Grant	Advanced Clinical Practitioner	Allied Health Professionals
Kerry	Deborah	Senior Physiotherapist	Allied Health Professionals
Kettle	Joanne	Team Leader	Nursing and Midwifery Registered
Khalique	Abdul	Specialty Doctor	Medical and Dental
Khan	Khalid	Consultant	Medical and Dental
Khan	Adnan	Consultant	Medical and Dental
Khan	Muhammad	Locum Consultant (P)	Medical and Dental
Khan	Saqib	Specialty Doctor	Medical and Dental
Khan	Ahmad Jawad Ali	Specialty Doctor	Medical and Dental
Khan	Asif	Consultant	Medical and Dental
Khan	Haider	Consultant	Medical and Dental
Khandelwal	Puran	Consultant	Medical and Dental
King	Debbie	Corporate Matron - Quality Assurance	Nursing and Midwifery Registered
Kiran	Asha	Specialty Doctor	Medical and Dental
Kirk	Kimberley	Operational Lead for Vaccination	Administrative and Clerical
Kirk	Jill	Registered Nurse	Nursing and Midwifery Registered
Kirkbride	Victoria	Registered Nurse	Nursing and Midwifery Registered
Kiss	Erzsebet	Senior Physiotherapist	Allied Health Professionals
Kitchen	Corinne	People Wellbeing Specialist	Administrative and Clerical
Knight	Claire	Night Team Leader	Nursing and Midwifery Registered
Knight	Stephanie	Matron	Nursing and Midwifery Registered
Knighton	Samantha	Clinical Specialist in Mammography	Allied Health Professionals
Knox	Zoe	Trainee ACP	Additional Clinical Services
Kothari	Ritu	Specialist	Medical and Dental
Kothari	Presh	Consultant	Medical and Dental
Kuczynska	Agnieszka	Team Lead Occupational Therapist	Allied Health Professionals
Kulatunga	Aruna	Locum Consultant (P)	Medical and Dental
Kuo	Kwlan	Specialty Doctor	Medical and Dental
Ladan	Saadatu	Specialty Doctor	Medical and Dental
Lake	Alan	Pathology IT Manager	Healthcare Scientists
Lakin	Hayley	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Lamb	Andrew	Senior Third Line Engineer - Server & Storage	Administrative and Clerical
Lambert	Samantha	Ward Leader	Nursing and Midwifery Registered
Lanckham	Pamela	Senior Radiographer	Allied Health Professionals
Latthe	Anya	Foundation Year 2 Doctor	Medical and Dental
Lawman	Kelly-Beth	Consultant Paediatrician	Medical and Dental
Lawrence	Kayleigh	Ward Leader	Nursing and Midwifery Registered
Leah	Jennifer	Deputy Chief Financial Officer	Administrative and Clerical
Lee	Peter	Consultant Scientist/Head of Service	Healthcare Scientists
Lee	Jonathan	Assistant Director - Business and Finance	Administrative and Clerical
Leivers	Vicki	Diabetes Specialist Nurse	Nursing and Midwifery Registered
Leslie	Paula	Deputy Department Leader	Nursing and Midwifery Registered
Leung	Richard	Specialist Pharmacist - High Cost Drugs	Add Prof Scientific and Technic
Levers	Maria	Specialist Senior Physiotherapist	Allied Health Professionals
Lewis	Hannah	Specialist Midwife - Clinical Governance	Nursing and Midwifery Registered
Lewis	James	Senior Physiotherapist	Allied Health Professionals
Lilley	Gillian	Ophthalmic Nurse Specialist	Nursing and Midwifery Registered
Lim	Kean	Consultant	Medical and Dental
Lincoln	Cornelia	Dietetics Service Manager & Clinical Lead for Diabetes	Allied Health Professionals
Lindstrom	Anna	Specialist Midwife Perinatal Mental Health	Nursing and Midwifery Registered
Ling	Jason	Deputy Divisional Lead Pharmacist - Surgery & Critical Care	Add Prof Scientific and Technic
Liptrot	Ruth	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Lissemann-Stones	Yvonne	Breast Care Nurse Specialist	Nursing and Midwifery Registered
Liston	Laura	Specialist Nurse	Nursing and Midwifery Registered
Litchfield	Susan	Specialist Nurse - Dermatology	Nursing and Midwifery Registered
Littler	Adam	Divisional General Manager	Administrative and Clerical
Lock	Marie	Associate Nurse Specialist	Nursing and Midwifery Registered
Logue	Fiona	Lead Radiographer CT	Allied Health Professionals
Longden	Paula	Associate Director of Strategy & Partnerships	Administrative and Clerical
Lopez	Ma Lourdes Jr	Trainee Advanced Clinical Practitioner	Allied Health Professionals
Lord	Lynsey	Deputy Ward Leader	Nursing and Midwifery Registered
Lott	Rebecca	Head of Medical Workforce	Administrative and Clerical
Lounds	Sarah	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Loweridge	Rebecca	Specialist Clinical Occupational Health Nurse	Nursing and Midwifery Registered
Lovett	Paula	Ward Leader	Nursing and Midwifery Registered
Lowe	Morgan	Senior Physio/Team Leader for Women's Health	Allied Health Professionals
Loy	Michelle	Registered Nurse	Nursing and Midwifery Registered
Luke	Alison	Lead Radiographer CT	Allied Health Professionals
Lwin	Nyi	Specialty Doctor	Medical and Dental
Lynam	Jacqueline	PAS Manager	Administrative and Clerical
Lyons	Kathryn	Therapy Services Leader	Allied Health Professionals
Maddock Khan	Leena	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Madon	Claire	Registered Nurse	Nursing and Midwifery Registered
Magham	Srinivas	Consultant	Medical and Dental
Magyar	Andrew	Procurement Business Partner	Administrative and Clerical
Mahbub Abir	Q M	Specialty Doctor	Medical and Dental
Mahmoud	Hassan	Locum Consultant (P)	Medical and Dental
Mahmoudzadeh	Nazanin	Sonographer	Allied Health Professionals
Majolagbe	Taofik	Specialty Doctor	Medical and Dental
Makani	Irvine	Department Leader	Nursing and Midwifery Registered
Makulokottunnage Dona	Ruvini	Specialty Doctor	Medical and Dental
Malia	Victoria	Divisional Lead for Operational Development and Engagement	Administrative and Clerical
Malik	Amna	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Mallick	Fatima	Specialty Doctor	Medical and Dental
Maltby	Joshua	Registered Nurse	Nursing and Midwifery Registered
Maltby	Michael	Emergency Nurse Practitioner/Senior Registered Nurse	Nursing and Midwifery Registered
Maltby	Chloe-Jaye	Project Manager	Administrative and Clerical
Mandac	Eleanor	Upper GI Nurse Specialist	Nursing and Midwifery Registered
Mannathukkaren	Bjorn	Consultant	Medical and Dental
Mariner	Donna	Associate Director of People	Administrative and Clerical
Markham	Kathryn	Project and Business Change Manager	Administrative and Clerical
Marriott	Sarah	Department Leader/Emergency Nurse Practitioner	Nursing and Midwifery Registered
Marriott	Stacey	Matron	Nursing and Midwifery Registered
Marsh	Helen	Paediatric Diabetes Nurse Specialist	Nursing and Midwifery Registered
Marsh	Emily	Rheumatology Specialist Nurse	Nursing and Midwifery Registered
Marshall	Scott	Endocrine Specialist Nurse	Nursing and Midwifery Registered
Martin-Porter	Melanie	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Maskhut	Osama	Locum Consultant (P)	Medical and Dental

Last name	First name	Position name	Job staff group
Mason	John	Head of Financial Business Intelligence	Administrative and Clerical
Mather	Jason	Head of Strategy and Delivery	Administrative and Clerical
Mathukutty	Usha	Rheumatology Specialist Nurse	Nursing and Midwifery Registered
Mattison	Kim	Head of Rostering Services	Administrative and Clerical
Maxfield	Robert	Sonographer	Allied Health Professionals
Mayfield	Julie	Commercial Manager	Administrative and Clerical
McCartan	Catherine	Registered Nurse	Nursing and Midwifery Registered
McCluskey	Lauren	Higher Specialist Biomedical Scientist	Healthcare Scientists
McCormack	Nicola	Project and Business Change Manager	Administrative and Clerical
McCormack	Patrick	Head of Regulation and Patient Safety	Administrative and Clerical
McCormick	Stephen	NHIS Internal Business Process Analyst	Administrative and Clerical
McCubbin	Rachel	Operating Department Practitioner	Allied Health Professionals
McDonald	Neil	Non Executive Director	Administrative and Clerical
McFee	Tracey	Diabetic Eye Screening Programme Manager	Administrative and Clerical
McGowan	Thomas	Consultant	Medical and Dental
McLean	Rachael	Registered Nurse	Nursing and Midwifery Registered
McManus	Margaret	Deputy Chief Operating Officer	Administrative and Clerical
McMillan	Heidi	Lead Nurse Tissue Viability	Nursing and Midwifery Registered
Meakin	Francesca	Principal Clinical Scientist (PoCT) & Biochemistry	Healthcare Scientists
Meikle	Karen	Ward Leader	Nursing and Midwifery Registered
Mellers	Adrian	Senior Network & Telecommunications Engineer	Administrative and Clerical
Mellors	Karen	Project and Business Change Manager	Administrative and Clerical
Mercer	Lisa	Head of Discharge	Nursing and Midwifery Registered
Miles	Shantell	Director of Nursing	Nursing and Midwifery Registered
Miles-Hammond	Christine	Resuscitation Training Manager	Nursing and Midwifery Registered
Millard	Kathleen	Laboratory Manager	Healthcare Scientists
Millard	Leanne	Deputy Director of Nursing Quality Governan	Nursing and Midwifery Registered
Miller	Carl	Superintendent Radiographer	Allied Health Professionals
Miller	Nicola	Clerical Officer - General Office	Administrative and Clerical
Millns	James	Associate Director of Transformation	Administrative and Clerical
Millward	Laura	Specialist Senior Physiotherapist	Allied Health Professionals
Minett	Leanne	Corporate Matron for Advanced Patient Observation	Nursing and Midwifery Registered
Misra	Sharat	Consultant	Medical and Dental
Mistry	Hasmukh	Enterprise Business Analyst	Administrative and Clerical
Mitchell	Joy	Safeguarding Practitioner - Think Family Safeguarding	Nursing and Midwifery Registered
Mitchell	Kelly	Specialist Nurse	Nursing and Midwifery Registered
Mohamed Samoon	Mohamed Zakeer	Senior Clinical Fellow	Medical and Dental
Mohankumar	Kayalvizhi	Specialty Doctor	Medical and Dental
Moore	Christopher	Principal Technologist - Medical Engineering	Healthcare Scientists
Moore	Gail	Heart Failure Nurse Specialist	Nursing and Midwifery Registered
Moore	Paul	Deputy Chief Digital Information Officer	Administrative and Clerical
Morgan	Louise	Ward Leader	Nursing and Midwifery Registered
Morgan	George	Consultant	Medical and Dental
Morgan	Elaine	Senior Information Analyst	Administrative and Clerical
Morgan	Montio	DE Consultant	Medical and Dental
Morley	June	Lung Cancer Nurse Specialist	Nursing and Midwifery Registered
Morley	Leslie	Section Leader	Healthcare Scientists
Moroney	James	Senior Physiotherapist	Allied Health Professionals
Morrell	Lynnette	Head & Neck Cancer Nurse Specialist	Nursing and Midwifery Registered
Morris	Kerry	Deputy Ward Leader	Nursing and Midwifery Registered
Morris	Katarina	Registered Nurse	Nursing and Midwifery Registered
Morris	Joseph	Highly Specialist Divisional Lead Pharmacist - Medicine	Add Prof Scientific and Technic
Morrison	Delrose	Department Leader	Nursing and Midwifery Registered
Mose	Kristell	Specialty Doctor	Medical and Dental
Moss	Michelle	ENT Nurse Specialist	Nursing and Midwifery Registered
Mossop	Keeley	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Mubashir	Fauzia	Consultant	Medical and Dental
Mulliss	Robert	Senior Biomedical Scientist	Healthcare Scientists
Munatsi	Shereen	Consultant	Medical and Dental
Munks	Jane	Ward Leader	Nursing and Midwifery Registered
Munshi	Vineeta	Consultant	Medical and Dental
Munson	Terri-Ann	Booking Manager	Administrative and Clerical
Muntean	Brindusa	Specialty Doctor	Medical and Dental
Muraleedharan	Vakkat	Consultant	Medical and Dental
Murfitt	Christopher	IBD Specialist Nurse	Nursing and Midwifery Registered
Murphy	Andrea	Macmillan Cancer Information and Support Service Lead	Administrative and Clerical
Musson	Samantha	Therapy Servs Operational Manager	Allied Health Professionals
Mwenya	Mwate	Specialist Clinical Pharmacist	Add Prof Scientific and Technic
Myers	Robyn	Specialist Nurse - Dermatology	Nursing and Midwifery Registered
Nanthambwe	Ruth	Specialist Midwife - Clinical Governance	Nursing and Midwifery Registered
Naser	Mohamed	Consultant	Medical and Dental
Nassif	Yasar	Specialty Doctor	Medical and Dental
Natarajan	Manjunath	Specialty Doctor	Medical and Dental
Nawaz	Mohammed Shoaib	Locum Consultant (P)	Medical and Dental
Neary	Myles	Foundation Year 1 Doctor	Medical and Dental
Nettleship	Hayley	Registered Nurse	Nursing and Midwifery Registered
Newton	Victoria	Chief Clinical Physiologist	Healthcare Scientists
Newton	Jessica	Deputy Matron	Nursing and Midwifery Registered
Newton	Nigel	Integra Team Leader	Administrative and Clerical
Ng	Yang	Specialty Registrar - Year 5	Medical and Dental
Ngwu	Ursula	Consultant	Medical and Dental
Nigam	Keshav	Consultant	Medical and Dental
Nilan	Melissa	Radiology Clerical Services Manager	Administrative and Clerical
Nix	Dawn	Chief Clinical Physiologist	Healthcare Scientists
Nixon	Lisa	Safeguarding Lead & Names Nurse - Children & Young People	Administrative and Clerical
Nnaike	Obiora	Senior Clinical Fellow	Medical and Dental
Norman	Roz	Staff Side Chair/Partnership Lead	Administrative and Clerical
North	Tracey	Project Manager	Administrative and Clerical
Nuttall	Kathryn	Matron	Nursing and Midwifery Registered
Odubiyi-Felix	Julie	Buying Team Manager	Administrative and Clerical
Ohadike - Shepherd	Corah	Consultant	Medical and Dental
O'Halloran	Francesca	Lead Clinical Pharmacist - Antimicrobial Therapy	Add Prof Scientific and Technic
Ojo	Temitope	Senior Clinical Fellow	Medical and Dental
Okeke	Cletus	Specialty Doctor	Medical and Dental
Okwuchi	Dumebi	Specialty Doctor	Medical and Dental
Oliver	Lydia	Consultant Paediatrician	Medical and Dental
Olukinni	Olumide	Locum Consultant (P)	Medical and Dental
Omokanye	Adenike	Consultant Paediatrician	Medical and Dental
Onyekwere	Blaise	Specialty Doctor	Medical and Dental
Orgill	Lee	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Osbon	Carly	High Volume Service Users Specialist Nurse Lead	Nursing and Midwifery Registered
Overland	Amanda	Registered Nurse	Nursing and Midwifery Registered
Overton	Jonathan	IDAT Team Leader	Nursing and Midwifery Registered
Owen	Samantha	Assistant General Manager	Administrative and Clerical
Palissery	Raju	Specialty Doctor	Medical and Dental

Last name	First name	Position name	Job staff group
Palmer	Thomas	Assistant Management Accountant	Administrative and Clerical
Palmer	Lorraine	Acting Programme Director	Administrative and Clerical
Panayi	Victoria	Head of Service	Allied Health Professionals
Parker	Sharon	Recruitment & Retention Midwife	Nursing and Midwifery Registered
Parker	Jamie	Buyer	Administrative and Clerical
Parkes	Stephen	Data & Information Manager	Administrative and Clerical
Parkinson	Joshua	Advanced Physiotherapist Practitioner	Allied Health Professionals
Parnell	Rebecca	Specialist Pharmacist -Undergrad Med Stud't Teaching	Add Prof Scientific and Technic
Parnham	Laura	Practice Development Matron	Nursing and Midwifery Registered
Parsons	Jenna	Nutritional Nurse Specialist	Nursing and Midwifery Registered
Partridge	Jane	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Pashley-Smith	Jonathan	Consultant	Medical and Dental
Patange Subba Rao	Sheethal	Consultant	Medical and Dental
Patel	Awani	Consultant	Medical and Dental
Patel	Sachin	RIS/PACS Manager	Administrative and Clerical
Patterson	Jane	Consultant	Medical and Dental
Pearce	James	Lead Radiographer - Nuclear Medicine	Allied Health Professionals
Pearse	Edward	Project Implementation Manager	Administrative and Clerical
Pearson	Megan	Trainee Advanced Clinical Practitioner	Allied Health Professionals
Pearson	Alison	People Equality and Inclusion Lead	Administrative and Clerical
Pearson	Amanda	Medical Secretary	Administrative and Clerical
Peddiredy	Jyothi	Specialty Doctor	Medical and Dental
Pekhale	Parikshit	Specialty Doctor	Medical and Dental
Peycke	Jennifer	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Philip	Sapna	Consultant	Medical and Dental
Phillips	Charlette	Lead Nurse - Quality, Safety and Improvement	Nursing and Midwifery Registered
Pickwell	Samantha	Senior Pharmacy Technician	Add Prof Scientific and Technic
Pillai	Shikha	Locum Consultant (P)	Medical and Dental
Pinnick	Peter	Department Leader (ODP)	Allied Health Professionals
Plant	Jennifer	Specialty General Manager	Administrative and Clerical
Platts	Frances	Associate Clinical Lead	Allied Health Professionals
Pleasance	Ian	Specialist Advanced Audiologist	Healthcare Scientists
Podgorzec	Kirsty	Radiography Clinical Educator	Allied Health Professionals
Poismans	Natalie	Community Team Leader	Nursing and Midwifery Registered
Portman	Jonathan	Dispensing Pharmacy Assist - Aseptic Dispensing Unit	Additional Clinical Services
Potter	David	Project Manager	Administrative and Clerical
Potter	Ann	Nurse Specialist Osteoporosis	Nursing and Midwifery Registered
Potts	Natalie	Midwifery Practitioner	Nursing and Midwifery Registered
Powell	Michael	Head of Financial Services	Administrative and Clerical
Prabu	Bhama	Associate Specialist	Medical and Dental
Press	Michael	Chief Technical Officer	Administrative and Clerical
Price	David	Estates Operations Officer	Administrative and Clerical
Pugh	Laura	Consultant	Medical and Dental
Purdie	Jake	Health Care Support Worker	Additional Clinical Services
Purohit	Prashant	Consultant	Medical and Dental
Puthu	Devanand	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Qazi	Sumera	Specialty Doctor	Medical and Dental
Quiben	Ramon Jr	Trainee ACP	Additional Clinical Services
Radford	Grace	Patient Experience Manager	Administrative and Clerical
Ragsdale	Keeley	Ward Leader	Nursing and Midwifery Registered
Rahn	Lisa	Breast Care Nurse Specialist	Nursing and Midwifery Registered
Rajeswary	Jyothi	Consultant	Medical and Dental
Ramos	Ardaire Ann	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Ramsay	Kerri	Specialty Doctor	Medical and Dental
Ramsdale	Carolyn	Screening Co-ordinator (Ante Natal/New Born)	Nursing and Midwifery Registered
Ramsden	Louise	Consultant	Medical and Dental
Ramsewak	Kalawatee	Deputy Medical Education & Quality Manager	Administrative and Clerical
Randall	Amanda	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Randall	Jason	Medical Photographer	Healthcare Scientists
Randall	Sarah	Chief Clinical Physiologist/Vasc Technologist/Sonographer	Healthcare Scientists
Randle	Jacqueline	Clinical Nurse Specialist - Swabbing Team	Nursing and Midwifery Registered
Rashid	Aly	Non Executive Director	Administrative and Clerical
Rashid	Anila	Specialty Doctor	Medical and Dental
Read	Jacqueline	Head of People Partnering	Administrative and Clerical
Ready	Steven	Specialty Doctor	Medical and Dental
Rees	Sonja	Specialty Doctor	Medical and Dental
Reeve	Samantha	Senior Technician Production Services	Add Prof Scientific and Technic
Reeves	Grant	Specialist Biomedical Scientist	Healthcare Scientists
Rehan	Jahan	Consultant	Medical and Dental
Renshaw	Caroline	Midwifery Practitioner	Nursing and Midwifery Registered
Revill	Jayne	Matron	Nursing and Midwifery Registered
Rhodes	Simon	Consultant	Medical and Dental
Richards	Paul	Cyber Security Manager	Administrative and Clerical
Richardson	Anne	Consultant	Medical and Dental
Richardson	Michelle	Deputy Lead Cancer Nurse	Nursing and Midwifery Registered
Rigby	Joshua	Senior Physiotherapist	Allied Health Professionals
Robbins	Karen	Registered Nurse	Nursing and Midwifery Registered
Roberts	Helen	Consultant	Medical and Dental
Robinson	Charlene	Hospital Out of Hours Practitioner	Nursing and Midwifery Registered
Robinson	Caroline	Department Leader (ODP)	Allied Health Professionals
Robinson	Laura	Clinical Lead Dietitian	Allied Health Professionals
Robinson	Wayne	Registered Nurse	Nursing and Midwifery Registered
Robinson	Courtney	Diabetes Specialist Dietitian	Allied Health Professionals
Roddy	Rosaleen	Matron	Nursing and Midwifery Registered
Roehrig	Bradley	Rotational Physiotherapist	Allied Health Professionals
Rogers	Lisa	Chief Clinical Physiologist	Healthcare Scientists
Rollinson	Carly	Head of Nursing - Medicine	Nursing and Midwifery Registered
Romanova	Victoria	Colposcopy & Hysteroscopy Nurse Consultant	Nursing and Midwifery Registered
Rosevear	Julia	Physiotherapist	Allied Health Professionals
Ruffle	Luke	Head of Medical Education	Administrative and Clerical
Russo	Carl	Clinical Coding Manager	Administrative and Clerical
Rutter	Stephen	Consultant	Medical and Dental
Ryan	Lucy	Assistant General Manager	Administrative and Clerical
Sadassivame	Dinesh	Specialty Doctor	Medical and Dental
Saddington	Hazel	Upper GI Nurse Specialist	Nursing and Midwifery Registered
Sadrani	Payal	Clinical Pharmacist	Add Prof Scientific and Technic
Saeed	Mohamed	Specialty Registrar Year 4+	Medical and Dental
Saeed	Mohammed	Consultant (P)	Medical and Dental
Saha	Avinandan	Specialty Doctor	Medical and Dental
Saigal	Raveen	Clinical Scientist	Healthcare Scientists
Sallam	Tarek	Associate Specialist	Medical and Dental
Salt	Alan John	RIS/PACS Manager	Administrative and Clerical
Samson	Ma Cristina	Specialty Doctor	Medical and Dental
Samways	Eleanor	Assistant General Manager	Administrative and Clerical
Sands	Rebecca	Consultant	Medical and Dental



Last name	First name	Position name	Job staff group
Sankey	Joanne	Payroll & Pensions Manager	Administrative and Clerical
Sannapareddy	Divija	Locum Consultant (P)	Medical and Dental
Sansom	Elizabeth	Macmillan Lead Nurse for End of Life Care	Nursing and Midwifery Registered
Sanusi	Mutiat	Specialty Doctor	Medical and Dental
Sarjant	Sarah	Matron	Nursing and Midwifery Registered
Savanoor	Rajesh	Specialty Doctor	Medical and Dental
Sawyer	Lesley	Deputy Department Leader	Nursing and Midwifery Registered
Saxelby	Rachel	Deputy Ward Leader	Nursing and Midwifery Registered
Saxena	Rohit	Consultant	Medical and Dental
Scarborough	Jane	Change Management Lead	Administrative and Clerical
Schreuder	Maria	Consultant	Medical and Dental
Seacroft	Helen	Corporate Lead for Advanced Clinical Practice	Nursing and Midwifery Registered
Searle	Kayleigh	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Senior	Joanne	Learning Disability Specialist Nurse	Nursing and Midwifery Registered
Sentance	Sarah	Head of Radiology Services	Administrative and Clerical
Sentance	Molly	Student Sonographer	Healthcare Scientists
Seston	Helen	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Sewell	Terri-Ann	Research Nurse	Nursing and Midwifery Registered
Shabir	Mohammad	Medical Engineering Section Manager	Healthcare Scientists
Shacklock	Karen	Practice Development Matron	Nursing and Midwifery Registered
Shadab	Faisal	Locum Consultant (P)	Medical and Dental
Shafique	Natasha	Locum Consultant (P)	Medical and Dental
Sharples	Kelly	Nurse Specialist in ASD/ADHD	Nursing and Midwifery Registered
Shaw	Julie	Community Team Leader	Nursing and Midwifery Registered
Shehata	Ahmed	Specialty Doctor	Medical and Dental
Sheldon	Jane	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Sheldon	Tracey	Diabetes Specialist Nurse	Nursing and Midwifery Registered
Shepherd	Jennifer	Consultant	Medical and Dental
Sheppard	Hayley	Registered Nurse	Nursing and Midwifery Registered
Sheriston	Greg	Financial Information Manager	Administrative and Clerical
Shipstone	Elizabeth	Matron	Nursing and Midwifery Registered
Shirt	Helen	Mass Vaccination General Support Role	Administrative and Clerical
Shonde	Anthony	Consultant	Medical and Dental
Shore	Paula	Risk Midwife (Ext Second)	Nursing and Midwifery Registered
Siddiq	Khawaja	Locum Consultant (P)	Medical and Dental
Silva	Sandaradura	Consultant	Medical and Dental
Silvester-Horvath	Conall -Eve	Leadership and Learning Development Lead	Administrative and Clerical
Simcox	Robert	Director of People	Administrative and Clerical
Simpson	Jackie	Registered Nurse	Nursing and Midwifery Registered
Simpson	Yvonne	Associate Corporate Director of Nursing	Nursing and Midwifery Registered
Simpson	Joy	Team Leader for the Professional Training & Education Team	Nursing and Midwifery Registered
Simpson	Laura	Specialist Clinical Pharmacist - Admission & Discharge	Add Prof Scientific and Technic
Sims	Amy	Operational Development and Network Manager: Proud2bOps	Administrative and Clerical
Sinkaiye	Bamidele	Specialty Doctor	Medical and Dental
Sissons	Marie	Deputy Divisional Lead Nurse	Nursing and Midwifery Registered
Siyal	Anisha	Locum Consultant (P)	Medical and Dental
Skelton	Lucy	Assistant General Manager	Administrative and Clerical
Slater	Jessica	Consultant Paediatrician	Medical and Dental
Sleightholme	Jordan	Specialist Biomedical Scientist	Healthcare Scientists
Sleney	Clair	Laboratory Manager	Healthcare Scientists
Slone-Hall	Daniel	Business Insight Analyst	Administrative and Clerical
Smart	Philip	Specialist	Medical and Dental
Smart	Jessica	Specialist Nurse	Nursing and Midwifery Registered
Smiley	Kathleen	Matron	Nursing and Midwifery Registered
Smith	Elaine	Quality Governance Lead	Administrative and Clerical
Smith	Daniel	Technical Liaison Digital Business Partner	Administrative and Clerical
Smith	Mark	Server & Storage Manager	Administrative and Clerical
Smith	Susan	Senior Radiographer	Allied Health Professionals
Smith	Emma	Project and Business Change Manager	Administrative and Clerical
Smith	Josephine	Data & Information Manager	Administrative and Clerical
Smith	Julie	High Volume Service Users Specialist Nurse Lead	Nursing and Midwifery Registered
Smith	Melissa	Deputy Radiographer Services Manager	Allied Health Professionals
Smith	Tracy	Department Leader	Nursing and Midwifery Registered
Smith	Candice	Head of Clinical Governance	Nursing and Midwifery Registered
Smith	Louise	MacMillan Colorectal Nurse Specialist	Nursing and Midwifery Registered
Smith	Daryll	Lung Cancer Nurse Specialist	Nursing and Midwifery Registered
Smith	Christopher	Vascular Access Practitioner	Add Prof Scientific and Technic
Smith	Ruth	Specialty Registrar - Year 4 LTFT Trainee	Medical and Dental
Smith	Tina	Records Assistant	Administrative and Clerical
Smith	Stephen	Urology Practitioner	Nursing and Midwifery Registered
Smith	Arron	Assistant General Manager	Administrative and Clerical
Smith	Joel	Specialist Medical Engineering Technician	Additional Clinical Services
Somes	Mark	Laboratory Manager	Healthcare Scientists
Soni	Prateek	Specialty Doctor	Medical and Dental
Southam	Amy	Physiotherapist Team Leader	Allied Health Professionals
Southgate	Andrew	Specialist MSK Physiotherapist- Hydrotherapy Team Lead	Allied Health Professionals
Sprigg	Amy	Department Leader - Theatres	Nursing and Midwifery Registered
Squirrel	Rachel	Human Resources Business Partner	Administrative and Clerical
Stanley	Micaela	Microbiology Service Manager	Healthcare Scientists
Stariradev	Milen Ivanov	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental
Staton	Barbara	Team Leader - Hand Team	Allied Health Professionals
Staves	Louise	Specialist Pain Nurse	Nursing and Midwifery Registered
Steel	Adele	Registered Nurse	Nursing and Midwifery Registered
Steel	Alison	Head of Research and Innovation	Administrative and Clerical
Steele	Jane	Team Leader	Allied Health Professionals
Stevenson	Rachel	Lead Radiographer - CT & MRI	Allied Health Professionals
Stewart	Nicola	Finance Manager	Administrative and Clerical

Last name	First name	Position name	Job staff group
Stinchcombe	Penny	Lead Radiographer & Screening Programme Manager	Allied Health Professionals
Stinchcombe	Simon	Consultant	Medical and Dental
Stone	Mark	Resilience Adviser	Administrative and Clerical
Stonehouse	Anneliese	Chief Clinical Physiologist	Healthcare Scientists
Stones	Sarah	Library and Knowledge Services Manager	Administrative and Clerical
Straker	Jennifer	Physiotherapy Team Leader	Allied Health Professionals
Street	Karen	Therapy Servs Operational Manager	Allied Health Professionals
Street	Hilary	Community Paediatric Specialist Nurse	Nursing and Midwifery Registered
Street	Emma	Highly Specialist Pharmacist - Urgent & Emergency Care	Add Prof Scientific and Technic
Stringer	Susan	Head & Neck Cancer Nurse Specialist	Nursing and Midwifery Registered
Stuart	Rebecca	Assistant General Manager	Administrative and Clerical
Stuart-Charlesworth	Nick	Senior Solution Developer	Administrative and Clerical
Subramani	Deepak	Consultant	Medical and Dental
Sukumaran	Dhanya	Specialty Doctor	Medical and Dental
Summers	Katie	Specialist Therapist/Team Lead	Allied Health Professionals
Sutcliffe	Nicola	Vascular and Non-Invasive Clinical Physiologist Lead	Healthcare Scientists
Sutton	Angela	PMO - Operations Manager	Administrative and Clerical
Swaile	Heather	Advanced Clinical Practitioner	Allied Health Professionals
Sweeting	Paul	Senior Solution Developer	Administrative and Clerical
Syed	Kamran	Specialty Doctor	Medical and Dental
Symcox	Theresa	Duty Nurse Manager	Nursing and Midwifery Registered
Tang	Pui-Shan	Senior Information Analyst	Administrative and Clerical
Tanner	Michelle	Midwifery Practitioner (Community)	Nursing and Midwifery Registered
Tao	Sharon	Consultant	Medical and Dental
Taphouse	Joanna	Head of RTT	Administrative and Clerical
Taylor	Andrew	Management & Planning Accountant	Administrative and Clerical
Taylor	John	Senior BI Developer	Administrative and Clerical
Taylor	Jacqueline	Director of NHIS	Administrative and Clerical
Taylor	Diane	Deputy Ward Leader	Nursing and Midwifery Registered
Taylor	Sarah	Ward Leader	Nursing and Midwifery Registered
Taylor	Sheila	Ophthalmic Nurse Specialist	Nursing and Midwifery Registered
Taylor	Jayne	Registered Nurse	Nursing and Midwifery Registered
Taylor	Samantha	Health Care Support Worker	Additional Clinical Services
Taylor	Jane	Business Intelligence Analyst	Administrative and Clerical
Taylor	Emily	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Taylor Mesa	Danna	Reporting Radiographer	Allied Health Professionals
Tekle	Solomon	Consultant	Medical and Dental
Temple	Suzanne	Senior Physiotherapist	Allied Health Professionals
Tennegedara	Asanka	Specialty Doctor	Medical and Dental
Terry	Anna	Sonographer	Allied Health Professionals
Thanawala	Nehal	Consultant Paediatrician	Medical and Dental
Thant	Moe	Specialist	Medical and Dental
Theaker	Kay	Head of Decontamination	Administrative and Clerical
Thodhlana	Liberty	Safeguarding Practitioner - Think Family Safeguarding	Administrative and Clerical
Thomas	William	Senior Business Insight Analyst	Administrative and Clerical
Thompson	Debbie	Admissions/Discharge Facilitator	Nursing and Midwifery Registered
Thompson-Butler	Kerry	Senior Registered Nurse	Nursing and Midwifery Registered
Thomson	Michael	Registered Nurse	Nursing and Midwifery Registered
Thomson	Deborah	Hospital Out of Hours Practitioner	Nursing and Midwifery Registered
Thornley	Joanne	Community Involvement Manager	Administrative and Clerical
Thorpe	Linda	Trauma and Orthopaedic Nurse Specialist	Nursing and Midwifery Registered
Thurman	Simon	Deputy Divisional General Manager	Administrative and Clerical
Thwaites	James	Advanced Clinical Practitioner	Add Prof Scientific and Technic
Tilley	Helena	Consultant	Medical and Dental
Tindall	Penelope	Macmillan Lead Cancer Nurse	Nursing and Midwifery Registered
Titterton	Helen	Medicines Management Technician	Add Prof Scientific and Technic
Tomblin	Rachael	Operations Assistant	Administrative and Clerical
Tomlinson	Leonie	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Toplis	Mandy	Deputy Head of Nursing and AHP	Nursing and Midwifery Registered
Toplis	Sarah	Pharmacist	Add Prof Scientific and Technic
Townsend	Katie	Dietetics - Advanced Clinical Practitioner	Allied Health Professionals
Truscott	Jennifer	Emergency Nurse Practitioner/Senior Registered Nurse	Nursing and Midwifery Registered
Truswell	Robert	Strategic Head of Procurement	Administrative and Clerical
Tsirevelou	Paraskevi	Consultant	Medical and Dental
Tucker	Kirsti	Registered Nurse	Nursing and Midwifery Registered
Turner	Zoe	Ward Leader	Nursing and Midwifery Registered
Turner	Sharon	Rheumatology Specialist Nurse	Nursing and Midwifery Registered
Tyler	Samantha	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Ulikova	Slavka	Specialist	Medical and Dental
Ullah	Kevin	Advanced Critical Care Practitioner	Nursing and Midwifery Registered
Underwood	Sally-Ann	Advanced Clinical Practitioner	Nursing and Midwifery Registered
Upton	Stephen	Senior Operations Manager	Administrative and Clerical
Uwagboe	Omoruyi Ayodeji	Specialty Doctor	Medical and Dental

Last name	First name	Position name	Job staff group
Vardy	Rachel	Human Resources Business Partner	Administrative and Clerical
Varley	Elizabeth	Senior Physiotherapist	Allied Health Professionals
Varley	Elaine	Head of Elective Recovery	Administrative and Clerical
Varley	Jacqueline	Pathology Quality Manager	Healthcare Scientists
Verma	Poonam	Specialty Doctor	Medical and Dental
Vickers	Adam	Matron	Nursing and Midwifery Registered
Vickers	Karen	Senior Buyer	Administrative and Clerical
Villatoro	Eduardo	Consultant	Medical and Dental
Vindla	Srinivas	Consultant	Medical and Dental
Viswanathan	Vaisakh	Specialty Doctor	Medical and Dental
Vithanage	Bandara	Locum Consultant (P)	Medical and Dental
Vyas	Abhishek	Acting Consultant	Medical and Dental
Waheed	Mohammad	Speciality Doctor	Medical and Dental
Waite	Claire	Clinical Integration Manager	Administrative and Clerical
Wake	Matthew	BI Development Manager	Administrative and Clerical
Wakefield	Natalie	Specialist Advanced Audiologist	Healthcare Scientists
Walker	Victoria	Consultant	Medical and Dental
Walker	Richard	Chief Digital Information Officer	Administrative and Clerical
Walker	Lisa	Deputy Divisional General Manager	Administrative and Clerical
Wallace	Paris	Ward Leader	Nursing and Midwifery Registered
Wallace	Sheena	Specialty Doctor	Medical and Dental
Walpole	Hannah	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Walters	Rosie	Advanced Nurse Practitioner	Nursing and Midwifery Registered
Walton	Ashley	Emergency Surgery Clinical Nurse Specialist	Nursing and Midwifery Registered
Ward	Natalie	Advanced Practitioner	Allied Health Professionals
Ward	Lesley	Practice Development Matron	Nursing and Midwifery Registered
Ward	Maria	Integrated Sexual Health Services Matron	Nursing and Midwifery Registered
Ward	Karen	Diabetes Specialist Nurse	Nursing and Midwifery Registered
Ward	Chloe	Operations Manager	Administrative and Clerical
Waring	Neil	Project and Business Change Manager	Administrative and Clerical
Waring	Stephanie	Pharmacy Technician Prod	Add Prof Scientific and Technic
Warren	Natalie	Duty Nurse Manager	Nursing and Midwifery Registered
Warren	Rebecca	Breast Care Nurse Specialist	Nursing and Midwifery Registered
Warren	Julian	Consultant	Medical and Dental
Warrilow	Matthew	Divisional General Manager	Administrative and Clerical
Waterhouse	Jessica	Clinical Supervisor - Immunisation	Nursing and Midwifery Registered
Watson	Martin	MCA,Dols,LPS Lead Practitioner	Administrative and Clerical
Watson	Claire	Macmillan Lead Oncology Dietitian	Allied Health Professionals
Watson	Nicholas	Consultant	Medical and Dental
Weaver	Kaye	Community Team Leader	Nursing and Midwifery Registered
Webster	Laura	Midwife	Nursing and Midwifery Registered
Welsh	Rebecca	Midwifery Practitioner	Nursing and Midwifery Registered
West	Hannah	Ward Leader	Nursing and Midwifery Registered
West	Carmel	Lead Medical Examiner Officer & Bereavement Manager	Administrative and Clerical
Westwell	Helen	Department Leader	Nursing and Midwifery Registered
Wharmby	Denise	Deputy Divisional Director of Nursing	Nursing and Midwifery Registered
Whetstone	Mary	Clinical Business Analyst	Administrative and Clerical
White	Clair	Head of Procurement	Administrative and Clerical
White	Emma	Foundation Year 2 Doctor	Medical and Dental
White	Julie	Decontamination Services Manager	Administrative and Clerical
Whitehead	Stephen	Agency Contracts, Systems and Compliance Manager	Administrative and Clerical
Whitehead	Joanne	Midwifery Practitioner (Co-ordinator Ward/Dept)	Nursing and Midwifery Registered
Whitehead	Peter	Junior Doctor	Medical and Dental
Whitney	Michelle	Histopathology Biomedical Scientific Supervisor	Healthcare Scientists
Whittlestone	Sally	Associate Director of Nursing Patient Experience/Complaints	Nursing and Midwifery Registered
Whysall	Kimberley	Respiratory Nurse Specialist	Nursing and Midwifery Registered
Wickremasinghe	Indumini	Specialty Doctor	Medical and Dental
Widdowson	Jacqueline	Head of Data Security and Privacy	Administrative and Clerical
Wigglesworth	Katy	Reporting Radiographer	Allied Health Professionals
Wile	Alyson	Outreach Physiotherapist	Allied Health Professionals
Wilkinson	Neil	Risk & Assurance Manager	Administrative and Clerical
Wilkinson	Clare	Consultant	Medical and Dental
Willey	Caroline	Senior Occupational Therapist	Allied Health Professionals
Willey	Anthony	Senior Physiotherapist	Allied Health Professionals
Williams	Christopher	Senior Physiotherapist	Allied Health Professionals
Williams	Beverley	Cardiac Rehab Specialist Nurse	Nursing and Midwifery Registered
Williams	Megan	Corporate Matron	Nursing and Midwifery Registered
Williams	Rachel	Paediatric Diabetes Nurse Specialist	Nursing and Midwifery Registered
Williams	Patience	Sonographer	Nursing and Midwifery Registered
Williams	Nicola	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Wilson	Rebecca	Highly Specialist Speech & Language Therapist	Allied Health Professionals
Wilson	Emma	Matron	Nursing and Midwifery Registered
Wong	Tsz Shing Joshua	Foundation Year 2 Doctor	Medical and Dental
Wood	Julie	Cardiac Rehab Specialist Nurse	Nursing and Midwifery Registered
Wood	Hayley	Critical Care Outreach Nurse	Nursing and Midwifery Registered
Woodhead	Jill	Consultant	Medical and Dental
Woodhouse	Amanda	Hospital Out of Hours Practitioner	Nursing and Midwifery Registered
Woodward	Simon	PMO Senior Insights Analyst	Administrative and Clerical
Wooltorton	Andrea	Specialist Nurse	Nursing and Midwifery Registered
Worboys	Tina	Moving and Handling Co-ordinator	Nursing and Midwifery Registered
Worrall	Olivia	Senior People Development Trainer	Administrative and Clerical
Wray	Diane	Quality Governance Lead	Nursing and Midwifery Registered
Wren	Joanne	Blood Transfusion Manager	Healthcare Scientists
Wright	Nicola	Midwife	Nursing and Midwifery Registered
Wright	Tina	Department Leader	Nursing and Midwifery Registered
Wright	Stephen	Emergency Nurse Practitioner	Nursing and Midwifery Registered
Wright	Joanne	Divisional General Manager	Administrative and Clerical
Wright	Katharine	Therapy Servs Operational Manager	Allied Health Professionals
Wright	Kelvin	Specialist	Medical and Dental
Wyatt	Justin	Virtual Ward Leader	Nursing and Midwifery Registered
Xavier	Solly	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Yannay	Michael	Consultant	Medical and Dental
Yassin	Abdallah	Specialty Doctor	Medical and Dental
Yates	Fiona	Digital Transformation and Engagement Lead	Administrative and Clerical
Yates	Joanne	Department Leader	Nursing and Midwifery Registered
Yemm	Julia	Superintendent Radiographer	Allied Health Professionals
Yemm	Kathryn	Quality Control Section Leader	Add Prof Scientific and Technic
Yen	Charmayne	Specialist Clinical Pharmacist - Admission & Discharge	Add Prof Scientific and Technic
Young	Rachel	Clinical Governance Co-ordinator	Nursing and Midwifery Registered
Younger	Holly	Cardiac Specialist Nurse	Nursing and Midwifery Registered
Yousef	Pierce	Locum Consultant (P)	Medical and Dental
Zulkifli	Muhammad	Bank Higher Specialty Trainee and SAS Rota	Medical and Dental

### Register of Interests 2023/24 as of 12th March 2024

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Haydock	Catharine	Senior Physiotherapist	Clinical Private Practice	Southwell Physiotherapy and Sports Injury Clinic	Treat patients as required on ad hoc basis	N/A
2023/24	2023/24	Anthony	Deborah	Specialist Clinical Lead for Ortho Inpatients & Outpatients	Clinical Private Practice	The Nottingham Road Clinic	Private Physiotherapy at the Nottingham Road Clinic Mansfield. I see self pay and patients from AXA and other private healthcare companies. 7 hours per week maximum	N/A
2023/24	2023/24	Tilbrook	Sean	Specialised Physiologist	Clinical Private Practice	DVLA	I complete forms on behalf of the DVLA regarding patients fitness to drive. These forms are completed in my own time and I am compensated on a per form basis by direct payment from the DVLA to my trust salary,N/A	N/A
2023/24	2023/24	Tilbrook	Sean	Specialised Physiologist	Clinical Private Practice	occupational health departments and / or insurance companies	I am from time to time approached by various external entities (occupational health departments and / or insurance companies) to provide medical reports for patients under the care of my NHS sleep clinic. I prepare these reports in my own time (outside my usual NHS working hours).	N/A
2023/24	2023/24	Tilbrook	Sean	Specialised Physiologist	Clinical Private Practice	The Nottingham Road Clinic	I see private patients at The Nottingham Road Clinic, in my capacity as a sleep physiologist. I typically set patients up with either home sleep studies, or trials of treatment with CPAP. I am paid a set fee for each patient I see and this is entirely separate to my role as a clinical physiologist at SFH, where I see NHS patients.	N/A
2023/24	2023/24	Thompson	Owain	Consultant	Clinical Private Practice	OCJT Anaesthetic Services Ltd.	Changed private practice from sole trader to limited company as of 1st April 2017 (I am one of the company directors).My line manager is Mr Bala Srinivasan (Clinical Director, Surgical Division).	N/A
2023/24	2023/24	Chidambaram	Alagappan	Consultant	Clinical Private Practice	AC ENT SERVICES LIMITED	I continue to do Clinical Private Practice at The Park Hospital in Nottingham. My private practice mirror my NHS practice. It doesn't impact my NHS duties and responsibilities. This is included in my annual job plan.	N/A
2023/24	2023/24	Clark	Andrew	Senior Physiotherapist	Clinical Private Practice	Andy Clark Physiotherapy Limited	Andy Clark is the sole Physiotherapist for this organisation, working 3 days per week, treating private patients with Musculoskeletal disorders in a clinical setting.	N/A



Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Srinivasan	Sreebala	Consultant	Clinical Private Practice	Circle health, Park hospital	Friday am alternate weeks and once month on Monday, I work at Park hospital on my non working day .I provide clinical services for NHS/ Private patients with ' Hip pathology' There are no conflicts to my work in KMH due to this.	NA
2023/24	2023/24	Srinivasan	Sreebala	Consultant	Clinical Private Practice	Insourcing	I use to perform Adhoc elective list during weekends/ non working day at KMH but this yet to happen this year	NA
2023/24	2023/24	Bahl	Remy	Consultant	Clinical Private Practice	All my private practice work is through my Limited Company--- Remy Bahl Ltd.	1) Most of my work for County Durham and Darlington Foundation NHS Trust (CDDFT) is providing Clinical care at Consultant Grade level and working on an ad hoc basis as Bank Staff. However there are aspects of my work here ( eg to attend Court to provide medical expert evidence for which I may be paid on a private basis.) 2) All my work for LCH( Leeds Trust) is working as a Forensic Physician on a sessional basis and is classed as an on call arrangement. All my work here is classed as private practice. 3) My Forensic work has no conflict of interest with my Medical Examiner work here at SFH.	£30,000
2023/24	2023/24	Gopinathan	Vinodkumar	Consultant	Clinical Private Practice	BMI healthcare	I practice in the private sector in two different hospitals during my non NHS time I offer anaesthetic services at Wood Thorpe hospital, BMI Park Nottingham on an adhoc basis when required. On an average its about 6 sessions a month including the weekends. I also offer my services as a trained "Crowd Doctor" for the Mansfield town Football club when needed - one Saturday a month or less.	N/A
2023/24	2023/24	Salem-Saqer	Hatem	Consultant	Clinical Private Practice	N/A	I work at Spire Hospital, Nottingham outside of working hours and commitments with kings mill hospital	N/A
2023/24	2023/24	Narra	Srikant	Consultant	Clinical Private Practice	N/A	I am registered with various private hospitals and organisations. These include BMI the Park, Nottingham Woodthorpe, Spire and Glanso. I provide these services through an intermediary, although my provision of such activity has been absent since 2019.	N/A
2023/24	2023/24	Gale	Michael	Consultant	Clinical Private Practice	Ramsay Healthcare, CIGNA Health Insurance, BUPA, AXA	I see NHS C&B, and private, patients on alternate Thursdays at the Nottingham Woodthorpe Hospital. 2 Sessions per day.	n/a
2023/24	2023/24	Pearson	Charlotte	Senior Physiotherapist	Clinical Private Practice	Hallamshire physiotherapy	Charlotte Pearson - Senior pelvic health physiotherapist Working privately as the womens health physiotherapy every Tuesday evening at Hallamshire physiotherapy practice in Sheffield.	N/A
2023/24	2023/24	Kurian	Jomy	Consultant	Clinical Private Practice	No benefits or gifts.	I do private practice on Mondays which is shown and agreed in annual job planning.	BMI the park hospital on Monday mornings and Woodthorpe hospital Monday afternoon twice a month.

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Paul	Pulak	Consultant	Clinical Private Practice	PMeeta Ltd	Work at Park Hospital & Spire Nottingham Hospital as consultant Critical care through Partnership and my Limited company "PMeeta Ltd.	N/A
2023/24	2023/24	Blacknall	James	Extended Scope Practitioner	Clinical Private Practice	farnsfield physiotherapy clinic	I do a small amount of physiotherapy private practice work for non-NHS patients. These amounts to about 1 hour per week.	n/a
2023/24	2023/24	Singla	Ritu	Consultant	Clinical Private Practice	DMC/ SKN	Ritu singla , doctor ,outpatient clinical activity , weekends ,( remote / onsite)	NA
2023/24	2023/24	Nasr	Mohamed	Consultant	Clinical Private Practice	East Midland Radiology Consortium AKA EMRAD	Insourcing reporting for EMRADRadiologists employed by one of the Trusts in the emrad consortium who provide a remote reporting service for their Trust or on behalf of another emrad Trust.	Payment According to contract
2023/24	2023/24	Nasr	Mohamed	Consultant	Clinical Private Practice	Teleradiology private company	Reporting for Teleradiology company outside NHS working hours	variable
2023/24	2023/24	Sharma	Priyanka	Consultant	Clinical Private Practice	British Medical Expert	Medicolegal expert witness	N/A
2023/24	2023/24	Ahmad	Naeem	Consultant	Clinical Private Practice	I have not received any benefit from anyone. I get cases from Carter Brown, MIND and Stream Line Forensic companies. They also collect my fee for the cases they give me. Medserv also collects my fee.	Work as Expert Witness for Courts and see patients privately. Expert witness work involves cases relating to safeguarding, ASD, ADHD and developmental delay. I get some cases from Carter Brown, MIND and Stream Line Forensic companies. Medserv collects my fee. I see private cases of ASD, ADHD, and developmental delay. I get a few cases from MIND	N/A
2023/24	2023/24	Fazal	Iftikhar	Consultant	Clinical Private Practice	Nottingham Road Clinic	Ad hoc private practice at Nottingham Road Clinic, Mansfield	N/A
2023/24	2023/24	Fazal	Iftikhar	Consultant	Clinical Private Practice	Spire Nottingham Hospital	Private practice at Spire Nottingham Hospital	N/A
2023/24	2023/24	Fazal	Iftikhar	Consultant	Clinical Private Practice	BMI The Park Hospital	Private practice at BMI Park Hospital, Arnold, Nottingham	N/A
2023/24	2023/24	Haughton	Melanie	Chief Clinical Physiologist/Vasc Technologist/Sonographer	Clinical Private Practice	The Spire Nottingham Hospital	I have a contract as a Bank Cardiac Physiologist on an ad hoc basis to cover Cardiac Catheter Lab work, Cardiac Device Implants and Follow-up, EP and Ablation. Contract commenced end of March 2021 beginning of April 2021.	N/A

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Jagdale	Ranjeet	Consultant	Clinical Private Practice	4WAYS and lung health check	I undertake Telereporting for a private company outside my routine NHS working hours.	N/A
2023/24	2023/24	Chiwera	Lilian	Matron	Clinical Private Practice	Lilycompassion Limited	Agency work as a critical nurse and will be used for SSI surveillance and prevention related consultancy going forward	Nil to date
2023/24	2023/24	Hyde	Victoria	Sonographer	Clinical Private Practice	Globe Locums	Locum Work	NA
2023/24	2023/24	Reza	Mostafa	Bank Higher Specialty Trainee and SAS Rota	Clinical Private Practice	Jackson and Rigby Dental Practice Mansfield	I work in a Dental Practice in Mansfield on sessional basis Monday and Wednesday PM and some Saturdays	N/A
2023/24	2023/24	Smith	Amber	Senior Physiotherapist	Clinical Private Practice	AMS Physio Massage and Wellbeing Services	Amber Smith Role in Organisation - Senior Physiotherapist Part time Self- Employed Private Predominantly Sports Massage Therapy / Physiotherapy Located in Newark Nottinghamshire - working from home and mobile	N/A
2023/24	2023/24	Vanjari	Jayant	Consultant	Clinical Private Practice	4Ways Tele Diagnostics	Radiology reporting services for 4ways Tele Diagnostics started since August 2021, provided during hours outside those of NHS commitment	N/A
2023/24	2023/24	Vanjari	Jayant	Consultant	Clinical Private Practice	Heart Lung Health	Radiology (Chest) reporting services for Heart and Lung Health started since October 2022 provided during hours outside those of NHS commitment	N/A
2023/24	2023/24	Thomas	James	Consultant	Clinical Private Practice	Spire Hospital Tollerton	Spire Hospital Nottingham, once weekly	N?A
2023/24	2023/24	Elsahn	Ahmad	Consultant	Clinical Private Practice	Optical Express	I did private cataract surgery between May and September 2023 but have since stopped	N/A
2023/24	2023/24	Bidwai	Amit		Clinical Private Practice	na	Private Medical Services provided for BMI healthcare	na
2023/24	2023/24	John	Joby	Consultant	Clinical Private Practice	BMI Park Hospital	clinic & adhoc theatre sessions	NA
2023/24	2023/24	John	Joby	Consultant	Clinical Private Practice	Onehealth	Adhoc list and clinic	na
2023/24	2023/24	John	Joby	Consultant	Clinical Private Practice	Woodthorpe Hospital	Adhoc clinic & theatre	na

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	John	Joby	Consultant	Clinical Private Practice	premex & Mobile doctors	medicolegal	na
2023/24	2023/24	Veemarajan	Balasubramanian	Consultant	Clinical Private Practice	None	BMI Park hospital - ad hocNottingham woodthorpe hospital - ad hocSpire Hospital Nottingham - ad hocPICS community pain clinic - ad hoc. Private practice through a limited company in which I am one of the directors.	None
2023/24	2023/24	Williams	Kristoffer	Bank Higher Specialty Trainee and SAS Rota	Clinical Private Practice	Spire Hospital Nottingham	Spire Hospital Nottingham Bank Critical Care Resident Medical Officer I have not yet taken any shifts within this post, but I have gone through the onboarding process.	N/A
2023/24	2023/24	Burrows	Helen	Team Leader for Rheumatology	Clinical Private Practice	The Physio Office	Helen Burrows- Therapy Operational Team Leader (Non-clinical) start date: 6th November 2023. Individual Private Physiotherapy Clinic in Worksoop (Hire a room in a beautician). Maximum: one evening per week (Wednesday 6.30-9.30pm) -MSK and Ortho patients, previous clinical area Rheumatology- no conflict. Therapy Operational Managers aware in department.	0
2023/24	2023/24	Kulkarni	Sushrut	Bank Higher Specialty Trainee and SAS Rota	Clinical Private Practice	Park Hospital	Work in Park Hospital	N/A
2023/24	2023/24	Kulkarni	Sushrut	Bank Higher Specialty Trainee and SAS Rota	Clinical Private Practice	Nottingham Woodthorpe Hospital	Work in Nottingham Woodthorpe Hospital	n/A
2023/24	2023/24	Desai	Vikram	Consultant	Clinical Private Practice	BMI The Park Hospital	I do Private practice at The BMI Park hospital on my days off from the hospital and outside my NHS time	N/A
2023/24	2023/24	Anantharamakrishnan	Krishnan	Consultant	Clinical Private Practice	Nottingham Ramsay Woodthorpe Hospital	Nottingham Ramsay Woodthorpe Hospitals - Consultant Urological Surgeon - Attends outpatients clinics, Conduct theatres, for both Choose and Book patients and private patients - Practice on Mondays, Tuesdays, Wednesdays Fridays Saturdays and Sundays - Mondays variable slated to be all day between 9.00 am and 4.00 pm; Tuesdays variable slated to be between 6.30pm and 8pm. Wednesdays 6.30pm and 8pm Fridays 9.0am and 4.00pm Saturdays variable 9.00 am and 1.00pm for cystoscopy lists and outpatients; Sundays operating variable days - 8.00 am and 1.00 pm - depends on patient case loads; Action taken to avoid conflict is to ensure this appears as NON-NHS days - I am a part time NHS on Wednesdays, Thursdays and Fridays; so, complete avoidance of conflict of interest; During hot week on-calls, complete cessation of the clinical private practice - careful forward monitoring to prevent any overlaps, and always put priority to the NHS work;	N/A
2023/24	2023/24	Gill	Muhammad	Consultant	Clinical Private Practice	BMI, Nottingham road clinic, Source Bioscience, other providers	Clinical diagnostic reporting for Non-NHS private work and other providers carried out on-site, random, through the year.	N/A



Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Gill	Muhammad	Consultant	Clinical Private Practice	Other NHS organisations	Postmortem work with other NHS hospitals	Not Applicable
2023/24	2023/24	Bhojwani	Ashok	Consultant	Clinical Private Practice	Park Hospital/ Nottingham Road Clinic	Do Private Practice( See NHS and Private patients) at Park Hospital and Nottingham Road clinic on Thursday ( 1st week : 2 to 6 pm ). Week 2 :Thursday 6 to 8 pm, clinics. Do ad hoc operating sessions for the trust patients at Park Hospital. Similar to previous years private practice is done as part of a company ( Nottinghamshire Urology Limited)	N/A
2023/24	2023/24	Bhojwani	Ashok	Consultant	Clinical Private Practice	Rosewood PCN c/o Primary Integrated community services limited	supervision of community nurse for PSA surveillance in community in Mansfield primary care ( again as part of company : Nottinghamshire urology limited)	N/A
2023/24	2023/24	Bhojwani	Ashok	Consultant	Clinical Private Practice	Lincoln Primary care	will do ad-hoc sessions for Vasectomy under LA for Lincoln primary care (from my company Nottinghamshire Urology limited)	N/A
2023/24	2023/24	Duffy	John	Lead Optometrist - Retinopathy Screening Programme	Clinical Private Practice	East Midlands Medical Services Ltd	Director and shareholder EMMS Healthcare Ltd, providing community NHS commissioned eye care services	NA
2023/24	2023/24	Graham	Regina	Bank Higher Specialty Trainee and SAS Rota	Clinical Private Practice	Spire - Nottingham	Spire Hospital - I have a Bank locum position, however I have not done any shifts since signing up therefore I have nothing to declare	0
2023/24	2023/24	Milligan	Lisa	Consultant	Clinical Private Practice	Variable - private practice	Small amount of Private Practice at The Park Hospital, Nottingham. Approximately one half-day per month in own time (Saturdays or Tuesday or Friday mornings)	N/A
2023/24	2023/24	Subramaniam	Srinivasan	Consultant	Clinical Private Practice	BMI CIRCLE	Private consulting on Tuesday 18.00 hrs onwards, Wednesday 14.00hrs onwards and Friday 15.00hrs onwards. Private operating on an ad-hoc basis	N/A
2023/24	2023/24	Subramaniam	Srinivasan	Consultant	Clinical Private Practice	Spire Nottingham Hospital	Monday form 18.10hrs onwards and Thursday 09.00hrs onwards. Operating Friday usually 09.00hrs to 12.00hrs.	N/A
2023/24	2023/24	Brady	Barbara	Registered Nurse	Loyalty Interests	Integrated Care Board	As a result of being a NED at SFHT and chairing the SFHT Quality Committee I am now a member of the ICB Quality and People committee	N/A
2023/24	2023/24	Mills	Richard	Chief Finance Officer	Loyalty Interests	N/A	Partner works for NHS England as a Retention Lead in the People Directorate. This shouldn't cause any direct conflict of interest.	N/A

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Downen	Claire	Project Manager	Loyalty Interests	Ada Health	Since 01 July 2021 my husband has worked for Ada Health, a company specialising in AI for diagnosis	N/A
2023/24	2023/24	Seddon	Sarah	Pharmacist	Loyalty Interests	Bradford Institute for Health Research	I am a member of the Patient and Family Advisory Group for the NIHR PFI-SII Study (Involving Patients and Families in Serious Incident Investigations). I participate in this group as a patient rather than as a healthcare professional and get paid the standard NIHR patient involvement rate for my time.	N/A
2023/24	2023/24	Seddon	Sarah	Pharmacist	Loyalty Interests	N/A	I sit on the advisory group for the Harmed Patients Alliance (a campaign working to increase understanding of the impact of healthcare harm on patients and families). I give my time voluntarily for this role and participate as a patient rather than as a healthcare professional	N/A
2023/24	2023/24	Seddon	Sarah	Pharmacist	Loyalty Interests	Open University / Manchester Metropolitan University	I sit on the patient and family advisory group for the 'Witness to Harm, holding to account' study in my capacity as a patient. I give my time voluntarily and am occasionally paid for attending a meeting.	N/A
2023/24	2023/24	Carlin	Elizabeth	Consultant	Loyalty Interests	British Association for Sexual Health and HIV (BASHH)	I am a past president of BASHH and provide advice and support to the current president and officers. The system is not allowing me to enter dates but I anticipate this work continuing throughout the year. BASHH is an incorporated organisation which is also a charity and is registered with the Charity Commission. It has a remit in education and training, setting standards and producing guidelines, championing good sexual health and public education. I separate clearly my work within BASHH and those within the NHS and make it clear when I advise or act publicly in which capacity I am acting.	N/A
2023/24	2023/24	Carlin	Elizabeth	Consultant	Loyalty Interests	Royal College of Physicians (RCP)	I am a member of the RCP Advisory Committee on Health Inequalities. This committee is focussed in identifying and seeking to reduce health inequalities in society. I am also a member of the RCP Clinically Extremely Vulnerable (CEV) Group, which seeks to address issues related to CEV individuals. I am involved in all aspects of the work but have a particular remit in relation to Sexual Health and HIV. The system is not allowing me to enter dates but I anticipate this work continuing throughout the year. I separate my activities and roles within this committee and the RCP with my roles and duties within the NHS. I make it clear when I advise or act publicly in which capacity I am acting.	N/A
2023/24	2023/24	Tansley	John	Clinical Director for Patient Safety	Loyalty Interests	NHSE	I currently chair the East Midlands Learning from Deaths Forum. I do not believe this is a conflict of interests as SFH is a part of this group and the learning discussed at this forum will benefit the Trust and its patients	None

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Fawcett	Jonathan	Chief Clinical Physiologist	Loyalty Interests	British Heart Foundation	My wife works (part time) at the British Heart Foundation (BHF) "Furniture & Electrical" shop in Mansfield. We sell small items of a nominal value for the BHF, to help raise funds. I have asked permission from the departmental manager to place these items on reception for patients to make donations in exchange for these goods, e.g. badges / pens / trolley tokens / diaries, etc. The monies are collected & collated in my own time outside of my own working hours.	Minimal
2023/24	2023/24	Kennedy	Adam	Orthotic Team Leader	Loyalty Interests	Thuasne	Half sister works as a clinical specialist for Thuasne. Orthotic department occasionally orders products from Thuasne. Line manager Matt Frederick (mattfrederick@nhs.net) aware and has no concerns.	N/A
2023/24	2023/24	Pearce	Martin	Registered Health Care Professional - Immunisation	Loyalty Interests	British Red Cross	Do voluntary work for Red Cross in my own time	0
2023/24	2023/24	Ward	Claire	Chairman	Loyalty Interests	University of Hertfordshire	Governor on the Board of the University of Hertfordshire	No payment received
2023/24	2023/24	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Resident within Newark and Sherwood (Non Financial Professional Interest)	N/A
2023/24	2023/24	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Registered patient of Southwell Medical Centre (Non-Financial Professional Interest)	N/A
2023/24	2023/24	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Previous GP Partner - Lombard Medical Centre, Newark (Surgery within catchment of SFHT) 2004-2012	N/A
2023/24	2023/24	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Mansfield GP Vocational Training Scheme (VTS)- trainee and course organiser (SFHT as base hospital) 2001-2004	N/A
2023/24	2023/24	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Brother in Law is Plastic Surgeon (Consultant) working at Leeds Hospitals NHS Trust and also has a Private Practice. Sister is a named director of the Private Company concerned.(Family / Indirect Interest)	N/A
2023/24	2023/24	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Wife is a Teaching Assistant at local Secondary School (The Minster School, Southwell, Notts).	N/A
2023/24	2023/24	Marshall	Nigel	Consultant	Loyalty Interests	N/A	Member- Riverside Church, Southwell, Notts	N/A

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Marshall	Nigel	Consultant	Loyalty Interests	National Medical Examiner Service	Part of my role within SFHT is as a Medical Examiner- This role is seen as "independent" and covers scrutiny of deaths within the hospital and community. The ME office is hosted by SFHT but is subject to the regulations and guidance set out by the National Medical Examiner Service (NME). Medical Examiners, if clinically working at the trust, do not scrutinise cases where they have been involved with clinical care (and includes further reviews of clinical cases where they have carried out first stage scrutiny as a Medical Examiner). Meeting between MD and Lead ME (Nov 2022) to support mitigation for areas with potential conflict, with specific reference to trust mortality.	0
2023/24	2023/24	Lloyd	Ruth	Head of Corporate and Business Support	Loyalty Interests	N/A	Indirect interest - close family member works in Theatres Recovery for Sherwood Forest Hospitals	N/A
2023/24	2023/24	Higginbotham	Shirley	Director of Corporate Affairs	Loyalty Interests	N/A	My Husband Sean Higginbotham works as an IT project manager for Nottinghamshire County Council, which includes IT projects across the ICS	N/A
2023/24	2023/24	Ferreira	Jane	Head of MSK	Loyalty Interests	Notts Healthcare	Staff Name: Luke Ferreira Dates: From Jan 23 My husband has been employed in the integrated MSK service. He is employed by Notts Healthcare. I am not in the management chain but in my role I am involved in making decisions about how the integrated services develop. I do not have any involvement with the MSK Hub from an operational capacity but I will be in some joint meetings. I was not involved in the recruitment and selection process which was done within Notts Healthcare.	N/A
2023/24	2023/24	Orgill	Kay	Department Leader	Loyalty Interests	N/A	I am declaring an indirect interest however this category is not included within the drop down menu. I have therefore been advised to complete it within this category. I have close family members working within the same speciality as me: husband - Lee Orgill - Emergency Nurse Practitioner in the Emergency Department and daughter - Natasha Orgill - currently a Health Care Assistant but commences a Registered Nurse post within the Emergency Department in August 2023.	N/A
2023/24	2023/24	Selwyn	David	Medical Director	Loyalty Interests	N/A	Sister is retired Nottinghamshire GP and currently works in Nottingham & Nottinghamshire ICB Vaccination Program. Spouse is Head of Safeguarding, Nottingham University Hospitals.	Nil
2023/24	2023/24	Ainsworth	David	Director of Strategy and Partnerships	Loyalty Interests	Vision West Notts College	Professional Governor at Vision West Notts College Evening Meetings throughout the year	Zero

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Singh	Clare	Senior Physiotherapist - Amputee Service	Loyalty Interests	N/A	Dr Carter Singh (husband) GP Partner - Willowbrook Medical Practice National Council Member - Royal College of General Practitioners Chair - Nottinghamshire LMC GP Council Member on the Governance & Nominations Committee - Royal College of General Practitioners Committee Member - Vale of Trent Faculty, Royal College of General Practitioners	N/A
2023/24	2023/24	Roberts	Mark	Consultant	Loyalty Interests	British Thoracic Society	BTS Pleural Guideline lead.	N/A
2023/24	2023/24	Roberts	Mark	Consultant	Loyalty Interests	UK Pleural Society	UK Pleural Society founder member. Runs sponsored courses. No personal gain.	N/A
2023/24	2023/24	Gill	Manjeet	Non Executive Director	Loyalty Interests	Chameleon Commercial Services Ltd. Coaching Services	six to eight days a month, coaching and consultancy advisor to government and local government.	N/A
2023/24	2023/24	Palmer	Sally	Nurse Consultant - Infection Prevention & Control	Loyalty Interests	Infection Prevention Society, Company Reg No: 6273843. Charity Reg No: 1120063	I am the National Deputy Secretary of the Infection Prevention Society, this is a voluntary position that lasts until October 2026. As part of this role I am required to attend the National 3 day Infection Prevention Society Annual Conference for which a place is provided by the society . As part of this role I am required to attend numerous executive board meetings and strategy days, some will be virtual and some will be face to face. All expenses for travel and any overnight stays will be payed for by the Society.	£2,000
2023/24	2023/24	Ward	Claire	Chairman	Loyalty Interests	n/a	I was selected as the Labour Party candidate for the East Midlands Regional Mayor (covering Nottinghamshire and Derbyshire) on 3rd August 2023. It is anticipated that the election will take place in May 2024.	none
2023/24	2023/24	Dudill	William	Consultant	Loyalty Interests	Royal College of Obstetricians and Gynaecologists	Member of Council of the Royal College of Obstetricians and Gynaecologists	nil
2023/24	2023/24	Boxall	Natalie	Infant Feeding Co-ordinator	Loyalty Interests	Priority Setting Partnership (PSP) on LGBT perinatal healthcare Illana Levene	Priority Setting Partnership (PSP) on LGBT perinatal healthcare. You were interested in being part of the steering group and/or taking on the role of information specialist. At this stage we will be meeting as a 'pre-steering group' to get applications started. The key tasks for this stage will be: 1. Agree overarching values for the steering group/project. This is particularly important in relation to trans inclusivity, which is integral to the project. We need to think carefully about any potential boundaries of inclusion/exclusion. I provide some draft values below 2. Complete the James Lind Alliance readiness questionnaire to ensure that they will support the project 3. Support writing of funding applications to secure funding to move forward 4. Discuss allocation of specific roles (coordinator/information specialist)	0



Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Bownes	Rachel	Finance Manager	Loyalty Interests	N/A	Sharon Muress - Staff Nurse, I wanted to make you aware that my mum works in urgent care at Newark Hospital, this would fall under indirect interests	0
2023/24	2023/24	Fleming	Robert	Specialty Doctor	Loyalty Interests	Association of Anaesthetists	As an elected board member, and officer at a national organisation, the "Association of Anaesthetists", I am a director of the Association as a company, and a trustee of the Association Foundation charity. I do not directly benefit financially from these things.	N/A (see declarations elsewhere)
2023/24	2023/24	Dewhurst	Jonathan	COVID Pharmacist	Loyalty Interests	UNITE the Union and the Guild of Healthcare Pharmacists	UNITE the union workplace representative and the Guild of Healthcare Pharmacists East Midlands regional representative	N/A
2023/24	2023/24	Wilson	Deborah	Registered Health Care Professional - Immunisation	Loyalty Interests	Mansfield Hospital Theatre Troupe (MHTT)	I am the chairperson of Mansfield Hospital Theatre Troupe, (MHTT) we are a local theatre group that meet weekly from August to January, we rehearse and then we put together a PANTO at the Palace theatre Mansfield at the end of January each year and raise money for local Mansfield and Ashfield charities. I hold a position in the troupe where I am responsible for the over all well being of the Troupe members, I chair committee meetings and the yearly AGM. I look after any under age members of the Troupe and act as chaperone, I hold a chaperone licence from NCC. As chair I attend the Palace theatre user group meeting and work along side other ammeter theatre groups to provide a high standard of theatre at local level. I no longer take part in the PANTO myself, I use the time looking after the Troupe members making sure we order costumes , sets, in a timely manner, assisting other troupe members with their roles, directing the show, producing the show. I do not get paid for this role, it is voluntary. The time I spend has no effect on my role at SFH. This role is ongoing ,Deborah Wilson, I am a specialist Nurse at SFH. If I can be of any further assistance please do contact me directly	N/A
2023/24	2023/24	Sathi	Navtej	Consultant	Loyalty Interests	Abbvie	I was sponsored for travel, accommodation, food and conference attendance by Abbvie. I attended the EULAR conference in Milan this year i.e. 2023. The dates of the meeting were 31.05.2023-03.06.2023	@£1800
2023/24	2023/24	Rahman	Mohamed	COVID Pharmacist	Loyalty Interests	United Kingdom Clinical Pharmacy Association	Mohamed Rahman. One of the Directors on the United Kingdom Clinical Pharmacy Association Board (I am also Chair of this Board). The UKCPA Board of Directors is responsible for the strategic management and direction of UKCPA. It is held accountable for all that is done in the Association's name. The Board of Directors is strategic, focusing mainly on the following years but also monitoring progress in the current year.	n/a

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Rose-Britton	Andrew	Non Executive Director	Outside Employment	Nottingham and Nottinghamshire ICB	1 day per month Partner Non-Executive Finance Committee	0
2023/24	2023/24	Robinson	Paul	Chief Executive	Outside Employment	Nottingham and Nottinghamshire Integrated Care Board	Partner member of the Nottingham and Nottinghamshire Integrated Care Board representing NHS Trusts and Foundations Trusts. This appointment was supported by the Sherwood Forest Hospitals Board of Directors, is a commitment of 1 day per month and is not remunerated.	0
2023/24	2023/24	Milton	Joanne	Therapy Team Leader- HCOP	Outside Employment	Derby Rugby Football Club	Joanne Milton: Therapy Team Leader for Elderly Care at KMH: Outside employment: Working with Derby Rugby Football Club as club physiotherapist covering match day game cover and injury management with players during the rugby season September-April.	N/A
2023/24	2023/24	Garment	Donna	Consultant Radiographer	Outside Employment	United Lincolnshire Hospitals NHS Trust	Bank role as Consultant Mammographer at United Lincolnshire Hospitals NHS Trust on days off or during annual leave.	N/A
2023/24	2023/24	Clymer	Mark	COVID Pharmacist	Outside Employment	Centre for Pharmacy Postgraduate Education (CPPE)	Mark Clymer - Assistant Chief Pharmacist - Clinical services manager. Honorary contract with CPPE (via University of Manchester) - expert advice/review and professional development. Ad hoc commitment in own time.	N/A
2023/24	2023/24	Tatham	Richard	Medical Photographer	Outside Employment	mission studio	I have my own photography company mission studio	N/A
2023/24	2023/24	Curtis	Sherri	Senior Registered Nurse	Outside Employment	The Park Hospital	The Park Hospital - as and when needed	N/A
2023/24	2023/24	Sebastian	Blessy	Team Leader	Outside Employment	Circle Health Group	Blessy Sebastian- Registered Nurse	N/A
2023/24	2023/24	Sebastian	Blessy	Team Leader	Outside Employment	Ramsay Healthgroup	Blessy Sebastian registered nurse	N/A
2023/24	2023/24	Yusuf	Fatima	Consultant	Outside Employment	Nottingham University hospital	I am registered with external bank at Nottingham University hospitals as of April 2020. I am doing sporadic locum work when my schedule allows.	N/A

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Rogers	Samuel	Specialist Nurse	Outside Employment	St John Ambulance	I am a volunteer with St John Ambulance. Within the organisation I am the National Clinical Audit and Effectiveness Lead with the responsibility for the development of clinical care bundles, and audits associating to the care bundles. I am also Emergency Ambulance Crew and volunteer on NHSE shifts on behalf of NHS Ambulance Services within this role. Within my roles in St John Ambulance, I am a volunteer and therefore not paid. The roles that I hold in both SFH and St John Ambulance work hand in hand. I don't feel that there are any conflicts of interest, and regularly update my manager of the work that I am doing in order to ensure the roles don't conflict with each other.	£0.00
2023/24	2023/24	Badhe	Sachin	Consultant	Outside Employment	Woodthorpe hospital and Park hospital	as before, I also work at the Woodthorpe Hospital and the Park Hospital Outside Trust hours	Ad hoc
2023/24	2023/24	Tansley	John	Clinical Director for Patient Safety	Outside Employment	HC-UK Conferences Ltd	I have ongoing engagements to speak at online conferences hosted by HC-Conferences UK Ltd. about subjects within my areas of expertise- Healthcare investigation, learning from deaths and healthcare leadership. I do not believe this represents a conflict of interest and discussed it with the Medical Director before accepting	Payment is either £100 per lecture or a free place on an event hosted by the company. I have opted for the latter.
2023/24	2023/24	Tansley	John	Clinical Director for Patient Safety	Outside Employment	EU, Horizon Europe	I am a member of the Scientific Advisory Group for the SAFEST study ( <a href="https://safestsurgery.eu/">https://safestsurgery.eu/</a> ) for which I have received 250 Euro compensation for my time and travel and accommodation costs of 600 Euro to attend a 2 day consensus conference in Brussels (which occurred during annual leave)	250 Euro + 600 Euro travel and accommodation costs
2023/24	2023/24	Hannan	Giuseppina	Advanced Practitioner (CT)	Outside Employment	Chesterfield Royal Hospital	Chesterfield Royal Hospital employed as a Bank CT Head Reporting Advanced Practitioner. Back working at Chesterfield since July 2022	N/A variable
2023/24	2023/24	Hannan	Giuseppina	Advanced Practitioner (CT)	Outside Employment	N/A	Self employed swimming teacher around 9 hours per week school term time only.	N/A
2023/24	2023/24	Kennedy	Sally	Team Leader	Outside Employment	DCC Adult Ed	Yoga Tutor for Derbyshire County Council Adult Education Service, also occasional self-employed tutoring. No conflict with current role as physiotherapist.	£0-200
2023/24	2023/24	Byrne	Liam	Therapy Assistant	Outside Employment	Nottinghamshire County Cricket Club	Additional employment as a zero hours 'casual' cricket coach. Approximately coaching 1-2 hours per week in the evenings. Employer name: Nottinghamshire County Cricket Club	N/A

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Clarke	Rachel	Highly Specialist Speech & Language Therapist	Outside Employment	Leicestershire Partnership NHS Trust	I work part time (18.75 hrs) for Leicestershire Partnership NHS Trust as a band 6 Speech and Language Therapist	N/A
2023/24	2023/24	Arnold	Paula	Quality Governance Lead	Outside Employment	MA Motor Company LTD	Husband owns M A Motor Company Limited to which I am the company secretary- no financial payment receivedLowMoor Court Vehicles repairs LTD is a dormant company and operates in name only and is part of M A Motor Company LTD.M A Motor Company LTD does not have any contracts with any NHS organisations	NA
2023/24	2023/24	Horsley	Leanne	Senior Programme Manager	Outside Employment	Sheffield hallam University/University of Lincoln/University of Central Birmingham	Leanne Horsley - Clinical Educator in Respiratory Physiotherapists. Works 'casually' for local universities to provide education to the physiotherapy students. This is very variable, there can be many months with no work done and all and then occasionally there will be a few days all together. Time in lieu or annual leave always taken from the trust if any of the work is to be completed inside of normal working hours. Occasionally, flexible working is used to allow for travel time to a site etc.	NA
2023/24	2023/24	Widdowson	Ben	Associate Director of Estates & Facilities	Outside Employment	Brighter Futures	Non-Executive Board member with the Brighter Futures Housing Association in Stoke on Trent for a 3 year term from September 2022. With agreement from my line manager and time commitment of c. 2 hours per month to attend Board meetings with no impact on my SFHFT commitments.	n/a
2023/24	2023/24	Horsley	Leanne	Senior Programme Manager	Outside Employment	The University of Coventry	Leanne Horsley - Physiotherapy and OT Practice Development Lead and AHP Faculty Chair for the Notts ICS (SFHT hosted post) - Return to practice tutor for University of Coventry. This is a 'casual' role in which I support physiotherapists wishing to return to practice for a maximum of 30 hours per year. This is paid on a casual basis and no work is done inside of paid employment within the trust.	NA
2023/24	2023/24	Thanigasalam	Morgan	Clinical Lead: Digital Innovation and Transformation	Outside Employment	Health and Care Professions Council (HCPC)	Ad Hoc work as a Registered Operating Department Practitioner panel member. Fitness to practice is an essential part of maintaining robust healthcare professional registers to ensure public confidence, public protection and professional reputation. Each panel across all professional bodies requires a member who is on the same part of the relevant register. Work is all carried out in my own time.	£206 per day
2023/24	2023/24	Ward	Claire	Chairman	Outside Employment	Groupe Eurocom Ltd	Non Executive Director	N/A

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Ward	Claire	Chairman	Outside Employment	Institute for Collaborative Working	Non Executive Director of Institute for Collaborative Working. This is a not for profit , membership organisation and professional business institute working across a number of different sectors to promote collaborative working and the implementation of ISO 44001. Members of the ICW include a number of companies that may do business with SFHT but I have no interactions with them on this basis.	N/A
2023/24	2023/24	Ward	Claire	Chairman	Outside Employment	ALLIANCE healthcare Ltd /Amerisource Bergen	Member of the Advisory Board to Alliance Healthcare Ltd	N/A
2023/24	2023/24	Whitford	Hazel	Registered Nurse	Outside Employment	Thornbury and Altrix	Thornbury Nursing Agency Altrix Nursing agency Working both ward and ICU shifts on occasion - working within my limitations as a band 5 nurse	N/A
2023/24	2023/24	Parry-Payne	Hannah	Resourcing Manager	Outside Employment	Healthwatch Derbyshire	Director of Healthwatch Derbyshire from 18th Oct 2022 for further 3 year tenure	n/a voluntary position
2023/24	2023/24	Street	Adam	Registered Nurse	Outside Employment	See above.	I work for Nottingham Trent University as a Hourly paid Lecturer on an ad-hoc basis and I work on BANK within the trust.	N/A
2023/24	2023/24	Vo	Quoc Anh	Advanced Practitioner	Outside Employment	Daywebster	I have a zero hours/bank contract with Daywebster agency. I work as an Emergency Care Practitioner in an urgent care/minor injuries unit.	N/A
2023/24	2023/24	Dulson	Harriet	Senior Physiotherapist	Outside Employment	Harriet Alicia Physiotherapy	Harriet Dulson -Private physiotherapy appointments, sports massage and 1:1 Pilates classes.	n/a
2023/24	2023/24	Al-Shukri	Jaber	Consultant	Outside Employment	N/a	Company Director of Defyning Aesthetics Ltd.	N/a
2023/24	2023/24	Borwick	Rebekah	Rotational Physiotherapist	Outside Employment	University of Nottingham	Worked as a lecturer for University of Nottingham for 4 days split over February and March. These days were 8-5pm, completing x3 lecturers working with second year Physiotherapy students. This period of work has now ended. This was approved by line manager Chris Williams and I have signed agreement for my pay to be deducted accordingly.	N/A
2023/24	2023/24	Armstrong	Nicola	Midwife	Outside Employment	NHS Professionals	zero hours contract with NHS Professionals agency. occasional 6-11.5 hour shifts worked during weeks with SFH rostered annual leave or less than 3 long shifts	0
2023/24	2023/24	Selwyn	David	Medical Director	Outside Employment	Royal College of Anaesthetists	Director of Centre for Perioperative Care, Royal College of Anaesthetists. Co-opted to College Council, Royal College of Anaesthetists.	Backfil of 2 PA's
2023/24	2023/24	Barker	George	Specialist Physiotherapist	Outside Employment	Mode Physiotherapy	George Barker - Band 6 Physiotherapist. Mode Physiotherapy - Working Mondays 8am until 2pm as a private specialist MSK Physiotherapist, assessing and treating private clients. Starting from 24th April 2023 & ongoing	N/A



Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Neilson	Richard	Pharmacist Vaccination Manager	Outside Employment	South Axholme Practice	I work as a clinical practitioner and responsible person at a GP practice that is outside the Nottinghamshire region.	N/A
2023/24	2023/24	Ainsworth	David	Director of Strategy and Partnerships	Outside Employment	Merco Agency	Paid employment for dealing with complaints outside the working week - ad hoc on an as and when required basis	£2,000
2023/24	2023/24	Ainsworth	David	Director of Strategy and Partnerships	Outside Employment	Erewash Borough Council	Chair of Independent Remuneration Committee - Erewash Borough Council Evening Meetings - can vary from 1-5 a year	NA
2023/24	2023/24	Shrubsole	Paula	Clinical Supervisor - Immunisation	Outside Employment	Emergency Response Training Solutions Ltd	Tutor and instructor. No conflict of interest with NHS work.	NA
2023/24	2023/24	McMinn	Kelly-Marie	Deputy Ward Leader	Outside Employment	La Bonita	I have a beauty/aesthetics business.	N/A
2023/24	2023/24	Gill	Manjit	Non Executive Director	Outside Employment	CQC	Role with the organisation: CQC Executive Reviewer. Carry out assessments of Trusts, two to three times a year for 2 to 3 days since June 2019	Nil
2023/24	2023/24	Gill	Manjit	Non Executive Director	Outside Employment	CQC	Role with the organisation: CQC Executive Reviewer. Carry out assessments of Trusts, two to three times a year for 2 to 3 days since June 2019. report to Director of Executive reviews. Unpaid with expenses paid.	Nil
2023/24	2023/24	Gill	Manjit	Non Executive Director	Outside Employment	Bedford, Luton and Milton Keynes ICB	Non Executive Director, Bedford, Luton and Milton Keynes ICB	£16,000
2023/24	2023/24	Ward	Graham	Non Executive Director	Outside Employment	Acis Group Limited	Board Member/Mon Executive Director of this Housing Association	N/A
2023/24	2023/24	Ward	Graham	Non Executive Director	Outside Employment	Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Non-Executive Director	N/A
2023/24	2023/24	Chapman	Louise	Roving Clinical Supervisor - Immunisation	Outside Employment	Nottinghamshire Health Care Trust	Street Triage Bank Nurse with Nottinghamshire Police. This is a bank post and just on a ad-hoc basis with approximately 2-4 7.5 hours per month if and when required. This is my old role and I am staying on bank with them so I can keep my mental health nursing skills upto date. I cannot identify any conflict of interest between this and my substantive post with SFH.	£16.00 ph
2023/24	2023/24	Toth	Jozsef	Medical Director/Lead GP	Outside Employment	Holt Doctors Ltd	T&O Registrar on call or assisting in theatre and A&E Minor Injuries Unit (ENP backlog) locum shifts on weekends in Doncaster and Bassetlaw Teaching Hospitals since September 2020. Last shift was worked on Saturday 17/06/23.	£65-£80/ hour before tax
2023/24	2023/24	Vizzard	Julie	Practice Development Midwife	Outside Employment	Nottingham University Hospitals	Bank at NUH band 6 occasional shift last worked November 2022	Bank shift payments

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Molyneux	Andrew	Consultant	Outside Employment	National Institute for Health and Care Excellence	Co-Chair for NICE/BTS/SIGN Asthma Guideline Update Committee from January 2022 to date. I receive travel expenses, but no other payments currently. Honoraria are directed into the Trust Respiratory Study/Training fund to pay for team members to attend educational events.	£3500 estimated
2023/24	2023/24	Haughton	Melanie	Chief Clinical Physiologist/Vasc Technologist/Sonographer	Outside Employment	UNIVERSITY HOSPITAL NORTH MIDLANDS	I have a zero hours contract set up with my previous employment within the NHS. I work at The University Hospital North Midlands on an ad hoc basis on my days off to maintain my Electrophysiology Skills and to help out when the department is short staffed in Electrophysiology and Ablation. This enables me to maintain professional accreditation in this area as this is not part of my current role. This is on a yearly agreement which commenced in June 2019 and is renewed annually if required.	Band 7 Bank
2023/24	2023/24	Haughton	Melanie	Chief Clinical Physiologist/Vasc Technologist/Sonographer	Outside Employment	The Park Hospital, Nottingham	I have a contract as a Bank Cardiac Physiologist on an ad hoc basis to cover Cardiac Catheter Lab work, Cardiac Device Implants and Follow-up, EP and Ablation. Contract commenced end of January 2022.	N/A
2023/24	2023/24	Slater	Scott	Deputy Resuscitation Training Manager	Outside Employment	Emergency Response Training Solutions Limited	Scott Slater - freelance Advanced adult and paediatric life support instructor. Providing teaching on European Resuscitation Council Advanced adult and paediatric life support courses in India for Emergency Response Training Solutions Limited. In 2023 1x 10 day trip (3 courses) undertaken in July and 1x 12 day trip (4 courses) due in November.	N/A
2023/24	2023/24	Thomas	Ricky	Head of Pathology Operations	Outside Employment	UKAS	Ricky Thomas - Head of Pathology operation. As Quality Manager I was approached and support to complete UKAS technical assessor training. As Head of Pathology I have now reached the final stages of assessment and will be paid by UKAS. Time commitments is a minimum of three assessments per year with assessments typically being 1 or 2 days onsite at a different hospital.	minimal
2023/24	2023/24	Chiwera	Lilian	Matron	Outside Employment	Becton & Dickinson	Surgical Site Infection Surveillance and Prevention consultancy	Nil to date
2023/24	2023/24	Chiwera	Lilian	Matron	Outside Employment	Molnlycke Health care	Surgical site infection surveillance and prevention consultancy services - Produced SSI quality improvement toolkit with other SSI Prevention key opinion leaders	Nil to date
2023/24	2023/24	Smith	Daniel	Consultant	Outside Employment	NHS England	I am seconded to NHS England for 2 PAs per week.	n/a
2023/24	2023/24	De La Mare	Elizabeth	Urology Cancer Support Nurse	Outside Employment	Primary Integrated Community Services Ltd H4 Ash Tree Court, Nottingham Business Park, NG8 6PY	I work as for PICS - Rosewood PCN. Five surgeries Roundwood, Churchside, Acorn, Forest and Millview. 12.5 hours per week remotely to monitor PSA for patients post prostate cancer or discharged from secondary care on PSA monitoring via the GP. Elizabeth De La Mare.	NET £630 per month.
2023/24	2023/24	Noor	Muhammad	Consultant	Outside Employment	NHS England	NHSE Appraiser	N/A

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Ward	Claire	Chairman	Outside Employment	Pharmacists Defence Association Ltd	Director of Pharmacists Defence Association Ltd	N/A
2023/24	2023/24	Thomas	James	Consultant	Outside Employment	Oxford University Press	Book Royalties - Oxford Handbook of Clinical Examination	NA
2023/24	2023/24	Bownes	Rachel	Finance Manager	Outside Employment	Sherwood Oaks Gymnastics	On an adhoc basis I help out at the children's gymnastics club as a coach to cover classes or help at competitions.	0
2023/24	2023/24	Barker	Rebecca	Consultant	Outside Employment	Association of Anaesthetists	Elected board member/director and trustee for Association of Anaesthetists as of September 2023	N/A
2023/24	2023/24	Van der Heijden	Ludovicus	Specialist	Outside Employment	MSV and Mansfield Town Football club	Ad Hock earnings as motorsport and or crowd doctor	variable due to ad hock nature. will only be able to determine in retrospect after end of tax year
2023/24	2023/24	Toth	Jozsef	Medical Director/Lead GP	Outside Employment	Holt Doctors Ltd	T&O Registrar on call or assisting in theatre and A&E Minor Injuries Unit (ENP backlog) locum shifts on weekends in Doncaster and Bassetlaw Teaching Hospitals since September 2020. Last shift was worked in October 2023.	£65-£80/ hour before tax
2023/24	2023/24	Williams	Kristoffer	Bank Higher Specialty Trainee and SAS Rota	Outside Employment	Nottingham University Hospitals NHS Trust	Bank Trust Grade in Critical Care at Nottingham University Hospitals NHS Trust. I take up 1-2 locum shifts a month in the NUH Critical Care departments. February 2023 - Present	N/A
2023/24	2023/24	Willis	Ayshea	Emergency Nurse Practitioner	Outside Employment	Donnington Motor Sports	Non contractual 0 hours - Medical Centre Donnington Race circuit	seasonal
2023/24	2023/24	Willis	Ayshea	Emergency Nurse Practitioner	Outside Employment	LCHS Gainsborough and Lincoln	LCHS Bank ENP/ACP	Bank
2023/24	2023/24	Willis	Ayshea	Emergency Nurse Practitioner	Outside Employment	United Lincolnshire Hospitals	ULH Trauma and Orthopaedic ACP Bank	Bank
2023/24	2023/24	Anantharamakrishnan	Krishnan	Consultant	Outside Employment	N/A	Health Research Authority - Monthly Pro-bono activity - Jan 202 to Jann 2021 Ongoing - No payments due to health issues not attending recently	N/A
2023/24	2023/24	Anantharamakrishnan	Krishnan	Consultant	Outside Employment	N/A	General Medical Council - GMC activity - Associate - attends ad-hoc arrangement - paid per session approximately £ 310, usually use annual leaves but might use study leaves with the departmental guidance	N/A

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Hudson	Sharon	Consultant Nurse Endoscopist	Outside Employment	Remedy Healthcare Solutions	Agency work	N/A
2023/24	2023/24	Hudson	Sharon	Consultant Nurse Endoscopist	Outside Employment	The Endoscopy Group	External agency work	N/A
2023/24	2023/24	Lobo	Benjamin	Consultant	Outside Employment	NHS E	This is an update to the last declaration. The new 2nd employment with NHS E has been taken with the explicit knowledge of the Trust. A proportionate reduction of hours and my salary has been made. The appropriate job planning process as discussed and overseen by HR.	Executive and Senior Manager pay scale
2023/24	2023/24	Roe	Simon	Deputy Medical Director	Outside Employment	Nottingham University Hospitals NHS Trust	Consultant Nephrologist - Nottingham University Hospitals NHS Trust	N/A
2023/24	2023/24	Boxall	Natalie	Infant Feeding Co-ordinator	Outside Employment	White Ribbon Alliance	Unpaid volunteer role as Trustee for White Ribbon Alliance Starting November 2023	n/a
2023/24	2023/24	Dewhurst	Jonathan	COVID Pharmacist	Outside Employment	UHBW NHS FT	UK Medicines Information and UHBW external educational supervisor for AMITTS MMT training course	NA
2023/24	2023/24	Gueffaf	Ahmed	Pharmacist	Outside Employment	Circle Health Group	Bank Clinical Pharmacist	N/A
2023/24	2023/24	Sturman	Melanie	Mac Gyn Cancer Nurse Specialist	Outside Employment	Hillview surgery farnsfield Newark Notts	I occasionally do practice nursing for a local surgery near my home. I have offered to help for two more days until their new nurse takes up post. I worked at this surgery prior to my appointment here and work on a limited company basis. I do one shift per week seeing patients for diabetic and asthma reviews and cervical cytology. I only use system one and have no access to hospital systems whilst on duty and do not work at the surgery during my hospital rostered days, it is done on my day off. my last day helping them will be the 20/12/23. I may however do occasional agency shifts in the future practice nursing but I currently have no intention of doing this. I do not nor do I intend to work at any other hospitals or healthcare settings and the role I perform at the surgery is completely different to the role I perform at SFHT	NA
2023/24	2023/24	Lim	Siew Quen	Pharmacist	Outside Employment	Tesco Pharmacy	Siew Quen Lim - Locum Pharmacist. Working as a Locum Pharmacist at Tesco Pharmacy delivering dispensing medication, accuracy checking, medication counselling and OTC sales. Time commitment is flexible and based on the signed up shifts. Only 4 hours in each shift, not very often (i.e. frequency reduced to 1 shift in every 2/3 months).	N/A
2023/24	2023/24	Gueffaf	Ahmed	Pharmacist	Outside Employment	Fresenius Kabi Ltd	Honorarium Speaker Fee Travel & Accommodation Paid	N/A

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Jarvis	Cally	Administration Officer	Outside Employment	Sirona Medical	Cally Jarvis. Consultancy weekend work of reviewing tender applications for Endoscopy Contracts. The work would be ad-hoc and undertaken at weekends. No work would be undertaken that is associated with the Trust or within our catchment area to ensure no conflict.	n/a
2023/24	2023/24	Barnett	Alison	Chief Cardiac Physiologist	Outside Employment	Sheffield Hallam University.	19/7/2023 Worked as examiner (Specialist visiting for End Point Assessment for Healthcare Science Apprenticeship degree. This involved travelling to Sheffield Hallam University for one day, marking exam papers and conducting assessments of research presentations and professional discussion.	N/A
2023/24	2023/24	Barnett	Alison	Chief Cardiac Physiologist	Outside Employment	British Society of Echocardiography	Examiner for British Society of Echocardiography - practical examination in Oxford University Hospital. This was held on a weekend outside my NHS contracted hours. It is a voluntary position.	N/A
2023/24	2023/24	Tibbs	Gary	Head of Fire & Security	Outside Employment	GPTFiresafety	Gary Tibbs - Head of Fire and Security - I own and run my own fire safety consultancy business - minimal commitment	£0
2023/24	2023/24	Daniel	Matija	Locum Consultant (P)	Outside Employment	Nottingham University Hospitals	I am employed by Nottingham University Hospitals for ENT surgery and ENT undergraduate medical education.	n/a
2023/24	2023/24	Daniel	Matija	Locum Consultant (P)	Outside Employment	Mat Daniel Consulting	I run a private coaching business, and teach on coaching courses.	n/a
2023/24	2023/24	Daniel	Matija	Locum Consultant (P)	Outside Employment	EUROPEAN BOARD EXAMINATION ORL-HNS (EBEORL-HNS)	I examine on the European Board Examination ORL-HNS. I receive free flights to Vienna, free board and lodging when examining.	n/a
2023/24	2023/24	Sathi	Navtej	Consultant	Outside Employment	LVL Health	I am doing Clinical Trials with this company	N/A
2023/24	2023/24	Sathi	Navtej	Consultant	Outside Employment	Maine Peak Consulting	I am director of this company	N/A
2023/24	2023/24	Sathi	Navtej	Consultant	Outside Employment	Intersource Medical Services paid to my company Maine Peak Consulting	Dr. Navtej Sathi Clinical Lead for the Rheumatology Service (Locum) This job will be done in my non NHS time	N/A
2023/24	2023/24	Mukhtar	Muhammad	Locum Consultant (P)	Outside Employment	GTD Healthcare	Sometimes I do some locum shifts outside SFH/KMH.	Variable
2023/24	2023/24	Mukhtar	Muhammad	Locum Consultant (P)	Outside Employment	N/a	I do some additional locum work outside KMH/SFH	Variable depending what shifts I get/need
2023/24	2023/24	Mitra	Aveek	Consultant	Outside Employment	Castlecombe Race club	medical event cover: Castlecombe Race circuit, potential 10 days a year (weekends/ bank holidays)Separate indemnity for this event and MSUK registered doctor.	£150 a day when event covered (inclusive of everything) + lunch (sandwich, crisp, drink, fruit)
2023/24	2023/24	Sahota	Jaskaran	End User Device Support Manager	Outside Employment	Repton Security	Part time weekend security work. Carry out 2-3 shifts per month.	N/A
2023/24	2023/24	Sarmad	Ambreen	Consultant	Outside Employment	Spa Medica and CHEC	I work with different independent providers working for NHS . Those days are my days off and are not in my job plan at Kingsmill hospital.	NA



Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Andrew	Julia	Specialist Midwife - Clinical Governance	Outside Employment	Birthrights	I have recently become an Associate Trainer for the charity Birthrights. I am invited to lead 2 or 3 training sessions per year. I can choose to accept payment and/or expenses. I plan on taking annual leave for the commitment unless the dates fall on my day off.	Payment is £125 half day session or £250 for a full day.
2023/24	2023/24	Ahmad	Saqib	Consultant	Outside Employment	endocare /medinet	registered with endocare endoscopy service might do outside endoscopy at weekends	na
2023/24	2023/24	Owens	Benjamin	Consultant	Outside Employment	NHSE and ECIST	working for NHSI and ECIST on secondment3 days a monthannualisedagreed in job planon contract with them visiting sites, on national committee and assisting with policy	expenses only - trust paid for time
2023/24	2023/24	Owens	Benjamin	Consultant	Outside Employment	Achademic Health Solutions	Working for consultancy firm Academic Health Solutions doing work appraising UEC pathways, and estates	N/A
2023/24	2023/24	Batterham	Jason	Medical Photographer Medical Photographer	Outside Employment	Jason Batterham Photography (Self-employed sole-trader)	Small passive income from photos/videos I have lodged with stock libraries.	N/A
2023/24	2023/24	Webster	Dianne	Highly Specialist Speech & Language Therapist	Outside Employment	University of Sheffield	I also work part time (7 hrs per week) as a University Teacher, Health Sciences School, University of Sheffield.	N/A
2023/24	2023/24	Pembleton	Christina	Registered Nurse	Outside Employment	Beau-T Aesthetics	I am the owner of a small aesthetics business. This business is carried out during weekend and evening hours. Full insurance is in place.	N/A
2023/24	2023/24	Banks	Stephen	Non Executive Director	Outside Employment	The Tinnitus Clinic Ltd	Chair with minor stakeholding, no NHS business	N/A
2023/24	2023/24	Banks	Stephen	Non Executive Director	Outside Employment	Zenobia Partners LTD.	Director of dormant company that was used for property rental, awaiting closure	N/A
2023/24	2023/24	Banks	Stephen	Non Executive Director	Outside Employment	Nottingham High School	Chair of Governing Body of Independent School. No direct loyalty interest known and no other benefit	N/A
2023/24	2023/24	Thomas	Beth	Senior Physiotherapist in Rheumatology	Outside Employment	Mode Physiotherapy Ltd	Physiotherapist at Mode Physiotherapy Ltd The Health Club, Woodborough Physiotherapist at a private practice 1 x per week	N/A
2023/24	2023/24	Pearce	Martin	Registered Health Care Professional - Immunisation	Shareholdings and Ownership Interests	Emergency Response Training Solutions Ltd	Shareholder and director of Emergency Response Training solutions LTD. company has never worked for the trust, but has purchased small amounts of training manuals (under £300) over the last 3-4 years	0
2023/24	2023/24	Widdowson	Ben	Associate Director of Estates & Facilities	Shareholdings and Ownership Interests	WHSmith (Group) plc	Private shareholder since 2000. Not deemed a conflict of interest as per Trust policy.	N/A
2023/24	2023/24	Widdowson	Ben	Associate Director of Estates & Facilities	Shareholdings and Ownership Interests	WHSmith News plc	Private shareholder since the news wholesale divisions demerger from the WHSmith (Group) plc in 2006. Not deemed a conflict of interest as per Trust policy.	N/A
2023/24	2023/24	Widdowson	Ben	Associate Director of Estates & Facilities	Shareholdings and Ownership Interests	John Menzies (GB) plc	Private shareholder since 2000. Not deemed a conflict of interest as per Trust policy.	N/A

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Horsley	Leanne	Senior Programme Manager	Shareholdings and Ownership Interests	Evans Property Ltd	Leanne Horsley (Practice development lead for Physio and OT/ICS AHP Faculty Chair) - Director of company 'Evans property Ltd' - Letting and operating of real estate. No conflict of interest with my role in organisation.	N/A
2023/24	2023/24	Ward	Claire	Chairman	Shareholdings and Ownership Interests	Capewells limited	Owner of consultancy company in which I act for a number of pharmacy and pharmaceutical companies and organisations. This includes providing public affairs advice to the Pharmacists Defence Association which has members across hospital, primary and community pharmacy. These roles are not connected to my position at Sherwood Forest but the clients I work with may supply the Trust or act for staff within it.	N/A
2023/24	2023/24	Sakariya	Rinku	Clinical Coding Manager	Shareholdings and Ownership Interests	Code Right Ltd	I have my own Ltd company and on occasions provide the independent clinical coding audit and training service to other NHS and non NHS organisations.	N/A
2023/24	2023/24	Sakariya	Rinku	Clinical Coding Manager	Shareholdings and Ownership Interests	Code Right Ltd	I have my own Ltd company and on occasion provide independent clinical coding audit and training services to other NHS and non-NHS organisations.	N/A
2023/24	2023/24	Herring	Rebecca	Lead Nurse for Safe Staffing	Shareholdings and Ownership Interests	Inspire Medical Services Ltd	Silent Partner in business. Husband also a partner. He works as an ACP and Aesthetics Practitioner	NA
2023/24	2023/24	Narra	Srikant	Consultant	Shareholdings and Ownership Interests	N/A	In November 2020 I took an active leadership interest in Glanso UK as their Northern Lead to expand their services to Trusts beyond SFH (Glanso UK was already working with SFH since November 2019). The intermediary company through which this is done will have theoretical share options valued up to 25% if the northern division of Glanso UK does well. There is no monetary value related to these shares. Whilst working with Glanso U.K. has a proven benefit to patients, the Trust and all involved staff groups, neither myself nor the intermediary company, have any control on decisions made by Glanso UK. Equally, I am not in a decision making role at SFH and have maintained that for the entire time to mitigate against any perceived conflict.	N/A
2023/24	2023/24	Akhtar	Irfan	Consultant	Shareholdings and Ownership Interests	The Professional Medical Services	I am a Director in company The Professional Medical Services Ltd.	50,000.00 31/01/2023
2023/24	2023/24	Gale	Michael	Consultant	Shareholdings and Ownership Interests	A & M Gale Medical Ltd	Own Ltd co through which I do private and NHS C&B work	n/a
2023/24	2023/24	Menon	Achyuth		Shareholdings and Ownership Interests	AMenon LTD	I have a limited company and I am the co director.	N/A
2023/24	2023/24	Bardgett	Lucy	Specialist Senior Physiotherapist	Shareholdings and Ownership Interests	Creation Floors Ltd	Lucy Bardgett, Team Leader Oncology Therapy service. Shareholder in Creation floors Ltd, commercial flooring company.	N/A

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Hammond	Trevor	Head of Nursing - Surgery	Shareholdings and Ownership Interests	The Physio	My wife owns and runs a Private Physio clinic in Grantham	0
2023/24	2023/24	Ward	Graham	Non Executive Director	Shareholdings and Ownership Interests	GLJ Consulting Limited	50% shareholder and director	N/A
2023/24	2023/24	Ward	Graham	Non Executive Director	Shareholdings and Ownership Interests	Mission Room Limited	5% shareholder and director	N/A
2023/24	2023/24	Nasr	Mohamed	Consultant	Shareholdings and Ownership Interests	Maezy Radiology Solutions Limited	Shareholder in Maezy Radiology Solutions Limited Soloman House Caxton Road, Fulwood, Preston, PR2 9PL	N/A
2023/24	2023/24	Fazal	Iftikhar	Consultant	Shareholdings and Ownership Interests	IAF Medical Ltd	Director of IAF Medical Ltd	N/A
2023/24	2023/24	Jagdale	Ranjeet	Consultant	Shareholdings and Ownership Interests	Aarav Healthcare Pvt Ltd	I am a shareholder and owner of a small private company	N/A
2023/24	2023/24	Wood	Louise	Senior Registered Nurse	Shareholdings and Ownership Interests	Arracol Ltd	Shareholder for husbands business; construction and management of Electrical and Management services. Company has no affiliations to SFH.	NA
2023/24	2023/24	Kirkham	Emily	Trainee Advanced Practitioner	Shareholdings and Ownership Interests	Nottinghamshire Healthcare NHS Foundation Trust	bank nurse at Nottinghamshire Healthcare NHS Foundation Trust	nil
2023/24	2023/24	Kulkarni	Sushrut	Bank Higher Specialty Trainee and SAS Rota	Shareholdings and Ownership Interests	Kulkarni Healthcare Ltd	Shareholder & Director for Kulkarni Healthcare Ltd	N/A
2023/24	2023/24	Duffy	John	Lead Optometrist - Retinopathy Screening Programme	Shareholdings and Ownership Interests	Duffy Optometrists Ltd	I am founder of the independent optometry practice and now director and senior shareholder.	NA
2023/24	2023/24	Bishop	John	Trust Senior Legal Advisor	Shareholdings and Ownership Interests	n/a	I hold two directorships in non-trading companies: J P Bishop Ltd and Brightmans Professional Development Ltd.J P Bishop Ltd has not actively traded since, to my recall, 2016, which was prior to the date of my employment in October 2017.Brightmans Professional Development Ltd has never actively traded. There is absolutely no conflict of interest that meets the reporting criteria set out by the Trust so this is not a declarable COI, therefore I have correctly submitted nil returns in the past, however I have now been directed to declare it.	n/a
2023/24	2023/24	Subramaniam	Srinivasan	Consultant	Shareholdings and Ownership Interests	East Midlands Medical Services.	Part of LLP providing services to NHS.	N/A

Date From	Date To	Last name	First name	Position name	Type of Benefit	Company Name	Benefit Details	Value
2023/24	2023/24	Haigh	Steven	COVID Pharmacist	Shareholdings and Ownership Interests	Hospital Pharmacy Software	Supply software to 2 hospital sites via Hospital Pharmacy Software	£1500pa
2023/24	2023/24	Daniel	Matija	Locum Consultant (P)	Shareholdings and Ownership Interests	Aventamed	I have been a clinical advisor to Aventamed for a number of years. The company has been bought by one of the big med tech companies. I have received share options as a result, and stand to receive further residual payments. I continue to advise the company.	n/a
2023/24	2023/24	Thomson	Julie	Consultant	Shareholdings and Ownership Interests	GlaxoSmithKline	Julie Thomson Consultant Ophthalmologist Shareholder for approximately 6 years	N/A
2023/24	2023/24	Andrew	Julia	Specialist Midwife - Clinical Governance	Shareholdings and Ownership Interests	See above	I have set up a Not-for-profit organisation in my home town Newark. The organisation is a support and social group for parents who wish to learn about/already using/experiencing problems with using Reusable Nappies. I have set up a nappy library within this organisation. I hold reusable nappy demos within the group. I fundraise and apply for local community funds or sponsorship I have public liability insurance I take no income from the organisation. I have so far received £250 from Newark Roundtable, approx. 175 in fundraising, 100 from local eco company as a sponsor. The money has been used to pay for the insurance, the nappy hire kits, the venue hire and promotional material. I have a volunteer who oversees the fundraising.	n/a
2023/24	2023/24	Moore	Karen	Digital Transformation and Engagement Lead	Shareholdings and Ownership Interests	Generated Health Ltd	I have unvested share options with a final vesting date/expiry date of 30/06/2024 from my previous employer Generated Health. Generated Health engaged in digital health services (patient self management service via sms) commissioned in multiple organisations across Nottinghamshire. Whilst I do work in digital engagement at NHIS I am not engaged in any activities or procurement that Generated Health would potentially be involved with, or tender for. Nor am I involved in any projects where they are a current supplier. In the unlikely event that this situation would arise I would declare this interest and recuse myself from decisions/activities as deemed appropriate	N/A

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Maternity and Neonatal Safety Champions Report		<b>Date:</b> 20 <sup>th</sup> March 2024		
<b>Prepared By:</b>	Paula Shore, Director of Midwifery and Divisional Director of Nursing for Women and Childrens.				
<b>Approved By:</b>	Phillip Bolton, Executive Chief Nurse				
<b>Presented By:</b>	Paula Shore, Director of Midwifery and Divisional Director of Nursing for Women and Childrens.				
<b>Purpose</b>					
To update the board on the progress of the Maternity and Neonatal Safety Champions.				<b>Approval</b>	
				<b>Assurance</b>	<b>X</b>
				<b>Update</b>	<b>X</b>
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>
<b>Principal Risk</b>					
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					
<b>Committees/groups where this item has been presented before</b>					
<ul style="list-style-type: none"> <li>Maternity Assurance Committee 28/04/2024</li> </ul>					
<b>Acronyms</b>					
<ul style="list-style-type: none"> <li>Maternity and Neonatal Safety Champion (MNSC)</li> <li>Maternity and Neonatal Voice Champion (MNVF)</li> <li>Maternity Assurance Committee (MAC)</li> <li>Care Quality Commission (CQC)</li> <li>Local Maternity and Neonatal System (LMNS)</li> </ul>					



### Executive Summary

The role of the maternity provider safety champions is to support the regional and national maternity safety champions as local champions for delivering safer outcomes for pregnant women and babies. At provider level, local champions should:

- Build the maternity safety movement in your service locally, working with your maternity clinical network safety champion and continuing to build the momentum generated by the maternity transformation programme and the national ambition.
- Provide visible organisational leadership and act as a change agent among health professionals and the wider maternity team working to deliver safe, personalised maternity care.
- Act as a conduit to share learning and best practice from national and international research and local investigations or initiatives within your organisation.

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

## Summary of Maternity and Neonatal Safety Champion (MNSC) work for March 2024

### 1. Service User Voice

In March the Maternity and Neonatal teams implemented a key action against areas of feedback from service users from recent surveys, walk rounds and complaints, this being partners staying overnight.

We have listened to and acted on feedback from new families about how their birthing experience could be improved and as a result, 47 recliners – one for every room and bay on the post-natal ward – have been provided thanks to equal funding from Sherwood Forest Hospitals Charity and Nottingham and Nottinghamshire Local Maternity and Neonatal System (LMNS).

The MNSC spent time talking to women and their families about the impact this has had on their experience and some of this experience was captured by our Communication team, as below.

Holly Fishwick and her husband Matthew were delighted that he was able to stay overnight following the birth of their son Cove. Matthew, who lives in Clipstone, said:

“This has made our lives a lot easier. I can’t imagine what it would have been like having to go home at night.

“The chair fully reclines into a flat bed and is really comfortable, meaning I’m well rested. I can bond with Cove, change nappies, and do simple things to support Holly, like refill her water bottle. Without the extra support of having me here, I don’t think Holly would still be breastfeeding, which is something she really wanted to do.”



## **2. Staff Engagement**

The planned MNSC walk round took place on the 6th of March 2024. The MNSC, as mentioned previously, spent time on the Maternity Ward to talk to families and staff about the impact of birth partners staying overnight.

The champions spent further time on the Neonatal unit speaking to staff about the upcoming Neonatal Peer review and families about their reflections of the time they spent on the unit. An action was taken regarding the provision of hot meals, out of working hours, for the families on the unit. Whilst families reported that they were able to access cold food and had facilities for warming their own food, out of working hours hot meal provision is not available.

On the 14th of March the revised Maternity Forum was held. The forum focused upon the recent staff survey findings, which for maternity showed an improved position on last year's results and when cross reference against the culture survey findings a focus for improvement will be made on three key themes. These themes are highlighted below in the safety culture section (5). Staff spoke positively about the changes within the structures and revised portfolios of the senior leadership team since the new Head of Midwifery post commenced. An action taken from this meeting was to learn more about the changes within the senior leadership team and focused communication will commence next month.

## **3. Governance Summary**

### ***Three Year Maternity and Neonatal Plan:***

The Maternity Safety Team continued to work with the LMNS at looking at the planned workbook activities and how this can embed into the current work the division is undertaking. Key deliverables have been identified, and the Trust are working through individual plans. A focus this month is around listening to women, and we are currently looking at the service user voice and the new structure of the Maternity and Neonatal Voice Partnership.

### ***Ockenden:***

The action plans continue through following the annual Ockenden insight visit report from our visit in October 2023. The visit findings supported the self-assessment completed by the Trusts. Areas have been identified from the visit to strengthen the embedding of the immediate and essential actions, progress has been made as a system around the bereavement provision, notable with the counselling support available for families as a system.

### ***NHSR:***

The Year 5 submission for full compliance has been submitted to NHSR for the deadline of the 2nd of February 2024. We are awaiting the results and the Year 6 MIS is due for release in April 2024. Provision letters have been provided to organisations to outline some key changes within the safety actions and revised timeframes.

### ***Saving Babies Lives:***

SFH has continued to monitor its compliance with all elements of the Saving Babies' Lives Care Bundle (SBLCB) in version 2 and following the uploaded evidence submitted to the regional teams we have received confirmation that we have achieved the agreed over 70% of compliance for version 3 (SFH currently at 87%). Work continues to ensure that we aim for full compliance within the agreed time thresholds.

### ***CQC:***

Following the "Good" rating from the planned 3-day visit from the Care Quality Commission (CQC) the evidence has been rated as "green" through the QC, further is needed for these actions to become embedded. The "Must-Do" progress will be tracked through the MNSC. The Trust Mandatory training remains above the 90% threshold and a standardised triage system is in place, this continues to have support from a task and finish group to ensure this becomes embedded.

## **4. Quality Improvement**

A second key area for improvement, identified as a theme through incident review, as a Trust and a System was support for Women when English is not their first language. Following a successful launch event, Maternity services are now utilising the new translator app CardMedic.

Interpreting Services are a vital function within the Trust that allows all of our non-English speaking, and hearing impaired, patients access to fair and equitable care. CardMedic is five times faster than an interpreter, which provides pre-scripted multi-lingual clinical dialog, on-demand as digital flashcards. Whilst this app is not to replace face to face translation in times when information and support is needed rapidly the app will be utilised.

CardMedic hosts an A-Z library of scripts written by clinical experts that succinctly replicate common clinical conversations. Caregivers choose the topic and display the screen to the patient to guide the clinical interaction. The content can be flexed to 49 languages, sign language videos, 'easy read', or read-aloud.



**CardMedic™**  
Fluent in Healthcare

Sherwood Forest Hospitals NHS Foundation Trust is now using the CardMedic® app.

## Communication Without Barriers

CardMedic® gives you immediate access to:

-  An **A-Z library** of scripts replicating common conversations between healthcare staff and patients
-  **Relevant information** in around **50 languages**, sign language videos, easy read and read-aloud
-  An **integrated translation tool** to support personalised conversations

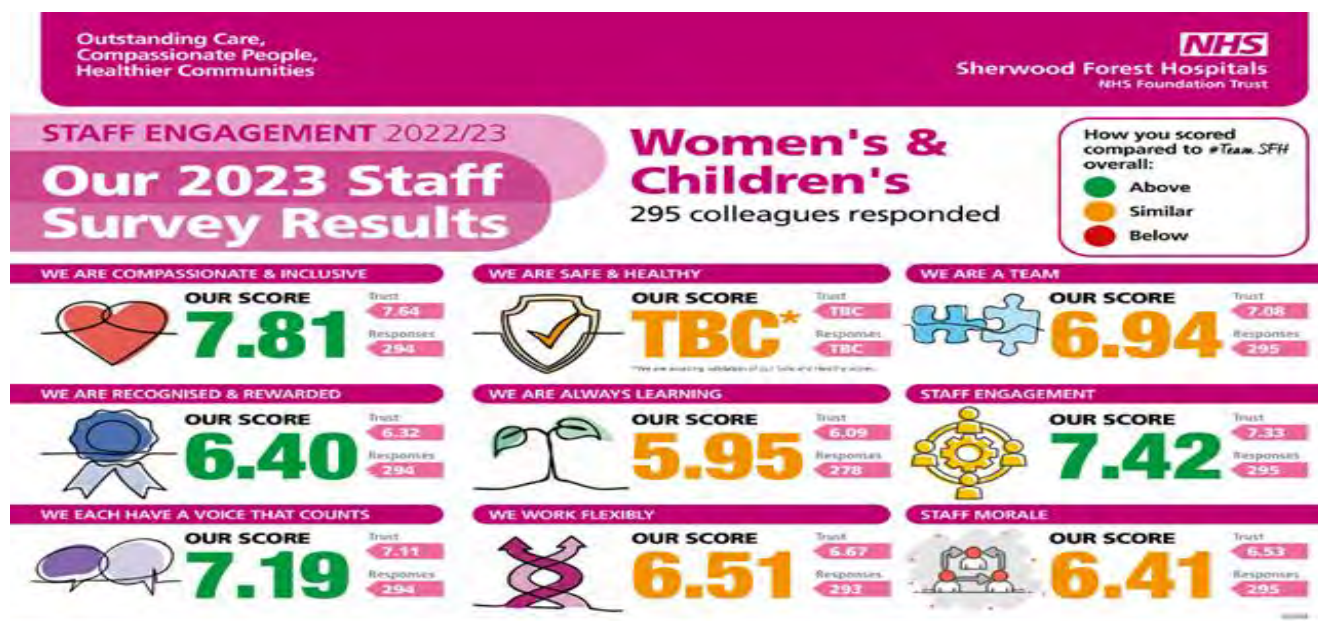
To download CardMedic for your Trust mobile device, visit the NHS Catalog and search 'CardMedic'



[www.CardMedic.com](http://www.CardMedic.com)

## 5.Safety Culture

With the completion of the debriefing for the cultural survey completed and the findings of the national staff survey released, as below, the newly formed perinatal culture team are leading on the action plan for the year. The focus will be around three key themes from the review, these being communication, leadership and health and well-being. Each service line will now focus upon what key actions are needed to support these themes and will be monitored through the People Committee.



# Maternity Perinatal Quality Surveillance model for March 2024




**Sherwood Forest Hospitals**  
NHS Foundation Trust

<b>CQC Maternity Ratings- assessed 2023</b>	<b>Overall</b> Good	<b>Safe</b> Requires Improvement	<b>Effective</b> Good	<b>Caring</b> Outstanding	<b>Responsive</b> Good	<b>Well led</b> Good
Unit on the Maternity Improvement Programme				No		

2022/23	
Proportion of Midwives responding with "Agree" or "Strongly Agree" on whether they would recommend their Trust as a place to work or receive treatment (reported annually)	74.9%
Proportion of speciality trainees in O&G responding with "excellent or good" on how they would rate the quality of clinical supervision out of hours (reported annually)	89.2%

## Exception report based on highlighted fields in monthly scorecard using February data (Slide 2 & 3)

<div>Massive Obstetric Haemorrhage (Feb 2.6%)</div> <div><ul style="list-style-type: none"><li>Consecutive reduction in cases this month</li><li>Rapid review presented to PSIRG, LMNS system project commenced, noting both Trust have MOH as PSIRF plan.</li></ul><div><div>Obstetric haemorrhage &gt;1.5L</div></div></div>	<div>Elective Care</div> <div><div>Elective Caesarean (EL LSCS)</div><ul style="list-style-type: none"><li>Reporting, following feedback from LSCS review has now become live on dashboard, feeding into to service lines to look at further areas for improvement</li></ul><table><tr><td>Elective Caesarean cases</td><td>46</td></tr><tr><td>Elective Caesarean lists</td><td>17</td></tr><tr><td>Elective Caesarean in session utilisation</td><td>76.2%</td></tr><tr><td>Elective Caesarean late starts (&gt;15 mins start date)</td><td>10</td></tr><tr><td>Elective Caesarean COTD for non-clinical reasons</td><td></td></tr><tr><td>Emergency Caesarean cases</td><td>47</td></tr></table></div>	Elective Caesarean cases	46	Elective Caesarean lists	17	Elective Caesarean in session utilisation	76.2%	Elective Caesarean late starts (>15 mins start date)	10	Elective Caesarean COTD for non-clinical reasons		Emergency Caesarean cases	47	<div>Midwifery &amp; Obstetric Workforce</div> <div><ul style="list-style-type: none"><li>Current vacancy rate (PWR data) Midwifery workforce 0.6%, newly recruited Midwives now onsite and in induction programme.</li><li>MSSW recruitment- interview planned following competitive shortlisting.</li><li>No obstetric vacancy</li></ul><table><tr><th>Staffing</th><th colspan="2">(Regional rate)</th></tr><tr><td>Obstetrician vacancy rate</td><td>0.00%</td><td>11.51%</td></tr><tr><td>Obstetrician vacancy band</td><td colspan="2">&gt;5% less than national rate</td></tr><tr><td>MSW vacancy rate</td><td>18.69%</td><td>14.11%</td></tr><tr><td>MSSW vacancy banding</td><td colspan="2">&gt;=5% but &lt;10% higher than national rate</td></tr><tr><td>Midwives vacancy rate</td><td>2.18%</td><td>9.45%</td></tr><tr><td>Midwives vacancy banding</td><td colspan="2">&gt;5% less than national rate</td></tr></table></div>	Staffing	(Regional rate)		Obstetrician vacancy rate	0.00%	11.51%	Obstetrician vacancy band	>5% less than national rate		MSW vacancy rate	18.69%	14.11%	MSSW vacancy banding	>=5% but <10% higher than national rate		Midwives vacancy rate	2.18%	9.45%	Midwives vacancy banding	>5% less than national rate		<div>Staffing red flags (Feb 2024)</div> <div><ul style="list-style-type: none"><li>10 staffing incident reported in the month, decrease on previous month</li><li>No harm related staffing incident, increase noted in short term sickness/ Datix needed for agency approval.</li></ul><div>Suspension of Maternity Services<ul style="list-style-type: none"><li>No suspension of services within February.</li></ul></div><div>Home Birth Service<ul style="list-style-type: none"><li>56 Homebirth conducted since re-launch, current rate of 1.8% of all births, back to pre-COVID-19 rate.</li></ul></div></div>		
Elective Caesarean cases	46																																					
Elective Caesarean lists	17																																					
Elective Caesarean in session utilisation	76.2%																																					
Elective Caesarean late starts (>15 mins start date)	10																																					
Elective Caesarean COTD for non-clinical reasons																																						
Emergency Caesarean cases	47																																					
Staffing	(Regional rate)																																					
Obstetrician vacancy rate	0.00%	11.51%																																				
Obstetrician vacancy band	>5% less than national rate																																					
MSW vacancy rate	18.69%	14.11%																																				
MSSW vacancy banding	>=5% but <10% higher than national rate																																					
Midwives vacancy rate	2.18%	9.45%																																				
Midwives vacancy banding	>5% less than national rate																																					
<div>Saving Babies Lives</div> <div><div>Saving Babies Lives Care Bundle Version 3</div><table><tr><th></th><th>LMNS validated % of interventions fully implemented</th><th></th></tr><tr><td>All elements</td><td>87</td><td>✓</td></tr><tr><td>Element 1 - Smoking</td><td>80</td><td>✓</td></tr><tr><td>Element 2 - Fetal Growth Restriction</td><td>95</td><td>✓</td></tr><tr><td>Element 3 - Reduced fetal movements</td><td>50</td><td>✓</td></tr><tr><td>Element 4 - Fetal monitoring</td><td>100</td><td>✓</td></tr><tr><td>Element 5 - Preterm birth</td><td>85</td><td>✓</td></tr><tr><td>Element 6 - Diabetes</td><td>83</td><td>✓</td></tr><tr><td>Overall implementation level</td><td colspan="2">Partially implemented - CNST (yr 5) met</td></tr></table></div>		LMNS validated % of interventions fully implemented		All elements	87	✓	Element 1 - Smoking	80	✓	Element 2 - Fetal Growth Restriction	95	✓	Element 3 - Reduced fetal movements	50	✓	Element 4 - Fetal monitoring	100	✓	Element 5 - Preterm birth	85	✓	Element 6 - Diabetes	83	✓	Overall implementation level	Partially implemented - CNST (yr 5) met		<div>Stillbirth rate (1.2 /1000 births)</div> <div><ul style="list-style-type: none"><li>Two stillbirth reported in February and reported through the PMRT</li><li>Rate remains below the national ambition of 4.4/1000 births (SFH rate 2.3/1000)</li><li>MBRRACE-UK report released, local data presented to MAC.</li></ul></div>	<div>Maternity Assurance</div> <div><table><tr><th>NHSR</th><th>Ockenden</th></tr><tr><td><ul style="list-style-type: none"><li>Self-declaration- full compliance for Yr 5</li><li>Awaiting outcome, Year 6 MIS due for release in April 2024</li></ul></td><td><ul style="list-style-type: none"><li>Initial 7 IEA- 100% compliant</li><li>Plans for system oversight for 3-year plan in place, which will incorporate the IEA's</li></ul></td></tr></table></div>	NHSR	Ockenden	<ul style="list-style-type: none"><li>Self-declaration- full compliance for Yr 5</li><li>Awaiting outcome, Year 6 MIS due for release in April 2024</li></ul>	<ul style="list-style-type: none"><li>Initial 7 IEA- 100% compliant</li><li>Plans for system oversight for 3-year plan in place, which will incorporate the IEA's</li></ul>	<div>Incidents reported Jan 2024 (133 no/low harm, 1 moderate or above*)</div> <div><table><tr><th>MDT reviews</th><th>Comments</th></tr><tr><td>Triggers x 26</td><td>MOH, Third degree tears</td></tr></table><div>0 Incidents reported as ‘moderate or above’</div></div>	MDT reviews	Comments	Triggers x 26	MOH, Third degree tears
	LMNS validated % of interventions fully implemented																																					
All elements	87	✓																																				
Element 1 - Smoking	80	✓																																				
Element 2 - Fetal Growth Restriction	95	✓																																				
Element 3 - Reduced fetal movements	50	✓																																				
Element 4 - Fetal monitoring	100	✓																																				
Element 5 - Preterm birth	85	✓																																				
Element 6 - Diabetes	83	✓																																				
Overall implementation level	Partially implemented - CNST (yr 5) met																																					
NHSR	Ockenden																																					
<ul style="list-style-type: none"><li>Self-declaration- full compliance for Yr 5</li><li>Awaiting outcome, Year 6 MIS due for release in April 2024</li></ul>	<ul style="list-style-type: none"><li>Initial 7 IEA- 100% compliant</li><li>Plans for system oversight for 3-year plan in place, which will incorporate the IEA's</li></ul>																																					
MDT reviews	Comments																																					
Triggers x 26	MOH, Third degree tears																																					

## Other

- Increase in staffing reported Datix relates to increase in short notice sickness and reporting required for agency use, rates of maternity leave remain high (16%)
- Data for LSCS and triage now captured on the maternity dashboard.



# Maternity Perinatal Quality Surveillance scorecard

Quality Metric	Standard	Running Total/ average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Trend
1:1 care in labour	>95%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			55%	54%	43%	56%	56%	55%	55%	51%	53%	47%	56%	
3rd/4th degree tear overall rate	<3.5%	3.80%	3.40%	3.50%	3.60%	4.60%	4.50%	3.50%	3.90%	5.20%	2.40%	3.00%	5.00%	
3rd/4th degree tear overall number		68	6	7	6	8	6	6	7	9	4	5	8	
Obstetric haemorrhage >1.5L number		109	13	19	9	6	11	6	11	15	17	13	6	
Obstetric haemorrhage >1.5L rate	<3.5%	3.40%	4.80%	6.10%	3.10%	2.10%	4.20%	2.00%	3.70%	4.80%	5.70%	4.00%	2.60%	
Term admissions to NICU	<6%	3.10%	1.30%	2.00%	3.20%	5.40%	3.40%	3.40%	3.70%	3.00%	3.10%	3.00%	2.80%	
Stillbirth number		8	1	0	1	0	1	0	0	0	2	1	2	
Stillbirth rate	<4.4/1000				2.200			1.700			2.300			
Rostered consultant cover on SBU - hours per week	60 hours	60	60	60	60	60	60	60	60	60	60	60	60	
Dedicated anaesthetic cover on SBU - pw	10	10	10	10	10	10	10	10	10	10	10	10	10	
Midwife / band 3 to birth ratio (establishment)	<1:28		1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	
Midwife/ band 3 to birth ratio (in post)	<1:30		1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	
Number of compliments (PET)		31	2	2	3	2	3	3	4	4	3	2	3	
Number of concerns (PET)		12	2	1	1	1	1	1	2	0	1	1	1	
Complaints		4	0	0	0	0	1	1	1	0	0	1	0	
FFT recommendation rate	>93%		89%	90%	90%	89%	91%	91%	90%	91%	90%	90%	90%	

External Reporting	Standard	Running Total/ average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Trend
Maternity incidents no harm/low harm		1131	58	78	85	86	85	107	130	158	94	148	102	
Maternity incidents moderate harm & above		12	0	1	1	0	1	3	2	2	1	1	0	
Findings of review of all perinatal deaths using the real time monitoring tool	Feb-24	To date all cases reportable to PMRT are within reporting timeframes inline with MIS, deadline met. Annual report downloaded and presented at MAC.												
Findings of review all cases eligible for referral to MNSI	Feb-24	Four current live cases with MNSI, one report completed for LMNS sign off, two draft report received with no recommendations and one under review.												
Service user voice feedback	Feb-24	MVP supporting with CQC Survey action plan, focus around pain relief, plan to present report findings to MNSC in April.												
Staff feedback from frontline champions and walk-about	Feb-24	Support for families on neonatal unit focus, espically meal and drug administration times (for Mum's).												
HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	N	N	N	N	Y	N	N	N	N	
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	0	0	0	
Progress in Achievement of CNST 10	<4 <7 & above													

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Learning from Deaths Group update		<b>Date:</b> 4 <sup>th</sup> April 2024		
<b>Prepared By:</b>	John Tansley, Clinical Director for Patient Safety & Chair for Learning from Deaths Group				
<b>Approved By:</b>	David Selwyn, Medical Director				
<b>Presented By:</b>	David Selwyn, Medical Director				
<b>Purpose</b>					
The purpose of this paper is to present a Summary of Mortality intelligence reviewed by the Learning from Deaths group and the ongoing resultant work to both respond to and improve that intelligence and consequent learning.			<b>Approval</b>		
			<b>Assurance</b>	<b>x</b>	
			<b>Update</b>	<b>x</b>	
			<b>Consider</b>		
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>
<b>Principal Risk</b>					
PR1	Significant deterioration in standards of safety and care				<b>X</b>
PR2	Demand that overwhelms capacity				<b>X</b>
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				
<b>Committees/groups where this item has been presented before</b>					
Some components of report have previously been presented to Quality Committee and form part of the Trusts Quality Account submission.					
<b>Acronyms</b>					
<ul style="list-style-type: none"> <li>• <b>SFH</b> Sherwood Forest Hospitals</li> <li>• <b>HES</b> Hospital Episode Statistics</li> <li>• <b>HSMR</b> Hospital Standardised Mortality Ratio</li> <li>• <b>SHMI</b> Summary Hospital-Level Mortality Indicator</li> <li>• <b>CuSUM</b> Cumulative Sum</li> <li>• <b>ICB/S</b> Integrated Care Board/ System</li> <li>• <b>SJR</b> Structured Judgement Review</li> <li>• <b>MCCD</b> Medical Certificate of Cause of Death</li> <li>• <b>ME</b> Medical Examiner</li> <li>• <b>PSC</b> Patient safety Committee</li> <li>• <b>SPC</b> Statistical Process Control</li> <li>• <b>MHA</b> Mental Health Act</li> <li>• <b>LD/ LeDeR</b> Learning Disabilities/ Learning Disabilities Mortality Review</li> <li>• <b>ReSPECT</b> Recommended Summary Plan for Emergency Care and Treatment</li> <li>• <b>PSIRF</b> Patient Safety Incident Response Framework</li> </ul>					

## Executive Summary

Trust Board is asked to note that the Summary Hospital-Level Mortality Indicator (SHMI) which remains “as-expected” at 108.2, this had been rising but appears to have stabilised.

That the Hospital Standardised Mortality Ratio (HSMR), which remains “higher-than-expected” at 127.7 but is trending back towards “as expected”.

Both of these measures are in a context of a continuing picture of excess deaths in the East Midlands and nationally.

The Learning from Deaths group has seen changes in measures which we believe represent contributory factors in the persistently raised HSMR and worsening SHMI which have been key areas of focus (documentation and coding). The introduction of new paperwork to support our educational efforts has taken place but any effect will not be reflected in the data period in this report.

A key clinical review into fractured neck of femur has reported along with a wider ranging review. The Specialty have proposed some robust actions which the Division are supporting.

A competitive tendering process for mortality and other clinical intelligence is in the early stages from which we aim to increase our understanding and deliver some financial savings.

We had hoped to be able to report that our Mortality Review Tool would be fully implemented in this report. This has been delayed by a number of factors. We have made progress in both human and infrastructure elements which is beginning to deliver new insights. Aligning these two elements will reduce the workload associated with these key governance activities.

Qualitative information suggests that the significant majority of care received by patients in our Trust is of appropriate quality. Two instances where care has fallen below the standard we want to deliver have been identified and we have received criticism following challenging inquests at the Coroner’s Court. We acknowledge these problems and are well placed to respond to them. This report contains some analysis and reflections on our ongoing relationship with our local Coroner Services.

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

Complete tender and contracting process for provision of Mortality Intelligence

Complete migration of Mortality Review function onto DCIQ (Datix)

Review Mortality Management (Learning from Deaths) policy

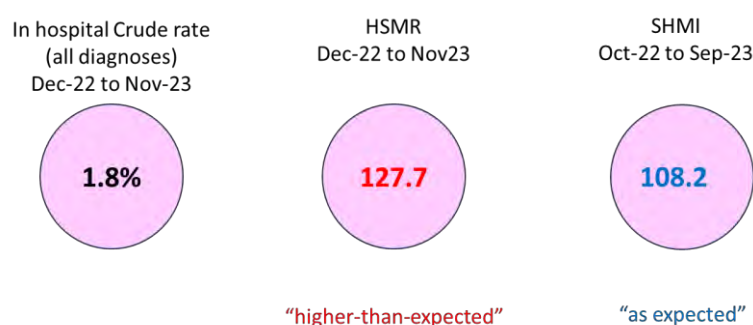
Develop relationships with other key stakeholders (e.g. HMC, ICB)

## 1 Mortality Surveillance Data

### 1.1 Mortality data

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

Fig 1.1 Crude and adjusted SFH mortality rates



HSMR (Hospital Standardised Mortality Ratio), SHMI (Summary Hospital-level Mortality Indicator)  
These data should be taken in context of a higher-than-expected number of deaths both regionally and nationally according to Data from Office for Health Improvement and Disparities.

Fig 1.2 Excess Deaths East Midlands Jan 2022 to Dec 2023, All Persons



Fig 1.3 Total deaths East Midlands and England Jan 2022 to Dec 2023

Region	Registered deaths	Expected deaths	COVID-19 deaths	Excess deaths	Ratio: registered / expected
England	1,073,176	1,015,099	48,129	58,077	1.06
East Midlands	99,294	93,004	4,663	6,290	1.07

Source:

<https://app.powerbi.com/view?r=eyJrIjojOGNkMmY3NWtMWMOMs00YTl1LWlyZTEtZjVhYTMOOTI3NmZiliwidCI6ImVINGUxNDk5LTRhMzUtNGlyZS1hZDQ3LTVmM2NmOWRIODY2NiIsImMiOjh9>

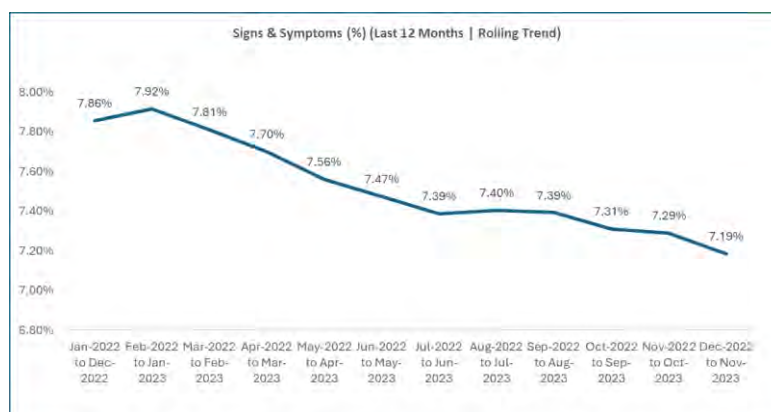
Adjusted mortality rates all have the same vulnerabilities in that:

- 1) they rely on quality of documentation and coding
- 2) they are produced by models based on a number of assumptions. Each model differs by more than one parameter which makes comparison difficult although we feel we have a robust approach triangulating outliers in HSMR, CuSUM and SHMI reports. One of our major challenges remains that we are a national (low) outlier for palliative care coding. Understanding the impact of this on HSMR (likely increase) and SHMI (likely neutral), remains. We are aware of national discussions from Telstra Healthcare around significant changes to their HSMR model including the removal of palliative care and methodological changes in the SHMI have also recently been announced. We will be interested to see how these changes influence our figures, if introduced, and whether this delivers any difference in our performance relative to peers and national benchmarks.

Our focuses of improvement have been process changes within coding and a wide-ranging educational approach, emphasising the importance of good medical documentation and coding. This includes discussions at medical Grand Rounds, meetings for governance leads, Medical Managers and Clinical Chairs. A marker of good documentation is the percentage of episodes which are coded as symptoms and signs rather than diagnoses (e.g. chest pain vs. angina)- lower is better.

Figure 1.4 shows a definite improvement in the form of trend downwards in this measure for HSMR data over the last year.

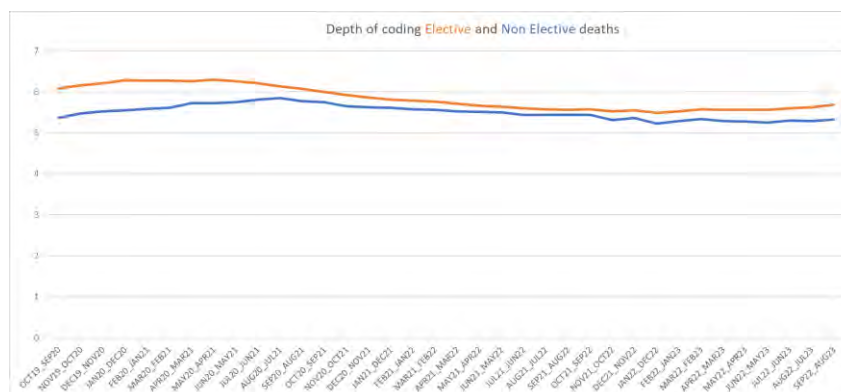
Fig 1.4 Percentage of Spells in Symptoms & Signs Chapter (Last 12 Months | Rolling Trend)



Looking at our SHMI data in Figure 1.5, the depth of coding (the mean number of additional codes above the acute diagnosis) which had been showing a decline appears to have plateaued for non-elective deaths and begun to reverse for elective deaths.



Fig 1.5 Depth of coding for Elective and Non-elective deaths (3-year trend)

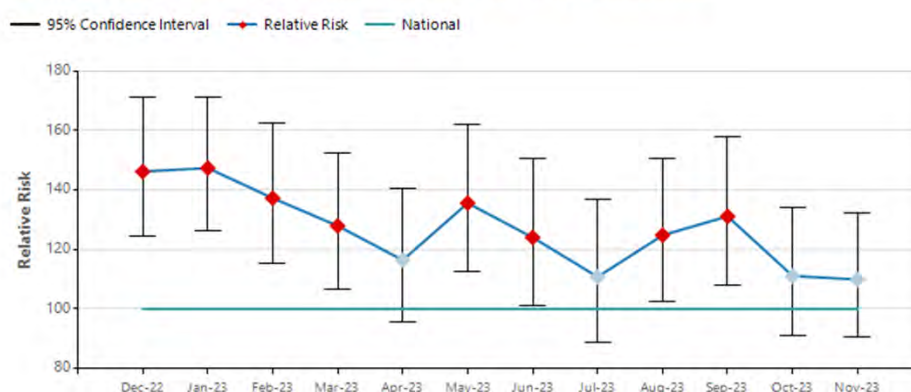


The new admission documentation was implemented in early November. Due to the analysis and reporting time lag any effects will not be seen in the current data but we will update in the next report.

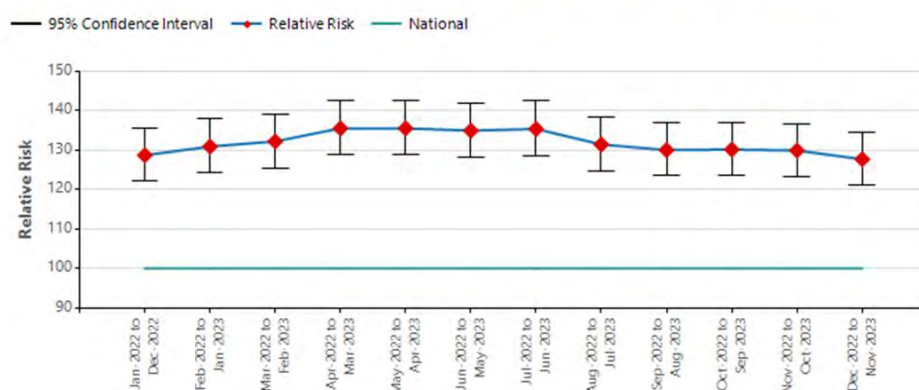
Over the same time periods Figure 1.6 shows an improvement in our in-month HSMR which is also reflected in the rolling 12-month trend for HSMR and the rising SHMI noted 6 months ago appears to have plateaued.

Fig 1.6 Annual Trends for HSMR (in-Month), HSMR (rolling 12-month) and SHMI (rolling 12-month)

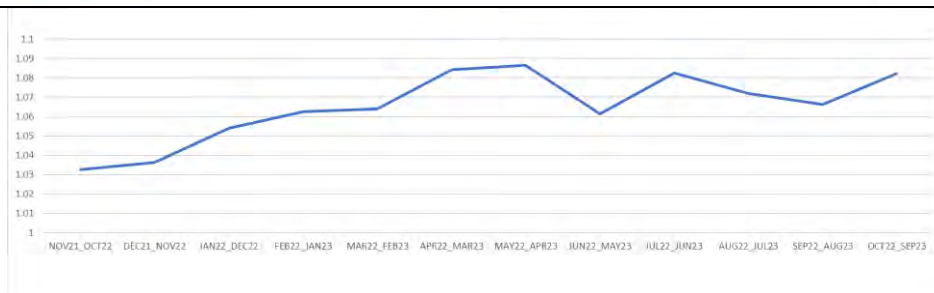
Diagnoses - HSMR | Mortality (in-hospital) | Dec 2022 - Nov 2023 | Trend (month)



Diagnoses - HSMR | Mortality (in-hospital) | Dec 2022 - Nov 2023 | Trend (rolling 12 months)



Diagnoses- SMHI | Mortality | Oct 2022 – Sep 2023 | Trend (rolling 12 months)



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

### Palliative Care

Progress around system-level reconfiguring the local palliative care provision continues to be slow. We continue to work closely with our Colleagues at John Eastwood Hospice particularly in terms of education and understanding of Palliative, End-of-life and Last-days-of-life care at multiple levels in the Trust and also in primary care.

Palliative care does not provide the whole explanation of our position against national benchmarks and we continue to look for signals for focussed clinical reviews using triangulation of signals from HSMR, SHMI and CuSUM alert. A small number of these reviews have taken place but of particular note:

### Fractured neck of femur

An extensive clinical review of 1 year's cases reported in January. Of the 42 deaths in scope 1 was found not to be a fractured neck of femur and 10 of the remaining cases were managed non-operatively. Our relative mortality rates are therefore skewed by our lack of specialist palliative care provision but there are other underlying concerns. A wider review of all cases (not just deaths) was undertaken which revealed delays getting these patients to theatre. The Trauma and Orthopaedic specialty and have made robust proposals to address these concerns which are being overseen by Division.

## 1.2 External Mortality Intelligence Provider

A tendering process has begun with demonstrations from a range of providers and product specification is underway. As can be seen from data presented earlier in this report our high-level metric run significantly in arrears, an important factor in the new specification would be more timely availability of intelligence and better availability of information at divisional, specialty or even individual levels. At this stage we are looking to contract at Trust level and anticipate some financial savings over the next contract period.

## 1.3 Independent Validation

We believe we have a robust understanding of our high-level mortality metrics and the contributing factors influencing our position. We are actively seeking ways to externally validate these beliefs through colleagues in the ICS/ Region. This has yet to progress, but we will continue to explore options.

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

### 2.1 Mortality Review Tool

We have not been able to fully launch the new mortality tool as planned due to a number of factors including workforce pressure (recognising ongoing industrial action) and prioritising of our small Datix team to implementing the new Learning from Patient Safety Events (LFPSE) system which must be live by April 2024.

Pilots of Divisional dashboards have been created an example for the Medicine Division is shown in Figure 2.1.

Fig 2.1 Suite of metrics for Medical Division

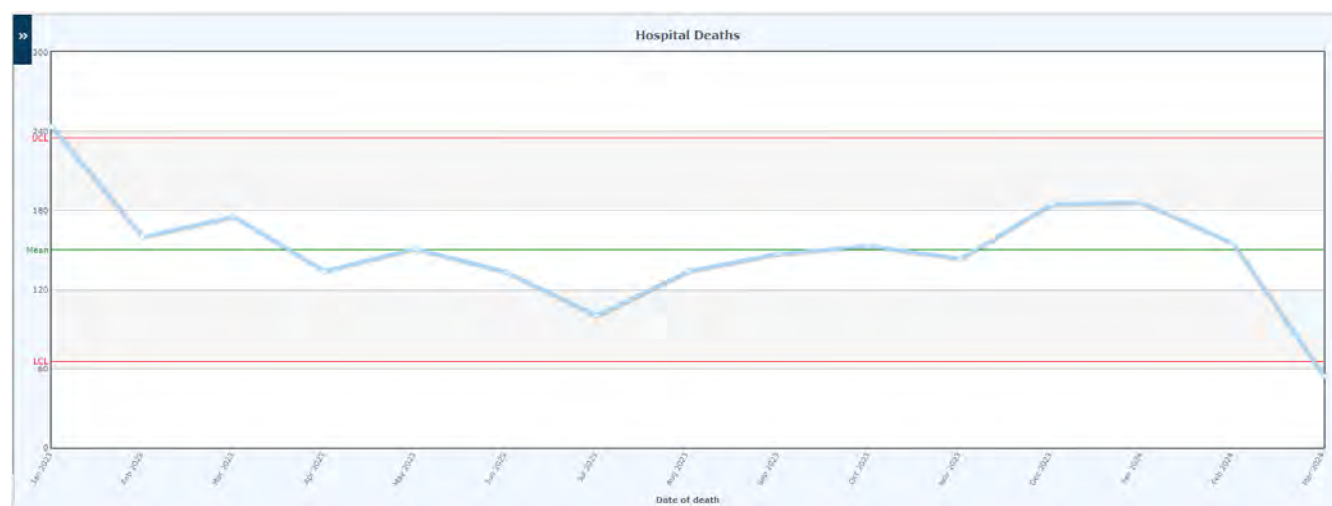


The human elements of the process are becoming embedded, we have welcomed some new clinical mortality leads to the group and we are optimistic that the digital platform will be in place during Q1 of 2024-5. Following this, the Trust's Mortality Management (Learning from Deaths) Policy will be updated to reflect these changes.

### 2.2 Data from Medical Examiner Service Office

Monthly mortality figures captured by the Medical Examiner service are shown in Figure 2.2. Since the last update to Board 948 deaths have been reported in Q2 and Q3 for which we have complete data. There have been no cases of special cause variation in the last 2 quarters. The service continues to scrutinise 100% of hospital cases.

Fig 2.2 Mortality trends- monthly hospital deaths 2023-4

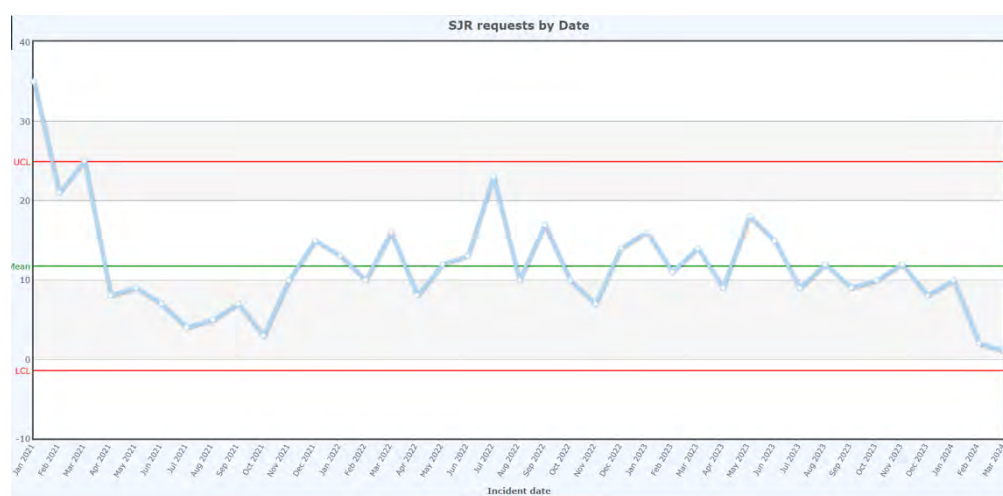


	2023-4 Q2	2023-4 Q3
Adult	372	471
Child	4	2
Total	376	473

### 2.3 Structured Judgement reviews

Further investigation following scrutiny of hospital deaths, using the Royal College of Physicians' Structured Judgement Review (SJR) Methodology remains stable as shown in Figure 2.3.

Fig 2.3 Structured Judgement review requests at Q4 2023/24



SJR was requested in 43 cases which includes mandatory cases such as Learning Disabilities or patient detained under the Mental Health Act. This is approximately 7% of deaths.

The number of deaths in each quarter for which a SJR has been raised is:

- 30 in Q3
- 13 in Q4 (at 13/3/24)

Clinical engagement in the SJR process has been good with both a reduction in the backlog in reviews and good qualitative feedback despite the challenges of clinical workload and industrial action. We hope this will be further facilitated by proposed migration of the full mortality review process onto the Datix system of which the Medical Examiner and Bereavement Centre components have been completed in the last year.

Following review, overall care was found to be generally acceptable or good. The small number of cases where poor care is identified by SJR are escalated through formal governance processes. These cases are then reviewed for further investigation under the Serious Incident Framework and more recently the Patient Safety Incident Response Framework (PSIRF) which went live in the Trust in October 2023. The Trust is currently working hard on the transition between these two frameworks. These cases are also typically subjected to coronial processes.

#### 2.4 Feedback from LeDeR reviews

At SFH there have been 12 LeDeR deaths identified for review and reported to the group since the last update. The pattern of identification for the last 3 years is shown in Figure 2.4. Redacted reviews from the regional team are now being shared directly with us by email and we are working with them to identify learning specific to the Trust. No new specific issues have been identified. LeDeR are looking at ways to improve capacity to undertake the assessments and two band 6 nurses have been appointed on a full-time basis to complete the reviews. These posts have now commenced and the aim is to reduce the use of agency reviewers. The new reviewers now have access to GP records which should make the process easier and more efficient. The LD Nurse has been supporting the reviewers by providing additional information and inviting them to come in and review the paper records if required.

Fig. 2.4 SJR requests triggered by identification of Learning Disability





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

We are required to report to the board an estimate of those deaths where a problem in care has contributed to a death. We believe that reviewing the cases subject to Serious Incident or Coronial Investigation gives us the best insight into these rare cases. Two cases have reported in the last 6 months.

The First case was a child who attended ED with what was eventually identified to be group A streptococcus infection. The severity of her condition was not fully appreciated at the time, she went into cardiac arrest and died. The issues in this case were largely influenced by resources, with volume and complexity of patients overwhelming the available staff and leading to opportunities being missed.

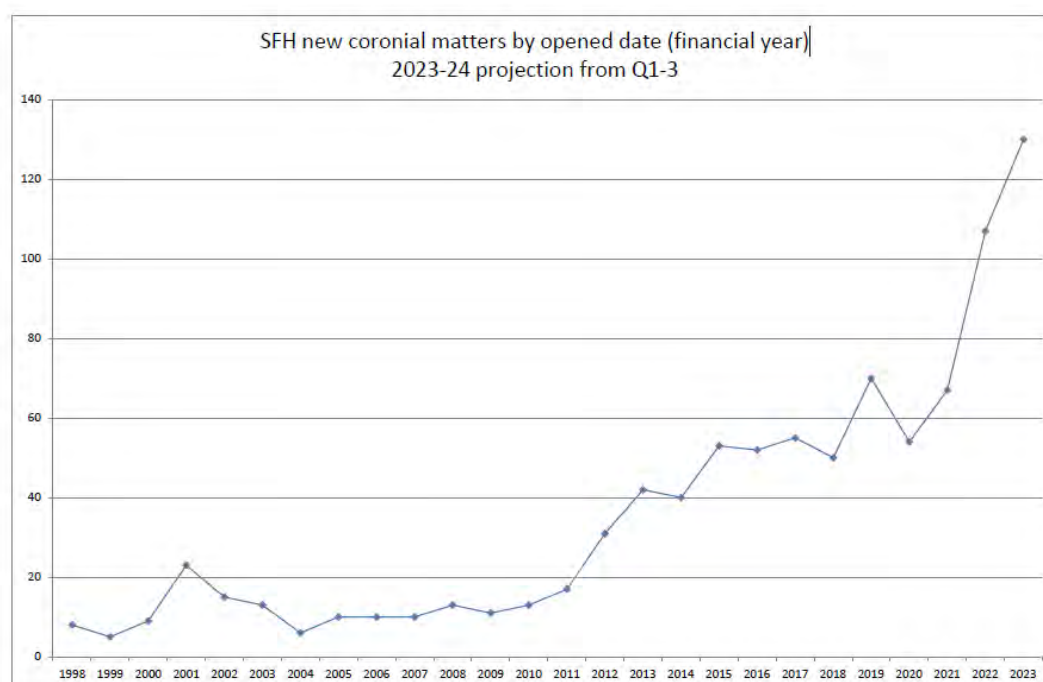
In this case, the coroner reached a narrative verdict and found that the acts/omissions of the Trust more than minimally contributed to the death. This was a finding we entirely expected and accept. Our own investigations have highlighted difficulties associated with variability in and useability of paediatric early warning scores and the Trust has taken the action of rationalising practice to a single scoring system PEWS. This action was completed before the inquest.

Following inquest into the second case the Trust received a Regulation 28 (Prevention of Future Deaths) order. Some of this was directed at our arrangements for managing Necrotising Fasciitis, a rare and difficult-to-diagnose condition but the case also highlighted weaknesses in our more generic processes, particularly in transferring patients between our Newark and King's Mill sites. The Trust was well on the way to implementing actions at the time of the inquest. The new approaches to incident response available under PSIRF were felt by the clinical teams to have facilitated better and more timely actions.

There has been a significant increase in the number of coronial cases over the last 15 years. The significant upward trend since 2018 has occurred over a similar timescale to our early roll out of the Medical Examiners System which will become mandatory from April 2024. Our current rate of notification is 34.4% for the last 12 months compared with the 36% most recently available national rate

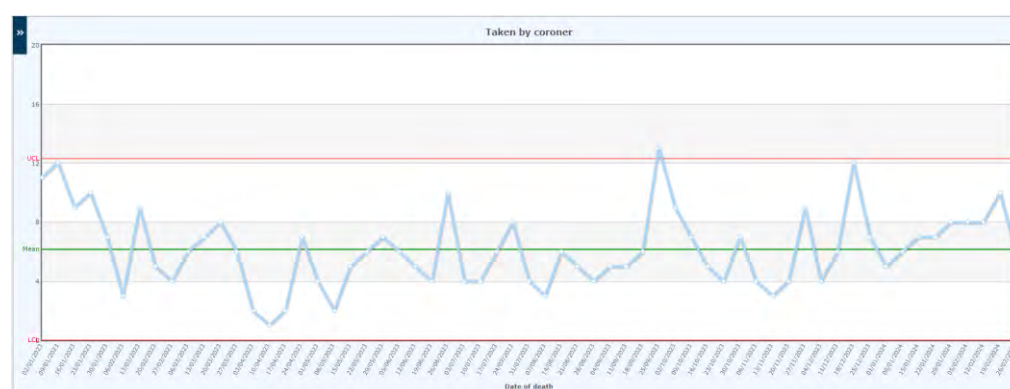
([Coroners statistics 2022: England and Wales - GOV.UK \(www.gov.uk\)](https://www.gov.uk/coroners-statistics-2022))

Fig 3.1 Long-term trend in coronial matters SFH



We are able to monitor variation in real time through the DCIQ platform as shown in Figure 3.2 Referral rates are fairly consistent but we are able to identify and investigate special cause variation. The peak in coronial matters opened in later September 2023 included 5 mining/ industrial/ notifiable (legionnaire's) diseases but no other obvious cluster of concern. The smaller peak in late December 2023 seems attributable to case mix. Occupational diseases are a frequent contributor to our referrals as would be expected in our region.

Figure 3.2 New Coronial matters (weekly)



Preparation for inquests is time-consuming and the implementation of PSIRF may increase the gap between perspectives of our Trust and Coronal processes reducing the amount of evidence with will potentially serve both systems. This is something that affects all NHS Trusts in England but is nuanced by individual coronial relationships the Trust already engaging with our colleagues at NUH to discuss ways to mitigate any potential difficulties perceived by either side. This is not directly in the scope of the Learning from Deaths group but our role in triangulation of intelligence from many sources makes us a

key stakeholder.

The Trust has received some open court coronal criticism regarding preparation for a recent inquest (it was one of 5 in a single week). Attendance at inquests takes colleagues away from clinical duties which puts further pressure on an already stressed system. We are receiving feedback from colleagues and accounts of an increasingly adversarial approach during inquests. SFH is entirely committed to an open and transparent approach to providing and clarified case information and facts, including under direct questioning in coroner's court. However, we are becoming concerning regarding the impact and lasting effect that such experiences can have on our colleagues. We are also mindful of recent learned experiences from a variety of national regulators of the potential collateral impact which can occur. We plan to ask the ICB to guide us in how we sensitively provide this feedback.

The additional coronial workload has necessitated additional unfunded resource is provided as an urgent response.

#### 4. Learning from Deaths meetings.

##### 4.1 Attendance at meetings

Apart from one meeting which was stood down around industrial action the Learning from Deaths meetings continue to be well-attended and a venue for lively discussions which have informed Trust-wide actions as described in this report.

##### 4.2 Learning from Deaths in a wider context

A consultation around Learning from Deaths at ICS level has taken place and we await the outputs of this which will also impact on regional learning from deaths which is currently not taking place during this consultation period. We have added a quarterly update from the ICS to our workplan and we are keen to incorporate intelligence from our local partners, especially as the scrutiny of all community deaths by the Medical Examiners embeds.

#### 5. Plans for Q1&2 2023/24

- Complete tender and contracting process for provision of Mortality Intelligence
- Complete migration of Mortality Review function onto DCIQ (Datix)
- Review Mortality Management (Learning from Deaths) policy
- Develop relationships with other key stakeholders (e.g., HMC, ICB)

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	NHS Staff Survey 2023 – Results Headlines			<b>Date:</b>	4 <sup>th</sup> April 2024
<b>Prepared By:</b>	Jacqueline Read, Associate Director of People (Operations)				
<b>Approved By:</b>	Debbie Kearsley, Deputy Director of People				
<b>Presented By:</b>	Rob Simcox, Director of People				
<b>Purpose</b>					
This paper provides an update to the Sherwood Forest Hospitals NHS Trust Public Board meeting in the National Staff Survey results 2023 including national a regional benchmarking				<b>Approval</b>	
				<b>Assurance</b>	<b>x</b>
				<b>Update</b>	
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
<b>Principal Risk</b>					
<b>PR1</b> Significant deterioration in standards of safety and care					
<b>PR2</b> Demand that overwhelms capacity					<b>x</b>
<b>PR3</b> Critical shortage of workforce capacity and capability					
<b>PR4</b> Failure to achieve the Trust's financial strategy					
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation					
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b> Major disruptive incident					
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>					
People Cabinet March 2024 Divisional People Committees March 2024 Senior Leadership Team March 2024 People Committee March 2024					
<b>Acronyms</b>					
None					
<b>Executive Summary</b>					
<b>Background</b>					
The National Staff Survey 2023 embargo lifted on 7th March 2024, since this time the result have been shared along with analysis being undertaken, including where the Trust will have areas of focus for improvement in development.					

The Trust closed the survey in November 2023 with 3568 colleagues taking the opportunity to share their voice, which was a 62% response rate (compared to a national average of 45.8%).

This is an extra 200 voices compared to last year and the highest ever number of responses.

The Trust response rate is 16% higher than national average and we placed in the top 10 of Acute and Acute Community Trusts in terms of response.

The vast majority of our results were above national average indicating a more positive experience at SFH in comparison to other Trusts.

#### **Key headlines include:**

- **Best Acute Trust in the Midlands for the 6th year running** with 74.45% of colleagues recommending Sherwood Forest Hospitals as a place to work.
- **Best Acute Trust in the Midlands for receiving care** with 77.88% of colleagues recommending friend or relative needed treatment would be happy with the standard of care provided by the organisation
- **Best Trust in the Midlands for always learning**
- **Best Trust nationally for morale**
- **Best Trust nationally for staff engagement**
- **2nd Acute Trust in the country** (3rd position in 2022)
- **3rd best NHS organisation across all NHS organisations**
- **The Trust placed 1<sup>st</sup> and 2<sup>nd</sup> in the Midlands across all 7 of the People Promise themes** including top for morale and staff engagement.

Attached is the Trust infographic detailing the highlights of the Trust national staff survey results.

#### **Next Steps**

Whilst there have been some real positive improvements in our scores in 2023 we are mindful there are areas that continue to require our focus into 2024.

The Trust areas of focus and action will support the 7 NHS People Promise themes and our Trust People Strategy and People Priorities of Looking After our People, Belonging within the NHS, Growing for the Future and New ways of Working and Delivering Care.

Through analysis of the results and a further discussion in a variety of different forums including the Trusts People Committee our priority for focus for 2024 will be;

1. Focus on improving experience and reporting of Physical violence including Sexual Safety
2. Physical and emotional wellbeing of our people (burnout/exhaustion/motivation)
3. Improve experiences for colleagues living with disabilities, colleagues from ethnic minorities and those from our LGBTQ+ communities
4. Continued improvement in reporting and addressing of unsafe clinical practice, including feedback and fairness in relation to clinical incidents.
5. Leadership – wellbeing support from managers and colleagues, manager valuing and recognising colleague work, colleague involvement in management decision making.



Through discussions across a number of forums including People Committee we also recognise a need to focus on true engagement and communication to all colleagues in relation to the results, our priorities and more focused examples showcasing how we have improved throughout the year.

We also recognise a need to ensure we engage with colleagues more meaningfully through 121 interactions with our teams to ensure that everyone's voice is heard, including those who chose not to take part in the survey. We want to ensure that for the National Staff Survey in 2024 we improve our response rates by reaching those whose voices we haven't heard.

### **Conclusion**

We should be very proud of our results placing as the 2<sup>nd</sup> Best Acute Trust in the Country and the most recommended place to work and received care Best Acute Trust in the Midlands for a 6<sup>th</sup> year running.

### **Recommendation**

The Trust board are asked to take assurance from the National staff Survey results 2023 and the assurance that updates and progress will be taken through People Committee regarding the key areas for improvement and aligned to the Trusts People Strategy.

STAFF ENGAGEMENT 2022/23

# Our 2023 Staff Survey Results

## As a Trust

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

WE ARE COMPASSIONATE & INCLUSIVE



WE ARE SAFE & HEALTHY



WE ARE A TEAM



WE ARE RECOGNISED & REWARDED



WE ARE ALWAYS LEARNING



STAFF ENGAGEMENT



WE EACH HAVE A VOICE THAT COUNTS



WE WORK FLEXIBLY



STAFF MORALE



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

<b>Subject:</b>	<b>Research and Development Performance and Annual Strategy Update Report – 2024/23</b>		<b>Date: 4<sup>th</sup> April 2024</b>		
<b>Prepared By:</b>	Alison Steel Head of R&I				
<b>Approved By:</b>	Elizabeth Gemmill, Director of Research, and Innovation				
<b>Presented By:</b>	Alison Steel Head of R&I				
<b>Purpose</b>					
<p>To present the Research and Innovation 23/24 Performance and annual strategy update report.</p> <p>Update and assurance on performance, strategic priorities, patient experience and financial position.</p>			<b>Approval</b>		
			<b>Assurance</b>	<b>X</b>	
			<b>Update</b>	<b>X</b>	
			<b>Consider</b>		
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
<b>X</b>		<b>X</b>	<b>X</b>		<b>X</b>
<b>Principal Risk</b>					
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			<b>X</b>		
PR6 Working more closely with local health and care partners does not fully deliver the required benefits			<b>X</b>		
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>					
None					
<b>Acronyms</b>					
<p><b>List all acronyms used within the report.</b></p> <p>ICB = Integrated Care Board  ICS = Integrated Care System  EMCRM= East Midlands Clinical Research Network  CRN = Clinical Research Network  NIHR= National Institute Clinical Research  R&amp;I=Research and Innovation  IAOCR = International Accrediting Organisation for Clinical Research  NTU = Nottingham Trent University  NUH= Nottingham University Hospital's  GCP= Good Clinical Practice  CRO= Contract Research Organisation  IAOCR= International Accrediting organisation for Clinical Research</p>					
<b>Executive Summary</b>					
<p><b>Performance Metrics</b></p> <ul style="list-style-type: none"> <li>5840 participants recruited into research studies compared to 2745 this time last year, 69 studies</li> </ul>					

on the SFH portfolio. 2 are commercial with 2 in the pipeline awaiting approval.

- Confirmed £441,181.66 EMCRN 6 months budget for 2024/25.
- Commercial income 2023/24 to date £71,337.48

### **Patient Experience**

- 91% of participants Agree/Strongly Agree their participation in research has been valued.
- 90% of participants would consider taking part in research again.

### **Research Strategy update 22-27 Year 1 & 2 Priority Objectives**

#### **Progress:**

- 1.1 Collaboration with EMCRN & commercial sponsors to increase commercial research opportunities- 4 new commercial studies and 2 in the pipeline. – 19 commercial studies applied for.
- 1.2 Streamline the set-up process for faster delivery. 100% of new studies opened.

#### **Place:**

- 2.1 Open a new Clinical Research Facility at Kings Mill Hospital in 2024 for early phase clinical trials of new drugs, devices, and diagnostics- New space identified.
- 2.2 Host the Nottinghamshire Mobile Research Unit to deliver place-based research in our community- Hosted on-site in November 2023, plans to develop our own more accessible unit in the future to meet the priority guidelines, in providing Research into hard-to-reach communities.

#### **People:**

- 3.1 Further develop the role of the Research Academy and research opportunities for SFH staff. 4 enrolled in the last 12 months.
- 3.2 Investment in our management workforce to ensure a sustainable future for research and future developments. Study support Manager post commenced in October 2023. Lead Clinical Academic Research NMAHP post commenced January 2024. Providing leadership for nurse, midwifery, and allied health professional-led research and the academic education agenda across the Trust.

#### **Partnerships:**

- 4.1 Increase our academic and industry partnerships to maximise mutual benefits from collaboration. Evolve joint working with primary care- secured funding for SFH/primary care research link post.

#### **Note:**

New R&I Director confirmed Jyothi Rajeswary- in post from the 1<sup>st</sup> April 2024.

Thank you to Elizabeth Gemmill as our outgoing R+I director.



# Research & Innovation

## 23-24 Performance and Annual Strategy Update

We are pleased to present the 2023/24 performance and annual strategy update for Research and Innovation

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

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

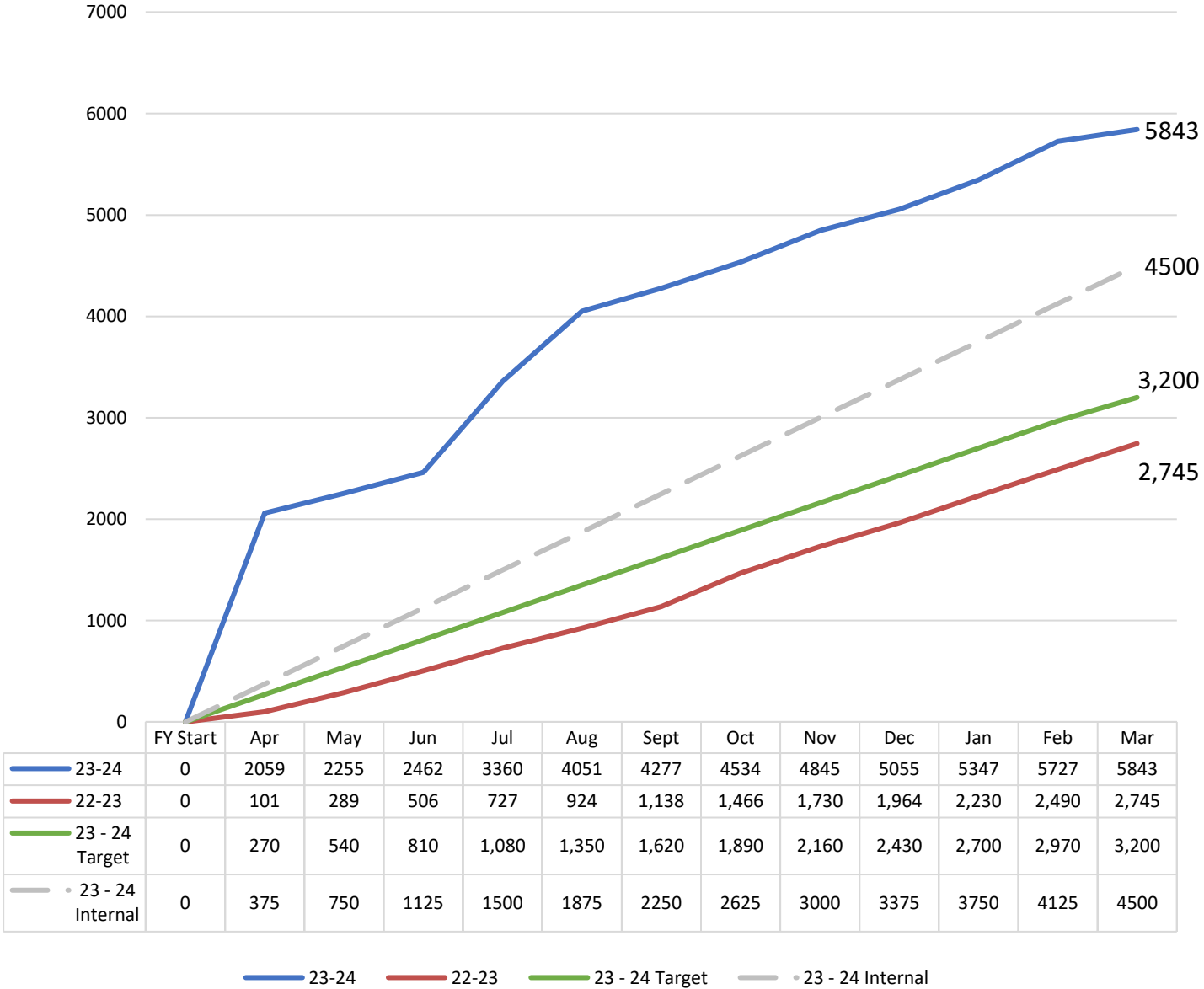
The new R&I strategy 2022-2027, 'Research is for Everyone' sets out a clear vision to make research part of our daily business, realising the research potential in all areas of our hospitals for the benefit of patients, staff, and our community. This includes 4 key pillars: Place, Progress, People, and Partnership. This report provides an update on recruitment activity and progress against the key strategic objectives for year 1 and 2.



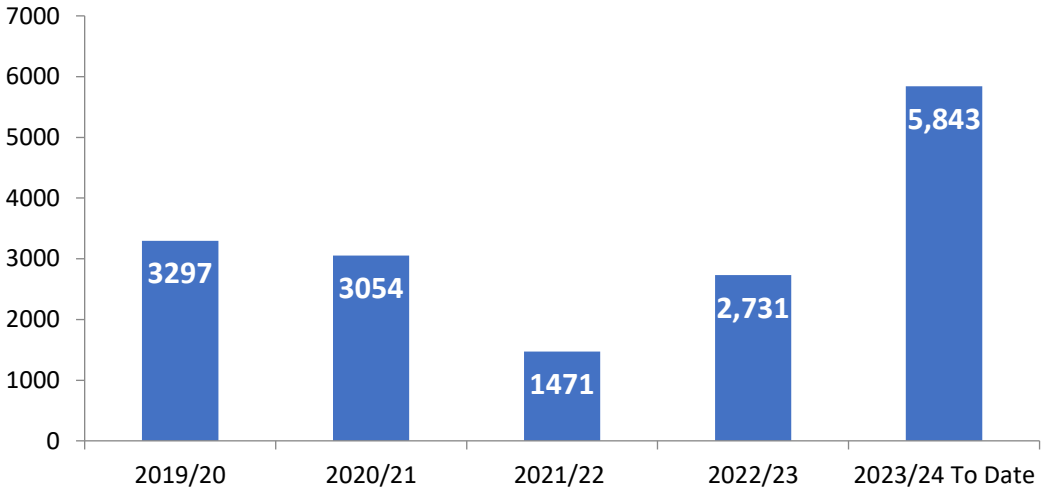


# Performance

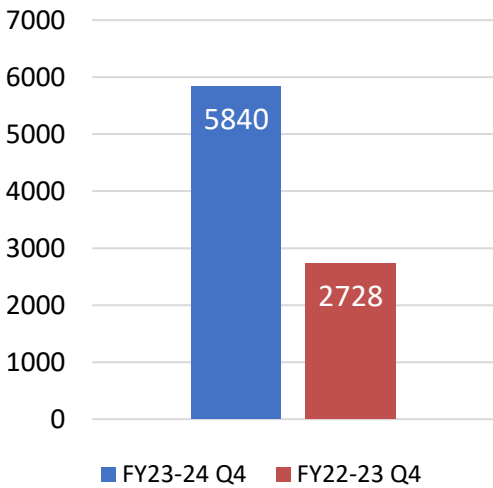
Cumulative Recruitment 23/24 & 22/23 at Q4 (15.03.2024)



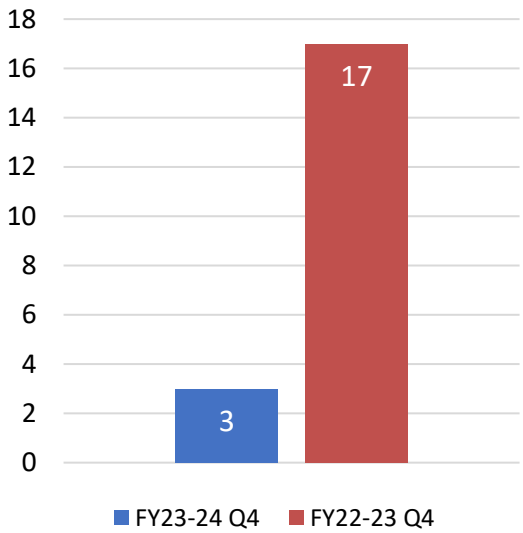
Total Participants Recruited Over the Last 5 Years (15.03.2024)



Non Commercial Recruitment at Q4

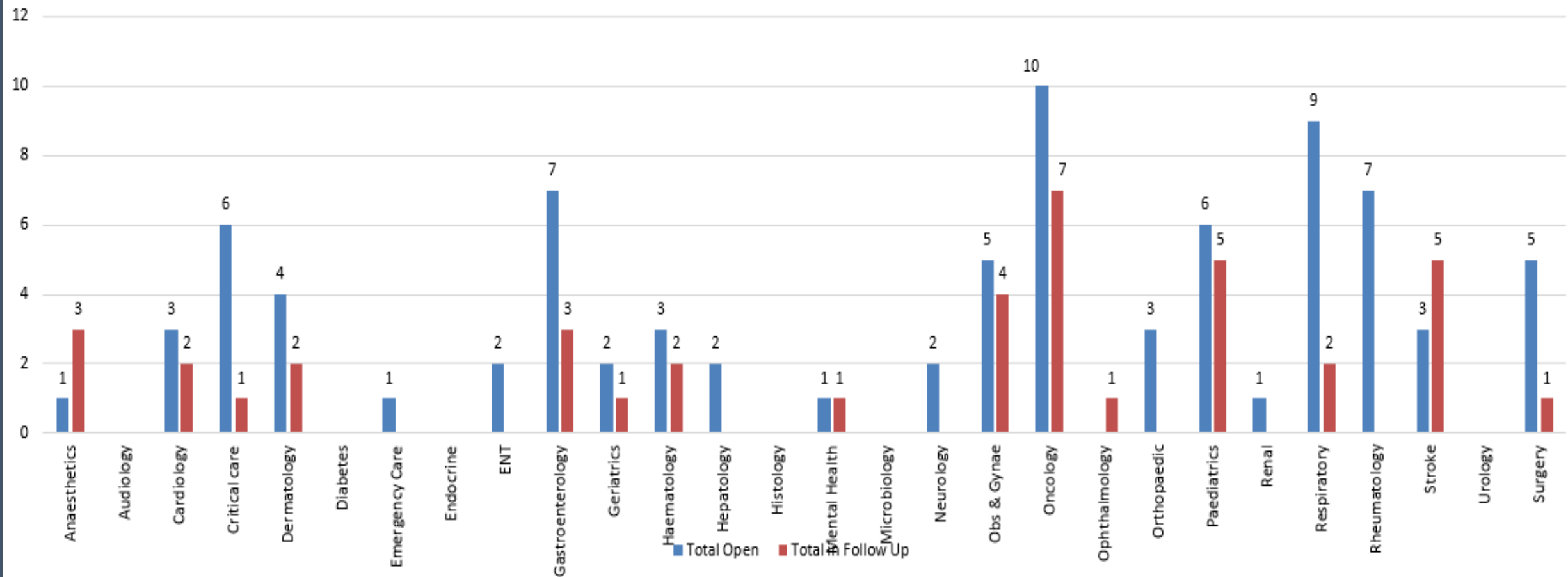


Commercial Recruitment at Q4



# Performance

Total Studies Open & In Follow Up by Speciality @ FY23-24 Q4 (15.03.2024)



2024/25

CRN East Midlands Income

Indicative budget

£441,181.66

# Finance



Department of Health Funding

£25,000.0

To maintain research capability  
and capacity

2023/24

£71,337.48

Commercial Income

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



# Patient Experience 23/24

Very  
professional  
and courteous



Very professional,  
very caring  
attitude. Well  
explained and  
sensitively given."

"I don't usually carry  
out research programs  
or surveys but have been  
pleased with how this  
one is carried out."



- 91% of participants agree/strongly agree their participation in research has been valued
- 90% of participants would consider taking part in research again
- For 75% of participants, it was their 1<sup>st</sup> time taking part in research.
- 93% Participants agree/strongly agree that they have been treated with courtesy and respect





	Progress	Place	People	Partnerships
Objectives	<p>1.1 Collaboration with EMCRN &amp; commercial sponsors to increase commercial research opportunities</p> <p>1.2 Streamline the set-up process for faster delivery</p>	<p>2.1 Open a new Clinical Research Facility at Kings Mill Hospital in 2023 for early phase clinical trials of new drugs, devices, and diagnostics</p> <p>2.2 Host the Nottinghamshire Mobile Research Unit to deliver place based research in our community</p>	<p>3.1 Further develop the role of the Research Academy and research opportunities for SFH staff</p> <p>3.2 Investment into our management workforce to ensure a sustainable future for research and future developments</p>	<p>4.1 Increase our academic and industry partnerships to maximise mutual benefits from collaboration</p> <p>Evolve joint working with primary care, secured funding for SFH/Primary care research link post.</p>
Risks	<p>1.1 Reduction in access to novel interventions and medicines. Loss of income, reputation, and future growth as a research system partner</p> <p>1.2 Loss of repeat business, reduction in portfolio size. Failure to meet CRN targets</p>	<p>2.1 Significant impact on achieving objectives 1.1 and 4.1. Negative impact recruitment and retention and ability to fulfil our partnership with NUH for NIHR CRF bid 2026</p> <p>2.2 Unable to work efficiently across Mid Notts ICS and provide equity in access to research opportunities</p>	<p>3.1 Unable to offer the development and training opportunities to SFH staff reduce research engagement. Negative impact on staff satisfaction</p> <p>3.2 Inadequate career pathways for research staff, impact on recruitment and retention. Loss of expertise to develop R&amp;I at SFH</p>	<p>4.1 Fail to secure and sustain business from industry and showcase SFH research capabilities, linked to 1.1. Reduced access to research expertise and training for our staff. Inability to be an equitable research partner across the system</p>
Progress	<p>IAOCR Bronze level accreditation achieved</p> <p>88% of the portfolio target for new studies met.</p> <p>4 commercial studies are open- 2 in the pipeline. 19 EOI submitted.</p>	<p>Significant delays with CRF. – New space identified.</p> <p>Hosted mobile Research Unit on-site Nov 2023. Further plans are in place to host our own unit that's more accessible to patients in hard-to-reach communities.</p>	<p>Training lead post in place, qualified GCP trainer</p> <p>Secured funding for Lead Academic Research NMAHP now in post from January 2024.</p> <p>4 academy students enrolled in the last 12 months.</p> <p>Study support Manager commenced in post-October 23.</p>	<p>Present at Industry Think Tank 2023. Access to select platforms to showcase our capabilities</p> <p>Members of the Global Advisory Board for GSCA IAOCR</p>



**Audit and Assurance Committee Chair's Highlight Report to Trust Board of Directors**

<b>Subject:</b>	Audit and Assurance Committee Highlight Report	<b>Date:</b> 21 <sup>st</sup> March 2024
<b>Prepared By:</b>	Manjeet Gill	
<b>Approved By:</b>	Manjeet Gill	
<b>Presented By:</b>	Manjeet Gill	
<b>Purpose:</b>		
Assurance report to Board	<b>Assurance</b>	Significant

<b>Matters of Concern or Key Risks Escalated for Noting / Action</b>	<b>Major Actions Commissioned / Work Underway</b>
<p>To seek more assurance on Conflicts of Interest on single tender waivers and to update the Single Tender Template to require a cross reference to the Register of Interests.</p> <p>Whilst the first follow up % of Internal Audit Actions meets the 75% threshold to achieve significant assurance in the HOIA opinion the final year end position remains at risk</p>	<p>Further assurance required on the timely implementation of the 18 IA actions due by 31<sup>st</sup> March 2024 to maintain the 75% compliance target.</p> <p>Further assurance on Fire Safety risks and compliance to be given via a report to the April 2024 Trust Board</p> <p>Final updates to be made to the SFIs and the Scheme of Delegation prior to recommendation to the April 2024 Trust Board for approval</p>
<b>Positive Assurances to Provide</b>	<b>Decisions Made (include BAF review outcomes)</b>
<p>Progress with the ICS Audits in line with the IA Plan</p> <p>No internal control matters were escalated from the Quality, People, Finance and Finance Committees</p> <p>Counter Fraud, Bribery and Corruption Annual Review received with an acknowledgement of the strong support given by management</p> <p>Good progress with Non-Clinical policy renewals (only 1 overdue)</p> <p>A single Tracker for all Clinical and Non-Clinical Policies wef April 2024</p> <p>Losses and special payments report received</p>	<p>Approval of Annual Counter Fraud Plan 2024/25 (noting the flexibility for it to change in year)</p> <p>Approval of External Audit Plan 2023/24</p> <p>Approval of one change to the Internal Audit Plan 2023/24 (removal of Theatres scheduling – now in the 2024/25 Plan)</p> <p>Approval of Internal Audit Plan 2024/25</p> <p>Approval of Annual Report to Board of Directors including Committee priorities for the reporting year 2023/24</p>

Single tender waivers report received	Annual Terms of Reference review – updates approved
External and internal audit progress reports received	Committee workplan approved
Register of interest including reduction of non-compliant Band 7+ individuals	
Good expectation that the Trust will continue to Adopt Going Concern status	
<b>Comments on effectiveness of the meeting</b>	
Well-presented reports (ARB)	
<b>Items recommended for consideration by other Committees</b>	
N/A	

*Note: this report does not require a cover sheet due to sufficient information provided.*

## Finance Committee Chair's Highlight Report to Trust Board

<b>Subject:</b>	Finance Committee (FC) Report	<b>Date:</b> 4 April 2024
<b>Prepared By:</b>	Graham Ward – FC Chair	
<b>Approved By:</b>		
<b>Presented By:</b>	Graham Ward – FC Chair	
<b>Purpose:</b>		
To provide an overview of the key discussion items from the Finance Committee meeting of 26 March 2024.		<b>Assurance</b>   Significant

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>• <u>BAF, PR8 Sustainability</u> – concern that limited progress is being made on the sustainability agenda.</li> <li>• <u>Month 11 Finance Report</u> – The deficit year to date is £8.1M (£1.6M better than plan). Key issues for escalation: <ul style="list-style-type: none"> <li>○ Financial outturn position is on target to deliver the forecast £8.5M deficit.</li> <li>○ January and February Industrial Action cost has been covered/mitigated.</li> <li>○ There remains a risk on income, especially that the CDC funding of £5.5M for 2023/24 may not be received and a further £2.5M on the Derby/Derbyshire contract.</li> </ul> </li> </ul> <p>Concerns continue with respect to cash, exacerbated by the income risk above.</p>	<ul style="list-style-type: none"> <li>• <u>Agency Expenditure</u> – More detail still needed on the components of agency expenditure and the accruals approach, to ensure trends can be understood.</li> <li>• <u>Capital Expenditure</u> – capital plan for 2024/25 to be presented to April's meeting.</li> <li>• <u>FIP</u> – continues to be a concern and there will be a deep dive in April, with a particular focus on position and approach for 2024/25.</li> <li>• <u>Annual Plan</u> – ICB financial risk position for 2024/25 to be circulated.</li> <li>• <u>Monthly Finance Pack</u> – contents to be reviewed with a view to slimming down the pack.</li> </ul> <p><u>Workplan &amp; Terms of Reference</u> – To be revised focussing on 6 'formal meetings', plus 6 informal/optional meetings.</p>
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> <li>• <u>Month 11 Finance Report</u> – Finance team and Trust, as a whole, were congratulated on being on track to deliver the revised 2023/24 financial outturn.</li> <li>• <u>Procurement</u> – noted the change in procurement regulations for the NHS and assured that SFH is in a good position to implement.</li> <li>• <u>PFI Settlement</u> – continuing to progress with a target to have all issues for SFH resolved by mid April.</li> </ul>	<ul style="list-style-type: none"> <li>• <u>MRI Options</u> – agreed to recommend to Board approval, subject to receiving a letter of support on capital funding from the ICB and a review of the revenue income.</li> <li>• <u>Radiology Contract Extension</u> – agreed to recommend to Board for approval. <ul style="list-style-type: none"> <li>BAF – agreed to hold PR4 (financial Strategy) at 16 and PR8 (Sustainability) at 9, though note escalated concern.</li> </ul> </li> </ul>

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"><li>• <u>2024/25 Planning</u> – progress noted.</li><li>• <u>Financial Strategy</u> – draft strategy concept presented and discussed, with good progress being noted.</li><li>• <u>Internal Audit Reports</u> – reports on Key Financial Systems and Financial Ledger &amp; Reporting were presented. Both reports were issued with significant assurance and assured that recommendations were on track to be implemented by agreed dates.</li></ul> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

**Comments on effectiveness of the meeting**

- All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion.

**Items recommended for consideration by other Committees**

- Audit Committee to be appraised that the 2 internal audit reports were reviewed and actions to implement discussed (including one action to be further reviewed).

*Note: this report does not require a cover sheet due to sufficient information provided.*

**Quality Committee Chair's Highlight Report to the Trust Board of Directors**

<b>Subject:</b>	Quality Committee Highlight Report	<b>Date:</b> 25 <sup>th</sup> March 2024	
<b>Prepared By:</b>	Aly Rashid, Non- Executive Director / Quality Committee Chair		
<b>Approved By:</b>	Aly Rashid, Non- Executive Director / Quality Committee Chair		
<b>Presented By:</b>	Aly Rashid, Non- Executive Director / Quality Committee Chair		
<b>Purpose:</b>			
To provide an update to the Trust BOD following the Quality Committee meeting on 25 <sup>th</sup> March 2024.		<b>Assurance</b>	<b>x</b>

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"><li>IPR Timely Care Update – deep dive into diagnostic activity and backlogs - concern raised regarding the tension between profitability of diagnostic investigations where the tariff or ERF (Elective Recovery Fund) regime make them financially unviable and the need to prioritise schemes on clinical risk rather than purely financial viability – assurance given that ERF schemes were considered across the pathways to include both profitable and non-profitable elements</li></ul>	<ul style="list-style-type: none"><li>PSIRF Report- A paper is to be brought back to the Quality Committee in respect to PSIRF so the Committee can gain assurance (and therefore in turn the BOD) in a more robust way, given the quick transition to the new PSIRF system.</li></ul>
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"><li>Positive Assurance was taken from the highlight reports provided for the Patient Safety Committee, NMAHP Committee and Patient Experience Committee.</li><li>Positive Assurance provided against the Improvement Overview Report.</li><li>Positive Assurance taken from the progress made in relation to the Quality Account.</li></ul>	<ul style="list-style-type: none"><li>The Committee APPROVED the final version of the Clinical Services Strategy. This will also be provided to the BOD for ratification.</li><li>The Committee APPROVED the Quality Committee Effectiveness Self-Assessment, further discussion will take place with the Audit and Assurance Committee to consider the impact and value of work underway.</li><li>The Committee APPROVED the BAF PR1 ,2 and 5, with no changes suggested to the current risk scores in place.</li></ul>
Comments on effectiveness of the meeting	
Positive level of debate and discussions surrounding the work underway. In particular the focus on outcomes as a measure of success.	
Items recommended for consideration by other Committees	
Committee Effectiveness Self-Assessment to be escalated to the Audit and Assurance Committee for further discussion.	



## People Committee Chair's Highlight Report to Board

<b>Subject:</b>	People Committee Board Report	<b>Date:</b> 26 <sup>th</sup> March, 2024	
<b>Prepared By:</b>	Steve Banks, Non-Executive Director (Chair of the People Committee)		
<b>Approved By:</b>	Steve Banks, Non-Executive Director (Chair of the People Committee)		
<b>Presented By:</b>	Steve Banks, Non-Executive Director (Chair of the People Committee)		
<b>Purpose:</b>			
To provide a summary overview of the conversations held at the recent People Committee held on 26 <sup>th</sup> March 2024		<b>Assurance</b>	<b>Significant</b>

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>No specific items for escalation, however the ongoing impact on staff and patients of industrial action continues to be a concern</li> </ul>	<ul style="list-style-type: none"> <li>The committee was pleased to note that the Trust had gained funding as a People Promise Exemplar, and also noted the role being played as part of the system being a Scaling Up People Services Vanguard</li> <li>The Violence and aggression improvement plan was presented, with an aim to launch in May</li> <li>Understanding the Staff Survey, how to respond and how to hear more staff voices</li> </ul>
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"> <li>The Employee Relations deep dive provided assurance in the way cases are managed.</li> <li>Much positive assurance was also received: Occupational Health including measles update; Medical and Nursing, Midwifery and AHP staffing reports; Healthcare support workers job grading; and performance in terms of IPR and strategic objectives.</li> <li>The Gender Pay Gap report provide assurance with Trusts requirements Equality Act 2010.</li> </ul>	<ul style="list-style-type: none"> <li>The BAF was reviewed and risk levels and levels of assurance held</li> </ul>

Comments on effectiveness of the meeting
Great papers and meeting, the right agenda. Good to be very proud of staff survey, whilst recognising voices not heard and work still to do
Items recommended for consideration by other Committees
None

*Note: this report does not require a cover sheet due to sufficient information provided.*