Sherwood Forest Hospitals
NHS Foundation Trust

MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Thursday 6th August 2026
Time: 17:30 – 20:00
Venue: Lecture Theatre 2, Education Centre, King's Mill Hospital

	Time	Item	Status (Do not use NOTE)	Paper
1.	17:30	**Welcome & Apologies for Absence** *Quoracy Check (50% of public Governors present)* • **Barbara Brady** • **Nikki Slack** • **Andrew Rose-Britton** • **Neil Fuller**	Agree	Verbal
2.	17:30	**Declarations of Interest** To declare any pecuniary or non-pecuniary interest *Check – Attendees to declare any potential conflict or items listed on the agenda to Head of Corporate Affairs & Company Secretary on receipt of agenda, prior to the meeting.*	Declaration	Verbal
3.	17:30	**Minutes of the meeting held on 19th May 2026** *To be agreed as an accurate record*	Agree	Enclosure 3.1
4.	17:30	**Matters Arising/Action Tracker**	Approve	Enclosure 4
5.	17:35	**Chair's Report** *Rukshana Kapasi, Chair*	Assurance	Enclosure 5
6.	17:45	**Chief Executive Report** *Jon Melbourne, CEO*	Assurance	Enclosure 6
7.	17:55	**Lead Governor Report** *Liz Barrett, Lead Governor*	Assurance	Enclosure 7
8.	18:10	**Board Sub-Committee Reports: - Presented at Aug Board** • **Audit & Assurance Committee** *Manjeet Gill, Non-Executive Director* • **Finance Committee** *Richard Cotton, Non-Executive Director* • **Quality Committee** *Lisa Maclean, Non-Executive Director* • **People Committee** *Steve Banks, Non-Executive Director*	 Assurance Assurance Assurance Assurance	 Enclosure 8.1 Enclosure 8.2 Enclosure 8.3 Enclosure 8.4
9.	18:20	**Re-appointment of Non-Executive Directors** *Sally Brook Shanahan, Director of Corporate Affairs*	Approval	Enclosure 9
10.	18:25	**Membership & Engagement Group** *Liz Barrett, Lead Governor*	Assurance	Enclosure 10
11.	18:30	**CQC Update** *Jon Melbourne, CEO*	Update	Enclosure 11
12.	18:40	**15 Steps Feedback** *Grace Radford, Patient Experience Manager*	Assurance	Enclosure 12

	Time	Item	Status (Do not use NOTE)	Paper
13.	18:45	**Annual Accounts** *Richard Mills, Chief Financial Officer*	Assurance	Enclosure 13
14.	18:55	**External Auditors Update** *Jess Townsend, KPMG*	Assurance	Enclosure 14
15.	19:05	**Fit & Proper Person Annual Report** *Sally Brook Shanahan, Director of Corporate Affairs*	Assurance	Enclosure 15
16.	19:15	**Annual Report** *Sally Brook Shanahan, Director of Corporate Affairs*	Assurance	Enclosure 16
17.	19:20	**NED's Appraisal** *Rukshana Kapasi, Chair*	Assurance	Enclosure 17
18.	19:25	**Patient Story Presentation** *Gold Standard Mealtimes*	Assurance	Presentation
19.	19:30	**'Spotlight on' Presentation** *Opening of the CDC, Mansfield Community Hospital*	Assurance	Presentation
20.	19:50	**Questions from Members of Public** Meeting Chair	Consider	Verbal
21.	19:55	**Escalations to the Board of Directors** Meeting Chair	Agree	Verbal
22.		**Any Other Business** *(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)*		
23.		**Date & Time of Next Full Council of Governors Meeting** **Date: Tuesday 10th November 2026** **Time: 5:30pm – 8:00pm** **Venue: Lecture Theatre 2, King's Mill Hospital**		

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the meeting held in public on **Tuesday 19th May 2026 at 17:30hrs**
Lecture Theatre 2, King's Mill Hospital

Present:	Graham Ward	Chair	GW
	Nabeel Khan	Public Governor	NK
	Angie Jackson	Appointed Governor	AJ
	Neal Cooper	Public Governor	NC
	Jane Stubbings	Public Governor	JS
	Mitchel Speed	Staff Governor	MS
	Justin Wyatt	Staff Governor	JW
	Pam Kirby	Public Governor	PK
	Ann Gray	Public Governor	AG
	Julie Scarle	Appointed Governor	JS
	Peter Gregory	Public Governor	PG
	Tracey Burton	Public Governor	TB
	Dean Wilson	Public Governor	DW
	Nikki Slack	Appointed Governor	NS
In Attendance:	Jon Melbourne	Chief Executive	JMe
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Steve Banks	Non-Executive Director	SB
	Andrew Rose-Britton	Non-Executive Director	AR-B
	Lisa MacLean	Non-Executive Director	LM
	Barbara Brady	Non-Executive Director	BB
	Andrea Murphy	Macmillan Cancer Lead	AM
	Grace Radford	Patient Experience Manager	GR
	Richard Mills	Chief Financial Officer	RM
	Claire Hinchley	Director of Strategy & Improvement	CH
	Jim Millns	Associate Director of Transformation	JM
	Bob Truswell	Strategic Head of Procurement	BT
	Emma Day	Corporate PA (Minutes)	ED
	Laura Webster	Corporate Team Leader (Meeting Support)	LW
Observer:	Councillor Barry Answer	Nottinghamshire County Council	BA
Apologies:	Councillor David Walters	Appointed Governor	DWa
	Iain Peel	Public Governor	IP
	John Dove	Public Governor	JD
	Julie Kirkby	Public Governor	JK
	Linda Dales	Appointed Governor	LD
	Liz Barrett	Lead Governor	LB
	Samantha Musson	Staff Governor	SM
	Shane O'Neill	Public Governor	SO
	Richard Cotton	Non-Executive Director	RC

Item No.	Item	Action	Date
26/019	**CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK**		
Length of discussion: 5 minutes	The meeting being quorate GW declared the meeting open at 17:30hrs, welcoming attendees and noting the presence of two new governors, JS & BA followed by a round of introductions to familiarise attendees with participants. During this introduction, it was also stated by GW that this would be his final meeting in the role of Trust Chair, as his final term of office ends on 25th May 2026. It was CONFIRMED that apologies for absence had been received from: Councillor David Walters – Appointed Governor Iain Peel – Public Governor John Dove – Public Governor Julie Kirkby – Public Governor Linda Dales – Appointed Governor Liz Barrett – Lead Governor Samantha Musson – Staff Governor Shane O'Neill – Public Governor Rukshana Kapasi – New Trust Chair Richard Cotton – Non-Executive Director		
26/020	**DECLARATIONS OF INTEREST**		
Length of discussion: 1 minute	GW formally invited any declarations of interest from attendees of the meeting. GW declared his interest in agenda Item 14.3 (Chair Appraisal) and confirmed he will leave the room whilst it is considered. No other attendees declared any interests.		
26/021	**MINUTES OF THE PREVIOUS MEETING**		
Length of discussion: 1 minute	Following a review of the minutes of the **Full Council of Governors** meeting held on 10th February 2026, the Council APPROVED the minutes as a true and accurate record. Following a review of the minutes of the **Extra-Ordinary Council of Governors** meeting held on 26th March 2026, the Council APPROVED the minutes as a true and accurate record.		
26/022	**MATTERS ARISING FROM THE MINUTES/ACTION LOG**		
Length of discussion: 2 minutes	SB contributed an update on action **26/012** highlighting discussion previously held within the People Committee regarding the impact of the mutually agreed resignation scheme on non-clinical staff. It was reported that key indicators, including engagement scores, turnover, and absence rates, had not shown measurable negative impact to date. However, concern was raised that this may not fully reflect staff		

	sentiment and that any adverse effects could emerge over a longer period. It was emphasised that monitoring would continue throughout the year, highlighting a potential risk around staff morale and delayed visibility of workforce impact. It was confirmed that Actions **26/010** and Action **26/012** were complete and can be removed from the tracker.		
26/023	**PATIENT STORY – FINDING SUPPORT: HOW THE NEWARK SFHT MACMILLAN CANCER & INFORMATION SUPPORT CENTRE IS HELPING US**		
Length of discussion: 15 minutes	AM introduced the Patient Story by explaining that the Newark Macmillan Information and Support Centre was an extension of the existing service at King's Mill Hospital and operated as a three-year test-and-learn project. The purpose of the presentation was to showcase the impact of the service, particularly in improving equity of access across the Trust's footprint and aligning with wider NHS cancer planning and organisational strategy. AM described the service as a "one stop shop" shaped through public and stakeholder consultation, providing access to multiple services including Citizens Advice, social prescribing, psychological support, and community groups such as walking, craft, carers' support, and bereavement groups. A clear emphasis was placed on partnership working and responding to community need, with the service designed to be accessible, flexible, and community-based. Following the presentation, GW relayed feedback received on behalf of IP (not present**)**, noting that the Newark facility had been described as "brilliant" and was highly valued by patients. Questions from attendees focused on access, awareness, and sustainability. PG queried whether patients from outside Newark, including Mansfield, could access the service, and AM confirmed that access was open regardless of postcode, with referral routes including self-referral, drop-in, phone, and email. Questions were also raised regarding how patients became aware of the service, with AM outlining communication efforts including GP engagement, media activity, and community outreach, while acknowledging that "there was still work to be done," indicating a gap in consistent awareness. Further discussion explored operational and strategic aspects. PK asked about the choice of the YMCA location. AM explained that it was very much directed by Macmillan and was selected following		

	community consultation and limitations on the availability of space at Newark Hospital, with a deliberate intention to locate services within the heart of the community. PK queried if patients can self-refer. AM advised that patients can present at the YMCA Reception and ask for Macmillan, or can e-mail / text to access the service. AM advised there has been a lot of communications through the Trust, leaflet/poster drops, visiting GP Practices to raise awareness and there is still ongoing work. JS advised that she volunteers in the Welcome Treatment Centre and this service is really valued by patients who are having chemotherapy and have the opportunity to engage with such an excellent service. MS raised a concern about staff awareness of the service, particularly for new staff, and AM confirmed engagement was ongoing through staff bulletins, team brief, professional forums, and primary care networks. JMe had recently visited the YMCA facility and commented it is a brilliant Community Hub and it has his full backing to secure the funding it needs going forward. Funding sustainability emerged as a key risk, with AM noting a temporary funding gap due to delayed opening; however, Macmillan had agreed to bridge this until December 2027. The Council was ASSURED by the report. AM Left the meeting.		
26/024	**CHAIR'S REPORT**		
Length of discussion: 5 minutes	GW introduced the Chair's Report by first confirming that this was his final meeting, reflecting that he would shortly be stepping down from the role. GW expressed personal thanks to governors and staff for the support received over ten and a half years in post, describing the experience as both a privilege and a significant personal milestone. GW acknowledged the emotional impact of leaving while also indicating an intention to maintain a close interest with the organisation's progress and future developments. GW also formally welcomed two new governors (JS & BA), noting that they were joining at a challenging time for the governors and that further discussion would be addressed in 'Any Other Business' at the end about the recently published Health Bill.		

	The report then moved to highlight key recent activities and achievements. GW emphasised ongoing work to strengthen partnerships and relationships across the region, including collaboration with the Integrated Care Board and other organisations within Nottinghamshire. A notable highlight included the presentation of a 50-year long service award to a volunteer, Diane Kerry, which was described as an exceptional and rare achievement. Additionally, attending the opening of a new Community Diagnostic Centre (CDC) was highlighted as a major milestone and a huge privilege, with GW stating that it would have a significant positive impact on patient care and service delivery in the future. A concern was raised by PG regarding the implications of increased diagnostic capacity, specifically querying whether improvements in diagnostic throughput could create downstream pressure on treatment pathways. JMe responded by acknowledging the validity of the concern but expressed confidence that earlier diagnosis would reduce the severity and complexity of treatment required, thereby easing overall system pressure. It was also noted that while this approach should improve outcomes and efficiency, there remained a need to monitor demand and address any emerging capacity pressures proactively as they arose. The Council was ASSURED by the report.		
26/025	**CHIEF EXECUTIVE'S REPORT**		
Length of discussion: 13 minutes	JMe opened the Chief Executive's Report by acknowledging attendees and welcoming new governors, reinforcing the importance of their contribution during what was described as a challenging period. JMe reflected positively on the recent opening of the Community Diagnostic Centre (CDC), noting it as a significant achievement for the organisation and crediting specific individuals and teams for their role in delivering the project. The facility was described as a long-term asset for the local population, with clear benefits expected for patient access and outcomes. JMe also highlighted the successful rollout of 'Nervecentre' within the Emergency Department and the Urgent Treatment Centre at Newark, describing this as a major milestone that had required substantial operational change but had been delivered with minimal disruption to		

	patient care. This was positioned as a foundation for further digital transformation, including the future electronic patient record programme within the next 12-18 months. The report then addressed organisational performance and regulatory feedback. JMe confirmed that the Trust had maintained its "Good" rating for Newark Hospital, which was described as a pleasing outcome given the wider NHS pressures. While acknowledging that further improvement remained the goal, JMe emphasised that staff should take pride in the feedback received, particularly regarding care quality. It was also noted that the organisation was awaiting the outcome of the latest inspection at King's Mill Hospital. Additional updates included the launch of staff recognition initiatives such as the Celebrating Excellence Awards, alongside ongoing efforts to strengthen partnerships with key stakeholders including local authorities, the Integrated Care Board, and local colleges. These partnerships were described as essential to delivering long-term objectives and improving outcomes for the local population. A significant portion of the discussion focused on operational pressures and workforce challenges. In response to a question from DW, JMe outlined the ongoing pressures in the Emergency Department following a difficult winter period. While a short-term improvement in performance had been achieved, including a reported increase in four-hour performance, this had subsequently declined due to sustained high demand, with attendances exceeding 500 patients on some days. JMe confirmed that an Urgent and Emergency Care plan had been launched back in April, including actions and targets such as expanding capacity in key clinical areas such as the 'Majors' area where work has already begun. Concerns were raised regarding patient experience, specifically the provision of refreshments during long waits. JMe acknowledged that, while provisions existed, these were not always consistently delivered and represented a failure in process rather than policy. This prompted further discussion highlighting potential contractual and operational barriers, as well as acommitment to review arrangements and provide a more comprehensive update at a future meeting.		

	Further discussion explored the implementation of new digital systems within urgent care. Questions from AG sought assurance that staff feedback would be systematically captured following rollout. JMe confirmed that an after-action review process was planned, alongside informal feedback gathered through leadership walkarounds. It was acknowledged that while early feedback was broadly positive, some operational issues remained and would need to be addressed. A broader suggestion was made to present a more detailed overview of digital transformation plans in future meetings. Overall, the discussion highlighted both confidence in the direction of travel and ongoing risks, particularly around system capacity, workforce pressure, and consistency of patient experience. **Actions:** • ***To provide a more comprehensive update on patient experience provision (including refreshments and support for longer waits) in the Emergency Department / Discharge Lounge / SDEC.***	**JM**	**06/08/26**
	• ***The Chief Digital Information Officer to provide an update on digital transformation within the Emergency Department at the next meeting.*** The Council was ASSURED by the report.	**NT**	**06/08/26**
26/026	**LEAD GOVERNOR REPORT**		
Length of discussion: 1 minute	GW introduced the Lead Governor Report in the absence of LB, noting that the written report had been circulated in advance and would be taken as read. It was highlighted by GW that one of the principal areas within the report referenced the 15 Steps programme, which was noted as an important initiative and was used as a transition into the subsequent agenda item, rather than being discussed in depth at this stage. Before moving on, PG intervened to acknowledge that, had LB been present, they would have formally expressed thanks to GW on behalf of the governors. PG conveyed appreciation for GW's long service and support to the		

	Governors, extended collective gratitude and good wishes for the future.		
26/027	**15 STEPS FEEDBACK**		
Length of discussion: 5 minutes	GR presented the 15 Steps Feedback report, taking it as read and summarised the findings from visits conducted between January and March 2026. It was reported that all areas visited demonstrated positive attributes, including clear safety information on display, clean and well-maintained ward environments, and visible recognition displays such as DAISY and TULIP awards. The presentation emphasised that these consistent findings reflected a strong organisational culture around care quality and presentation It was further noted that most issues identified during visits had been resolved immediately through the 15 Steps process, with assurance provided that learning would be shared across teams to prevent recurrence. However, some matters remained under review, indicating an ongoing need for monitoring and follow-up. GR also provided a personal reflection, noting her attendance at a first 15 Steps visit in February 2026 and describing the experience as very positive and informative. GR highlighted the value of seeing operational activity firsthand, particularly in understanding how written reports translated into real-world practice and noted that she would like to join more visits in the future. A request was made for completed feedback forms to be returned one week following a visit, either by the senior nurse, Non-Executive Director, or governor involved. This request indicated a process dependent on timely data submission, suggesting that delays in returns may pose a gap in the effectiveness of the feedback cycle. PG raised a concern that visits were sometimes repeated in short timeframes at the same locations and suggested providing an advanced schedule and allowing governors to propose sites for review. GR responded that a 12-month rota had previously been shared but acknowledged that some visits occurred outside of that plan, which was outside their direct control. GR confirmed willingness to adapt the schedule based on governor input, highlighting a gap in coordination and governance oversight of visit planning. Further contributions from AJ and GW reinforced overwhelmingly		

	positive experiences during visits, with consistent observations of professionalism, calm environments despite pressure, and high standards of cleanliness. However, it was acknowledged that staffing pressures remained a recurring issue, albeit not raised as a major concern during visits. As new governor, JS requested opportunities to participate in 15 Steps visits to build confidence and understanding. SBS confirmed that arrangements would be made to support this request. **Actions:** • ***SBS to make arrangements for JS to attend future 15 Steps visits*** The Council was ASSURED by the report. GR left the meeting.	**SBS**	**06/08/26**
26/028	**OPERATIONAL PLAN 2026/2027 to 2028/2029**		
Length of discussion: 14 minutes	RM presented the Operational Plan, explaining that it covered a three-year period but with a primary focus on the immediate 12-month delivery cycle. RM reminded attendees that the plan had been developed in line with NHS England expectations, including key priorities around performance standards in urgent and emergency care, financial balance, and workforce management. It was confirmed that the plan had been accepted by NHS England, with clear expectations that the organisation must continue to transform services to improve outcomes and long-term financial sustainability. RM outlined the structure of the plan, which incorporated operational, financial, and workforce components, supported by detailed activity modelling. RM then set out the key performance ambitions within the plan, including improvements in elective planned care waiting times, cancer performance, emergency department four-hour targets, and ambulance turnaround times. Significant emphasis was placed on improving access and reducing waiting times, alongside increasing planned care activity while reducing unnecessary outpatient attendances through greater use of technology and alternative care models.		

	Workforce changes were also highlighted, particularly a planned reduction in agency staffing by 38% and a shift towards more substantive roles. Financially, the plan included a requirement to deliver substantial efficiencies, estimated at approximately £75 million, with acknowledgement that achieving this would be highly challenging. The discussion highlighted reliance on transformation, productivity improvements, and reduction in non-recurrent savings, identifying a clear pressure to deliver sustained efficiencies going forward. Several questions and concerns were raised by attendees. DW queried the outcome of workforce reductions linked to mutually agreed resignation schemes, with RM confirming that while reductions in non-clinical headcount had been achieved, overall workforce numbers remained influenced by service expansions and recruitment demands. MS raised concerns about fairness and consistency in bank staff pay rates against Agenda for Change, highlighting a potential issue of staff morale and equity, particularly where rates had been reduced following earlier increases during the pandemic. RM acknowledged the concern and noted efforts to standardise rates, while JMe reinforced that reducing agency reliance remained the primary priority, with bank staff recognised as a valuable part of the workforce. A further question from AG challenged whether sufficient capital funding was available to support digital transformation, given its importance to delivering efficiencies. RM responded that while funding was significant, it would not cover all ambitions, and ongoing bidding for additional resources is a constant task. The discussion concluded with GW expressing appreciation to RM and his team for the significant work involved in developing the plan particularly for this financial year. The Council was ASSURED by the report. RM left the meeting.		
26/029	**IMPROVING LIVES – Strategy Refresh**		
Length of discussion: 18 minutes	CH presented the Strategy Refresh, explaining that the “Improving Lives” strategy remained a five-year framework running to 2029 and was now at its midpoint.		

	The purpose of the refresh was not to redesign the strategy but to ensure it remained relevant and deliverable in the context of significant external change within the NHS and local government landscape. It was noted that while the overarching vision and six strategic objectives remained unchanged, the organisation had undertaken extensive engagement with staff, patients, and governors to refine a clearer set of delivery priorities. These priorities were identified as improving through change, driving best practice, and being a great place to work. The refresh aims to provide greater focus and clarity in response to national policy direction, including shifts towards digital delivery, community-based care, and prevention. CH emphasised that achieving these priorities would require a strong focus on transformation and partnership working. A wide range of initiatives were outlined, including modernising outpatient services, reducing health inequalities, strengthening the use of community hospitals within neighbourhood care models, and improving urgent and planned care pathways. Digital transformation was highlighted as a key enabler, alongside embedding improvement methodologies and expanding research activity. Workforce development was also positioned as critical, with plans to enhance leadership capability, support staff development, and improve wellbeing. Discussion from the Council focused on implementation, communication, and engagement. PG suggested embedding the strategy priorities into the 15 Steps programme to reinforce frontline awareness, which CH agreed would be a practical and very valuable approach. AG queried whether initiatives such as “Making Every Contact Count” were being extended to non-clinical staff, highlighting an opportunity to broaden engagement. MS positively noted the inclusion of updated staff imagery in communications, reinforcing the importance of representation and engagement. A more critical reflection was provided by AJ, who raised concerns about how patients would be engaged and supported through changes to care models, particularly the shift away from traditional clinician-led interactions.		

	CH acknowledged that a fully developed plan for patient engagement and cultural change was not yet in place, identifying this as an area of ongoing development. The Council was ASSURED by the report. CH left the meeting.		
26/030	**IMPROVEMENT FACULTY UPDATE**		
Length of discussion: 10 minutes	JM introduced the Improvement Faculty Update and took the report as read so proposed to highlight a number of key points from the slides focusing on reflection from the previous year and outlining the approach for the coming period. It was noted that the update would include a retrospective look at 2025/2026 performance, an overview of the improvement strategy moving forward, and a summary of the work plan using the established framework of four pillars, which had been presented previously to the Council. In reflecting on the previous financial year, JM described how the first six months had been heavily dominated by financial efficiency work, which had formed a significant part of the Improvement Faculty's remit during that time. It was explained that this responsibility had subsequently transferred to the Finance team in September 2026 with full agreement of everybody involved, allowing the Improvement Faculty to reposition its focus. At the same time, the function itself had moved into the Chief Medical Officer's Directorate. This change was presented as strengthening clinical leadership, improving credibility, and aligning improvement activity more closely with patient safety priorities. The restructuring was therefore positioned as a positive shift, enabling a more clinically driven and integrated approach to improvement and transformation across the organisation. JM indicated that the Improvement Faculty would continue to focus on transformation and improvement activity aligned to organisational priorities, using the established four-pillar approach. JM reported that a highlight in February 2026 was the Quality Improvement (QI) Network being a mechanism to provide alumni support enabling ongoing skills development and shared learning. The team helped to deliver the Emergency Care Programme, including the '*Getting it Right First Time*' (GIRFT) initiative to improve patient experience and flow, alongside the Diagnostics Stewardship Programme and the CDC Programme which was a fantastic		

	achievement. Looking forward the team propose to continue to operate as a single visible point of contact for all colleagues and teams across all sites seeking support or guidance on all aspects of improvement, change management and transformation activity. Highlights proposed from the workplan going forward: • Continue to develop intranet site – making bitesize videos easily accessible. • Continue to offer open access – Showcase sessions at all sites with an increased presence in the Kings Treatment Centre (KTC). • Embed GIRFT much more in work that is done – Currently in the process of establishing a GIRFT Taskforce Team. • Undertake a major transformation programme around planned care and emergency care. • Identifying the opportunities of tomorrow – Patient safety & GIRFT. There were no questions or comments were raised by members of the Council. JM confirmed his willingness to respond to any contact outside of the meeting. The Council was ASSURED by the report. JM left the meeting.		
26/031	**REPORT FROM BOARD SUB COMMITTEES**		
Length of discussion: 7 minutes	**Audit and Assurance Committee (AAC)** MG took the report as read and gave a brief overview. Internal audit and counter-fraud plans had been re-approved and had positive assurance in the progress report areas. It had been noted that it has been the best year for declarations of interests compliance**.** Ongoing assurance was being provided from the Fire Safety and Contractor Management. Internal Audit reports. A specific issue relating to the Nottingham inquiry had been referred to the Quality Committee for further wider consideration. PG, in his capacity as a governor observer, commented that SB & AR-B gave constructed challenge through this meeting and confirmed that he personally felt assured. The Council was ASSURED by the Report.		

	Quality Committee LM reported taking over as chair of this committee in September 2025 from BB. The Committee continued to oversee significant system pressures, particularly: care package delays / poor patient outcomes, delayed discharges, blocked beds and mental health pathway delays. A system-wide improvement group, including the Integrated Care Board (ICB), had been established to address discharge and flow performance. The rollout of the "Nervecentre" digital system in the Emergency Department was noted and the support it will provide to operational flow. Positive assurance was noted in Maternity services, with focus on reducing health inequalities, increasing smoke-free pregnancies and preventing pre-term births. The Council also highlighted high-quality reporting and engagement, including presentations from junior staff. PK commented on the report as having good challenge. The Council was ASSURED by the Report. **Finance Committee** AR-B shared the Finance report from March taking it as read noting that final year-end figures were pending. There had been improved triangulation across committees, particularly with Quality and People Committees. Clinical input had been strengthened through the involvement of the Medical Director. The Council emphasised the importance of aligning financial decisions with quality and workforce considerations. MS passed on a comment from SM who was absent from this meeting to note good governance had been further strengthened with inclusion of the clinical voice through Simon Roe, Chief Medical Officer. The Council was ASSURED by the Report. **People Committee** SB reflected on the report of the People Committee and its continuing focus on staff wellbeing, morale, and workforce sustainability.		

	Key initiatives were discussed including a 10-point wellbeing plan for doctors and working to ensure safe nursing establishments. SB reported that workforce indicators such as engagement, turnover, and absence had not yet shown adverse impact, but are continuing to be monitored closely. There are challenges remaining in relation to industrial action and organisational change which have associated pressures. The Council was ASSURED by the Report.		
26/032	**COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES**		
Length of discussion: 14 minutes	**Membership and Engagement Group** In the absence of LB, PG reported that the Membership & Engagement Group continues to develop governor visibility and engagement across hospital sites, corridors and community venues. Further detail and ongoing development to be reported in future meetings. The Council was ASSURED by the Report. **External Auditors Procurement Process** BT presented a summary of the report advising that the procurement was conducted in line with appropriate public sector procurement requirements, utilising the North of England Commercial Procurement Collaborative (CPC) framework to ensure compliance, transparency, and value for money. A competitive process was undertaken, resulting in three compliant bids received from: • KPMG • BDO • Mazars Bids were evaluated using a weighted scoring methodology of 70% Quality (technical competence, approach, experience, delivery model) and 30% Price (overall cost and value). Following detailed evaluation, KPMG achieved the highest overall score with strengths identified in their tender including: • High-quality technical proposal		

- Strong understanding of NHS and Foundation Trust audit requirements
- Established relationship with the Trust and familiarity with systems
- Local presence and ability to provide continuity of service

The pricing offered was considered appropriate and aligned with market expectations.
The proposed appointment duration being for 3 years.

Financial details:

- Current audit fee (2023/24): £232,560
- Proposed fee (2024/25): £240,000, reflecting an RPI-based increase.

The increase was noted as reasonable and in line with inflationary expectations within the sector.

Governors acknowledged the robustness and transparency of the procurement process and the importance of continuity and audit quality. It was recognised that retaining an experienced auditor with knowledge of the organisation supports audit efficiency and effectiveness and value for money had been appropriately demonstrated within the evaluation process.

The appointment of KPMG as External Auditor for a three-year term was formally APPROVED.

Report of the Remuneration Committee - Chair Appraisal
GW left the meeting while discussion of this item took place.

BB led the discussion in her capacity as a NED and Senior Independent Director on the appraisal of GW as current Trust Chair which is a formal process that feeds into NHS England (NHSE).

The appraisal process included 360-degree that came back as really positive. Assessment spanned across six domains which had a strong response rate indicating robust engagement.

BB was pleased to report that all aspects of GW appraisal have been completed.

	Key focus areas that came out of the appraisal: • Leadership effectiveness • Governance • Stakeholder relationships • Preparation for handover to the incoming Chair (RK) which is now well underway. The Council gave their APPROVAL. GW re-joined the meeting and thanked BB for her time taken for the work put into his appraisal.		
26/033	**SPOTLIGHT ON – CLINICAL RESEARCH FACILITY**		
Length of discussion: 5 minutes	This item was played to the Council as a presentation. PG advised that he has recently completed 15 Steps at the facility and the only comment made by the staff was it is a long way from the clinics although it is well sited for patients. The Council was ASSURED by the presentation.		
26/034	**QUESTIONS FROM MEMBERS OF PUBLIC**		
Length of discussion: 1 minute	There were no questions from the public.		
26/035	**ESCALATIONS TO THE BOARD OF DIRECTORS**		
Length of discussion: 1 minute	The Council AGREED the following escalation to the Board of Directors meeting: • To note the approval of KPMG as the Trust's External Auditors for a further three years.		
26/036	**ANY OTHER BUSINESS**		
Length of discussion: 8 Minutes	GW introduced Any Other Business inviting members to share any items. • SBS reported the recently published Health Bill included provision for the removal of Governors from NHS Foundation Trusts subject to the bill being passed by Parliament. She noted that provisions relating to Advanced Foundation Trust status and Integrated Health Organisations were not included in the bill so publication of further legislative plans are awaited. • DW reported that Michelle Welch (Sherwood Forest MP) has been appointed as National Advisor to Government for Maternity Services.		

	• AG had some minor feedback from the CDC that she would like to pass on to JMe. • SBS added a reminder that the upcoming charity abseil is 12th June 2026 if any members are interested in registering. • SBS reported that the deadline for intention to stand as governor in the election is 29th May 2026. • GW introduced ED as the new PA for meetings going forward.		
26/037	**DATE AND TIME OF NEXT MEETING**		
	Date: Thursday 6th August 2026 **Time: 17:30** **Venue: Lecture Theatre 2, King's Mill Hospital** There being no further business the Chair declared the meeting closed at 19:35hrs.		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. **Chair** **Date**		

Note: These minutes were prepared with the assistance of Copilot.

Attendance at Full COG (scheduled meetings)

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			13/05/2025	12/08/2025	11/11/2025	19/05/2026			
Angie Jackson	Mansfield District Council	Appointed	A	P	P	P	4	23/05/23	31/05/27
Ann Gray	Newark & Sherwood	Public	P	P	A	P	3	01/05/25	30/04/28
David Walters	Ashfield District Council	Appointed	P	P	A	A	1	23/04/20	31/05/25
Dean Wilson	Rest of England	Public	A	P	A	P	3	06/07/23	31/10/26
Iain Peel	Mansfield & Ashfield	Public	P	P	P	A	3	01/05/25	30/04/28
Jane Stubbings	Mansfield & Ashfield	Public	P	A	P	P	3	01/05/25	30/04/28
John Doddy	Nottinghamshire County Council	Appointed		P	X	X	4	11/07/25	31/05/29
John Dove	Mansfield & Ashfield	Public	P	P	P	A	3	07/07/23	06/07/26
Julie Kirkby	Mansfield & Ashfield	Public	P	P	A	A	3	01/05/25	30/04/28
Justin Wyatt	Staff	Staff	P	P	A	P	3	01/05/25	30/04/28
Linda Dales	Newark & Sherwood District Council	Appointed	P	P	P	A	1	15/07/21	31/05/25
Liz Barrett	Mansfield & Ashfield	Public	P	P	P	A	3	01/05/25	30/04/28
Mitchel Speed	Staff	Staff	P	P	P	P	3	01/05/25	30/04/28
Nabeel Khan	Mansfield & Ashfield	Public	P	P	P	P	3	01/05/25	30/04/28
Neal Cooper	Mansfield & Ashfield	Public	P	P	P	P	3	01/05/25	30/04/28
Nikki Slack	Vision West Notts	Appointed	P	X	P	P	N/A	17/07/19	N/A
Pam Kirby	Mansfield & Ashfield	Public	P	P	P	P	3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	P	P	P	P	3	07/07/23	06/07/26
Sam Musson	Staff	Staff	P	P	P	A	3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public	A	P	A	A	3	07/07/23	06/07/26
Tracy Burton	Mansfield & Ashfield	Public	A	A	P	P	3	07/07/23	06/07/26

P = Present
A = Apologies
X = Absent

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Council of Governors Action Tracker

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
26/004	10/02/2026	Patient Story highlighting the work of Reach (local learning disability charity) and their links with the Trust, to be followed up.	Council of Governors	None	~~19/05/2026~~ 06/08/2026	S Brook Shanahan	R Brown	**Update from SBS 15/05/26 -** The 'Reach' video is being progressed with Peter Gregory's support, but this may not be able to proceed for financial reasons. If a Reach specific video cannot be made, then a more generic story about how patients with learning disabilities access our service will be progressed.	**Amber**
26/025	19/05/2026	To provide a more comprehensive update on patient experience provision (including refreshments and support for longer waits) in the Emergency Department / Discharge Lounge / SDEC	Council of Governors	None	06/08/2026	Jon Melbourne	Jon Melbourne	Requested update 03/08/2026 Requested update 05/08/26 on behalf of Ruskshana from Chris Dann	**Amber**
26/025	19/05/2026	To provide update on digital transformation within the Emergency Department from the Chief Digital Information Officer was indicated for the next meeting.	Council of Governors	None	06/08/2026	Jon Melbourne	Nikki Turner		**Amber**
26/027	19/05/2026	To make arrangements for JS to attend future 15 Steps visits	Council of Governors	None	06/08/2026	Sally Brook Shanahan	Sally Brook Shanahan	Awaiting update 05/08/2026	**Amber**

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Public Meeting of the Trust's Council of Governors - Cover Sheet

Subject:	Chair's report	**Date:**	30 July 2026
Prepared By:	Rich Brown, Head of Communications and Rukshana Kapasi OBE, Trust Chair		
Approved By:	Rukshana Kapasi OBE, Trust Chair		
Presented By:	Rukshana Kapasi OBE, Trust Chair		

Purpose

An update regarding some of the most noteworthy events and items from the past two months from the Chair's perspective, covering June and July 2026.	**Approval**	
	Assurance	
	Update	**Y**
	Consider	

Recommendation

The Trust's Council of Governors is asked to NOTE the updates provided in this report.

Strategic Objectives

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**

Principal Risk

PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Insufficient financial resources available to support the delivery of services	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

None

Acronyms

ATTFE = Academy Transformation Trust Further Education
NEDs = Non-Executive Directors
NHS = National Health Service

Executive Summary

An update regarding some of the most noteworthy events and items from the past two months from the Chair's perspective, covering June and July 2026.

Personal introduction

I am delighted to have taken up my position as Chair of Sherwood Forest Hospitals, which has given me opportunity to be back in Mansfield where I grew up and have the opportunity to give back to the community that gave me so much. It has been a busy three weeks and I have thoroughly enjoyed meeting patients, families, colleagues, volunteers, governors, partners across the system and my fellow Board members.

As I have gone round various departments and services, I have really appreciated your warm welcome, encouragement and the feeling of *family* that Sherwood exudes.

Some of my highlights have been hearing about the innovation happening in our maternity services, such as the continuity of care in our pathways, the excellence in our neonatal services and the research we are innovating around data and equity. At a time when maternity services across the country have been under the spotlight and as a mother with experience of three maternity units, I know I would have benefited from some of the services and pathways we provide. So, it is important that we recognise and are proud about what we are doing well and the difference it is making to how patients access and experience our services and the outcomes they have.

I feel privileged to have met so many inspiring leaders at every level who have worked for Sherwood for so many years and still want to develop their services to a standard they would want to experience for themselves and their families. So, I will mention just a few:

- Mandy, the receptionist I met on Ward 36, who shared some brilliant ideas about avoiding duplication. This was during a '15 Steps' visit with the dynamic Marie Sissons (our Acting Divisional Director of Nursing Division of Surgery, Anaesthetics & Critical Care) whose person-centred approach, vibrancy, professionalism, and attention to detail was second to none.

- It was also a pleasure to meet Elizabeth Sansom, a Matron in End of Life Care, and Bruce Clayton, our Mortuary Technician, to see their proactive leadership in ensuring that all the mortuary pathways and services we provide are thoughtful and caring at such an important time in peoples' lives.

- My first three weeks would not have been complete without visiting theatres, who have faced some enduring challenges, so it was heartening to meet Trevor Hammond, Pete Pinnick and Helen Westwell.

- I was impressed by the progress this team of leaders have made on cultural change in a short space of time with a continuous improvement mindset and perseverance. They have taken our 'CARE' values, articulated what that requires in terms of behaviour and actions and, by building them into daily routines, they are encouraging people to live and breathe our values purposefully. This type of cultural change work around improving equity and inclusion to create an environment that everyone wants to work in is never easy, it requires long term follow through, so it was good to see transformational leadership in action.

Members of our Theatres team proudly showcase their Theatres team charter

As Chair, I know we have more to do to make our services more effective, efficient, high quality and person-centred and to improve the time patients are waiting, as we know this then affects their outcomes. This improvement work is so important as we know that people in the population we serve who experience more inequalities are more likely to have poorer access.

As a carer of elderly parents who have used our services over many years, I am bringing a personal commitment to enable Sherwood to be the best it can be. I am also committed to working with colleagues to do that, as I strongly believe in the words of an African proverb: 'If you want to go fast, go alone; if you want to go far, go together.'

As Chair, I have good reason to be hopeful and optimistic because I have every confidence in all of you and the values-based, dynamic leadership we have in Jon, our Chief Executive and the Executive team. This, together with the skills and capabilities we have among our Non-Executive Directors (NEDs) who collectively form our unitary Board at Sherwood, adds to the strength that I as Chair look forward to empowering to give us robust assurance as an organisation. What is clear to me as Chair is that, if we look at things differently, we are more likely to do things differently.

And finally, to our Trust governors and our colleagues working across the Trust: please do reach out to me. I would love to come and meet you and see the work you are doing to improve lives.

Recognising the difference made by our Trust Charity and Trust volunteers

June and July were busy months 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 volunteers across our hospitals.

In June and July alone, 383 Trust volunteers generously gave over 9,200 hours of their time to help make great patient care happen across the 27 services they have supported during the month.

Other notable developments from our brilliant Community Involvement team and our team of volunteers include:

- Emergency Department Consultant Andrew Jacklin ran the Derby half marathon and raised £1,000. Pictured right.
- Emily's Ice cream van at King's Mill Hospital donated a proportion of profits to the Trust Charity, with the first week's donation totalling £523.

Celebrating Volunteers' Week 2026

Volunteers' Week 2026 celebrated the fantastic contribution that our team of volunteers give to our hospitals. During the week, which ran between Monday 1 and Sunday 7 June 2026:

- Volunteers were given a "make the difference" pin badge by the Community Involvement Team and an individually wrapped cupcake kindly baked by Butterfly Bakes Community Ambassadors at ATTFE College.
- Appreciation stations were situated in the main entrances for staff, patients and visitors to offer words of thanks.
- Engagement events were held at King's Mill and Newark Hospitals which were very well-attended and appreciated by the volunteers.
- Members of the Executive Team showed their support by visiting volunteers throughout the week to thank them personally for their invaluable contribution.

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.

Sherwood hosts second King's Mill Charity Abseil

I was delighted to join the second King's Mill Charity Abseil event, which helped to raise essential funds for the Trust Charity.

As the incoming Chair, I'm very conscious of the trust that people place in us when they come into our care, and I know the vital role our charity plays in supporting both patients and staff. It was wonderful to do the abseil before I started in post to meet patients and volunteers who are supporting the abseil because they have received such compassionate and outstanding care, and staff who are scaling the heights because they are so passionate about the services we provide at Sherwood'.

I was just one of 48 people to take part in the abseil, with many of the participants really getting into the spirit by abseiling down in fancy dress.

It was fantastic to see a second abseil event arranged to bring so many people together in support of our hospitals. We are incredibly grateful to everyone who took part and to our amazing volunteers who supported on the day.

The event raised more than £13,000 for the Trust Charity.

Other Trust updates

Council of Governor elections update

I am delighted to welcome a number of new governors to August's Council of Governors meeting, after polls for this year's Trust Council of Governor elections closed on Wednesday 8 July.

Below are the results declared following the election:

- For our Mansfield, Ashfield & surrounding areas public constituency: Tracy Burton and Pam Kirby were both re-elected, with serving governor John Dove losing his seat. Gurtej Sandhu was elected as a new governor.
- For our Newark, Sherwood and surrounding areas public constituency: Peter Gregory and Shane O'Neill were re-elected, with new governor Neil Fuller elected to the vacant seat in this constituency.
- In our Rest of England public constituency, Dean Wilson was re-elected unopposed.
- For our staff constituency, Samantha Musson was re-elected.

Thank you to everyone who took the time to vote in this year's Trust Council of Governor elections and for making your voice heard. You can view the results of this year's election here.

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Public Meeting of the Trust's Council of Governors - Cover Sheet

Subject:	Chief Executive's report	**Date:**	30 July 2026
Prepared By:	Rich Brown, Head of Communications and Jon Melbourne, Chief Executive		
Approved By:	Jon Melbourne, Chief Executive		
Presented By:	Jon Melbourne, Chief Executive		

Purpose

An update regarding some of the most noteworthy events and items from the past two months from the Chief Executive's perspective, covering June and July 2026.	**Approval**	
	Assurance	
	Update	**Y**
	Consider	

Recommendation

The Trust's Council of Governors is asked to NOTE the updates provided in this report.

Strategic Objectives

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**

Principal Risk

PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Insufficient financial resources available to support the delivery of services	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

None

Acronyms

CQC = Care Quality Commission
GIRFT = Getting It Right First Time
MRI = Magnetic Resonance Imaging
NHS = National Health Service
NOF = National Oversight Framework
OBE = Officer of the Order of the British Empire
UoN = University of Nottingham
VWNC = Vision West Nottinghamshire College

Executive Summary
An update regarding some of the most noteworthy events and items from the past two months from the Chief Executive's perspective, covering June and July 2026.

Introduction

I am pleased to share this latest report, which includes a number of updates from across the Trust. I would also like to formally welcome Rukshana Kapasi OBE to the Trust as Chair. I am excited to work with Rukshana to help Sherwood Forest Hospitals be everything it can be.

As we head into the summer, I hope that colleagues get some time to rest and recharge. Yet I recognise the pressures that we have every day mean that this can be difficult — including challenges presented by the heatwave and increasing demands on our services. I am so grateful for everyone's hard work during this time.

We have committed to driving best practice, improving through change, and being a great place to work – and doing these things helps us to achieve our goals, including high quality, compassionate and efficient care.

Our focus best practice can be seen in our CQC result, where we were proud to receive a 'Good' rating from the CQC in July. This is a testament to the hard work of colleagues across Sherwood. We will use this as a springboard to improve. We continue to do this in areas such as the National Getting It Right First Time (GIRFT) programme, who have visited us this month to help us make progress in priority areas such as Urgent and Emergency Care.

We are improving through change: for example, our Nervecentre roll-out within our Emergency Department and Urgent Treatment Centre is supporting us to provide better, more digitally-enabled care. We have exciting future plans in digital, leading us towards an Electronic Patient Record which will continue our digital journey. After the opening our Community Diagnostic Centre earlier this year, we also have a new surgical sterilisation unit and MRI facility opening later in the year, as well as ongoing works in our Emergency Department.

This month, I am also delighted to welcome our new resident doctor cohort – 243 colleagues in total. As with all colleagues, we know that being a supportive, caring and compassionate place to work translates into high quality care.

I would also like to acknowledge the publication of Donna Ockenden's Independent Review of Maternity Services and the Amos Review since our last Council of Governors meeting. The findings have significance for maternity care across the country. Our thoughts are with the families affected and we recognise the profound impact this will have had on them. As a Trust, we will carefully review the findings to ensure that we learn from the reviews and use that learning to strengthen our own services here at Sherwood Forest Hospitals. We are proud of our services and we can also strengthen through improvement.

Trust updates

King's Mill Hospital rated 'Good' following latest CQC inspection

We were pleased to report that King's Mill Hospital was rated 'Good' overall in a report issued by the independent regulators of health and adult social care services in England on Wednesday 15 July 2026.

The report shares the outcome of the inspection from the Care Quality Commission which took place on Monday 9 and Tuesday 10 March 2026, rating the hospital as 'Good' across five other domains of being Safe, Effective, Caring, Responsive and Well-led.

The ratings, which recognise that services are performing well and meeting expectations, were awarded following an inspection of the site's Medical Care and Urgent and Emergency Care services.

In their report, inspectors noted that hospital staff worked well together for the benefit of patients and their loved ones, working alongside other local NHS services to plan and deliver patients' care. Patients who used services were involved in planning and making shared decisions about their care and treatment and it centred around them and their needs.

The report highlighted a number of strengths across the service, including the Trust's open and honest culture, person-centred approach, and commitment to ensuring patients were seen quickly and that they feel safe, cared for, listened to and fully informed of all treatment options. They also noted that staff worked well in collaboration with colleagues from other services external to the hospital.

After speaking to a number of patients and their carers, the Commission noted that patients and their families were positive about the staff and said they were "treated with warmth, kindness and provided with effective care and treatment". They did not feel anxious about raising concerns and experienced a non-judgmental and inclusive approach to their care.

We are delighted that the Care Quality Commission has recognised the quality of care provided by our teams with an overall 'Good' rating, which reflects the dedication, professionalism and compassion shown by our teams across our hospitals every day.

While recognising the challenges facing NHS services across the country right now, the report highlights our commitment to delivering safe and effective care and recognising the positive experiences of the patients, families and communities we serve.

We are proud of this achievement and remain committed to continuous improvement and building on the CQC's feedback to further enhance the care and experience we provide for our patients.

Trust's National Oversight Framework (NOF) position updated

NHS England has updated its new National Oversight Framework (NOF), which ranks every trust in England against a number of standards – from their performance in urgent and emergency care departments to how quickly they can progress elective operations, their cancer performance, and even the experiences that patients share each year in the NHS National Staff Survey.

That framework has been published with the aim of improving information available to the public, driving-up standards and tackling variations in care across the country.

The framework places trusts into four performance segments, with the first – segment one – representing the best-performing trusts and the fourth segment showing the most challenged.

For us here at Sherwood, the league tables see us ranked 82nd place in the country, placing us in the third of the four segments, recognising that any trust working in financial deficit cannot climb any higher than segment three.

Partnership updates

Hosting the Undergraduate Medical Education Conference

The Undergraduate Medical Education Conference is delivered annually in partnership with the University of Nottingham (UoN) and brings together educators and colleagues from NHS organisations across the East Midlands who are involved in undergraduate medical education.

This year was particularly significant as Sherwood Forest Hospitals became the first Trust outside Nottingham to host the conference, with approximately 130 delegates from across the region.

Hosting the conference provided an excellent opportunity to strengthen the Trust's partnership with the University and regional NHS organisations by sharing best practice, educational innovation and collaborative approaches to supporting medical students.

The event received excellent feedback from delegates, with 97.5% stating they would attend a future conference and the vast majority rating the day as excellent or good.

The success of the conference has also established a lasting legacy, with another regional Trust now planning to host the event in future. Sherwood will support them by sharing the knowledge and experience gained from hosting this year's conference, helping to strengthen collaboration across the region.

The conference showcased Sherwood's commitment to high-quality medical education and reinforced its reputation as a trusted partner in developing the future medical workforce.

By working collaboratively with the UoN and partner Trusts, Sherwood is helping to improve the educational experience for medical students, support the development of educators, and ultimately contribute to the delivery of high-quality patient care across the region.

Securing our future workforce, in partnership with Vision West Nottinghamshire College

The Trust continues to strengthen its strategic partnership with Vision West Nottinghamshire College (VWNC) as part of its commitment to securing a sustainable future workforce and creating opportunities for local people to access careers in healthcare. This partnership supports the Trust's ambitions to expand work experience, apprenticeships and widening participation initiatives, while ensuring local education pathways are aligned to future workforce requirements across both clinical and non-clinical professions.

During the period, the Trust successfully delivered its second VWNC Work Experience Takeover programme. This included interviewing A-Level students and arranging 20 bespoke work experience placements tailored to individual interests and career aspirations. To further enhance the experience provided, a dedicated simulation day was introduced within Operating Theatres, giving students valuable insight into healthcare careers and the realities of working within an acute hospital environment.

These activities were supported by a joint communications campaign with the College, helping to raise awareness of NHS career opportunities and strengthen engagement with prospective future employees.

Contributing to the Building Blocks of Health

The Council of Governors will be aware that the factors which most significantly influence health outcomes extend well beyond healthcare services and include wider determinants such as employment, housing, education, environment and community resilience.

As one of the largest employers in the area and an organisation with a long-standing presence in our communities, we recognise both our responsibility and its opportunity to contribute positively to these wider building blocks of health. Working alongside partners, Sherwood continues to use its influence to support healthier, more prosperous and sustainable communities across mid Nottinghamshire and beyond.

Over recent months, the Trust has continued to contribute to the development of the East Midlands Combined County Authority's Heartlands Economic Strategy, covering Ashfield, Mansfield, Newark and Sherwood.

Developed collaboratively by public and private sector partners and led by Vision West Nottinghamshire College, the strategy sets out a shared vision and priorities for economic growth across the area. Trust representatives have supported the development of the strategy through contributions to draft proposals and participation in a stakeholder workshop held in June to help finalise the document.

The Trust has also strengthened its work with local authority partners to explore opportunities to influence the wider determinants of health. Most recently, colleagues contributed to Ashfield District Council's Pride in Place grant decision-making process. The programme provides capital investment to improve community facilities, helping to ensure local assets remain safe, accessible and welcoming.

Such investment supports stronger communities and creates opportunities to bring social support, wellbeing initiatives and health-related activity closer to residents.

Sustainability partnerships

Supporting environmental sustainability remains an important element of the Trust's contribution to population health and the wider determinants of wellbeing.

During the period, the Trust organised a joint "Bioblitz" event at King's Mill Hospital with colleagues from Nottinghamshire Healthcare NHS Foundation Trust and support from the Centre for Sustainable Healthcare. Participants recorded approximately 100 observations of local flora and fauna within the hospital's wildlife and woodland areas, helping to enhance understanding of biodiversity across the site. Partners are now exploring further collaborative opportunities, including the potential development of a shared beehive project.

The Trust has also joined an Integrated Care Board sustainability leads network, bringing together representatives from acute, community and mental health providers across Derbyshire, Lincolnshire and Nottinghamshire. The forum provides an opportunity to share learning, exchange good practice and support progress against organisational and system-wide green plans. Through this collaboration, the Trust continues to strengthen its contribution to environmental sustainability and population health improvement.

Council of Governors - Cover Sheet

Subject:	Council of Governors	**Date:**	28th July 2026
Prepared By:	Liz Barrett		
Approved By:	**Liz Barrett**		
Presented By:	Liz Barrett		

Purpose		
To share an overview as to the activities that Governors are engaging in and the impact of this work	**Approval**	
	Assurance	**X**
	Update	**X**
	Consider	

Recommendation

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
	X	**X**	**X**		

Strategic Objectives

Indicate which strategic objective(s) the report support

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

Committees/groups where this item has been presented before

Council of Governors

Acronyms

SFHFT (Sherwood Forest Hospital Foundation Trust)
MYG (Meet Your Governor)

Executive Summary

Governor Update Report

Lead Governor Report

Chair's Appointment

On behalf of the Council of Governors, I am pleased to formally welcome **Rukshana Kapasi** as Chair of Sherwood Forest Hospitals NHS Foundation Trust. Governors look forward to working collaboratively with the Chair, Non-Executive Directors and the wider Trust leadership team to support the continued delivery of high-quality services for our communities.

Council of Governors Elections

Since the previous meeting of the Council of Governors, the annual Governor Election process has been successfully completed. In recognition of the Trust's ongoing commitment to financial sustainability, the election process was delivered with a strong focus on achieving value for money while ensuring an effective and robust democratic process.

I am pleased to report that all vacancies across the Council of Governors were successfully filled.

Election outcomes:

- **Mansfield, Ashfield and Surrounding Areas Public Constituency**
  - Tracy Burton – Re-elected
  - Pam Kirby – Re-elected
  - Gurtej Sandhu – Elected
  - John Dove – Not re-elected
- **Newark, Sherwood and Surrounding Areas Public Constituency**
  - Peter Gregory – Re-elected
  - Shane O'Neill – Re-elected
  - Neil Fuller – Elected
- **Rest of England Public Constituency**
  - Dean Wilson – Re-elected unopposed
- **Staff Constituency**
  - Samantha Musson – Re-elected

On behalf of the Council of Governors, I would like to record our sincere thanks to **John Dove** for his commitment, dedication and valued contribution during his tenure as a Governor. We wish him every success for the future.

Future of Foundation Trust Governance

Governors have recently received updates regarding the Government's proposed changes to the governance arrangements for NHS Foundation Trusts, including the intention to dissolve Foundation Trust governing bodies.

Whilst recognising that these changes are anticipated nationally, Governors remain fully committed to discharging their statutory responsibilities and continuing to operate on a business-as-usual basis until any new arrangements are formally implemented. The Council remains focused on adding value through constructive challenge, assurance, community representation and support for the Trust's strategic objectives.

Governor Assurance Activity

Governors continue to engage actively with the **15 Steps Programme**, which remains an important source of assurance and insight into the patient, visitor and staff experience across Sherwood Forest Hospitals NHS Foundation Trust.

Participation in the programme enables Governors to observe care environments first-hand, gain a deeper understanding of the lived experiences of patients and colleagues, and complement formal performance and quality reports with direct observation. This continues to strengthen the Council's ability to provide informed assurance and effective scrutiny.

Governor Development and Engagement

Following consultation with fellow Governors, I have introduced a revised approach to Governor meetings. With the exception of formal Council of Governors meetings, which will continue to be held in person, all other Governor meetings will now take place virtually.

This change has improved accessibility by reducing travel time, supporting attendance during periods of adverse weather, and enabling Governors to participate whilst working remotely or away from home. Early indications demonstrate consistently strong attendance and positive engagement, whilst maintaining effective governance.

Sterile Services Assurance

Governors were recently made aware of concerns relating to Sterile Services at the King's Mill Hospital site. These concerns were promptly escalated to the Chief Executive, who ensured that appropriate follow-up action was undertaken by the relevant operational teams.

At a subsequent Governor Forum, Governors received a comprehensive update outlining the issues identified, actions taken, current progress and planned next steps. Governors welcomed the openness and transparency demonstrated by the Executive Team throughout the process and were provided with assurance regarding the management of the issues.

Care Quality Commission (CQC) Update

The Chief Executive and Chief Nurse attended a recent Governor Forum to provide Governors with a detailed overview of the Trust-wide Care Quality Commission (CQC) inspection.

The session offered valuable insight into the inspection process, the strengths recognised by the inspection team, and the areas of good practice identified across the Trust. Governors appreciated the opportunity to discuss the findings directly with Executive colleagues and welcomed the openness with which the outcomes were shared.

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Audit and Assurance Committee Chair's Highlight Report to Board

Subject:	Audit and Assurance Committee	**Date:**	**16th July 2026**
Prepared By:	Manjeet Gill – Chair of Audit and Assurance Committee		
Approved By:	Manjeet Gill		
Presented By:	**Manjeet Gill**		
Purpose:			
		Assurance	

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
It was noted that, many of the BAF assurance judgements for each of the PR were since 2022 or 2024. Assurance would be sought on the currency of some of these assurance judgements.	Planned AI demonstration by External Audit to September Committee as part of the technical updates. Future report providing assurance on changes to accounting for charitable Funds. Assurance on improvements to clinical audit processes. Meetings to review risk governance reporting and interface between the BAF, Risk Committee and Audit and Assurance Committee to consider. Committee Maturity Assessment Review based on The Good Governance Institute Framework.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
Assurance received on: **Counter Fraud Progress Report.** **Internal Audit Progress report.** **External Audit Progress update, including technical update.** **Positive assurance of the Outstanding Audit Actions report, with a good start to the year, with 82% of all actions met compared to previous of 73%.** **Direct Awards and Purchase Order (PO) v Non PO actions.** **Procurement Due Diligence Progress Report.** **Clinical Audit Programme and progress on priorities.**	**Positive assurance and approval of the Data Security Toolkit assessment. Noted the increased demand of 940 requests for Subject Access requests, which could potentially impact compliance. Recommend to Board for approval.** **Approval of losses and special payments.**

Register of Interest with good progress made.	
Comments on effectiveness of the meeting	
Items recommended for consideration by other Committees	
Quality Committee consider alignment in terms of how audits were identified, actioned and prioritised based on clinical risks and patient impact both from patient experience and patient harm perspectives.	

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

Finance and Performance Committee Chair's Highlight Report to Board of Directors

Subject:	Finance and Performance Committee (FPC) Meeting	**Date:**	28/07/2026
Prepared By:	Marie McAllister, Corporate PA		
Approved By:	Richard Mills, Chief Financial Officer		
Presented By:	Richard Cotton, Non-Executive Director and FPC Chair		

Purpose:

To provide an overview of the key discussion items, risks, assurances, decisions and actions from the Finance and Performance Committee core meeting held on 28th July 2026, for the Board of Directors and other relevant committees.

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
• YTD deficit of £8m at Month 3, increasing to £10.3m excluding deficit support funding, and £4.3m adverse to plan. Month 3 was £3.8m adverse to plan, with key drivers including elective income shortfall, efficiency under-delivery of £2.55m, and agency/bank spend above plan. • Limited assurance on the financial trajectory, with scenarios ranging from £6.1m to £49.6m deficit, a request for stronger forward-looking reporting from FRC to show actions, trajectories and benefit delivery. • The Derbyshire, Lincolnshire and Nottinghamshire (DLN) cluster position was noted as financially challenged, with an £89m Q1 deficit across the cluster, including £17.1m in Derbyshire, £13m in Lincolnshire and £58.9m in Nottinghamshire; SFH accounted for £8m of the Nottinghamshire position. • Continued risks around medically safe patients awaiting packages of care, with up to 87 outstanding packages reported, equivalent to approx. 4 wards worth of patients. This was noted as a significant quality, performance and financial risk. • NHS England and the ICB had raised concerns regarding UEC 4-hour and 12-hour performance, DM01 diagnostics and cancer 62-day performance. There are integrated remedial action plans and fortnightly ICB oversight meetings but emphasised the need for ICB-controlled actions, including PC24 performance, to add value. • Opportunities to improve RTT performance to 75% by March 2027, compared with the original 70% plan, but recognised the operational risk of sustaining this given current pressure on outpatients, diagnostics, CSSD, medical records, admin, pathology and workforce.	• A more detailed monthly executive summary from Financial Recovery Cabinet (FRC) is to be provided to the Committee, including forward-looking trajectories, key actions, delivery status, risks, and impact on the run-rate. This is to replace the current highlight report. • Executive colleagues are to continue escalating the three key system asks: packages of care, mental health pressures, and system governance/action delivery, including whether ICB recovery meetings are producing tangible actions. The financial impact to be quantified where possible, including average bed-day costs and additional staffing costs. • A post-investment review of the Community Diagnostic Centre (CDC) is to be taken through Investment Value Group (IVG) at approximately one year post go-live, with the revised activity plan and comparison to the approved business case brought back for assurance. • Contract horizon-scanning, direct award justifications and major procurement routes are reviewed proactively through IVG, with retrospective approvals treated as exceptions. • The RTT 75% by March 2027 proposal is to be considered by Trust Management Team (TMT), with workforce and operational impacts also flagged to People Committee before any final Board recommendation.

Positive Assurances to Provide	Decisions Made *(include BAF review outcomes)*
• RTT performance at June month end improved to 64.8%, marginally ahead of the 64.7% plan following the extended validation period. July 4-hour performance was reported as approximately 9% better than June. • The CDC reported as performing strongly following earlier mobilisation delays. May activity achieved 97% of plan, June exceeded plan by 558 diagnostic tests/procedures, and income was ahead of plan at 122%. Recovery actions are in place for CT, MRI and phlebotomy. • Planned care actions within the integrated remedial action plan were reported as progressing as expected, with no planned care actions escalated as a concern. The cancer 62-day backlog had reduced with a reduction of around 30 patients in just over a month. • Of 27 digital actions agreed, 19 were complete. The key NerveCentre issues had improved, though further work remains on workflow optimisation and outstanding supplier tickets. • Productivity benchmarking showed 4.7% positive implied productivity at the final March 2026 position, including a 3.6% improvement in cost-weighted activity and 1.1% cost reduction, noted as the 4th strongest in the region. • The Strengthening Financial Management internal audit returned significant assurance, with two medium-risk and two low-risk actions accepted. • Shared Business Services programme remains on track for 1 October 2026 go-live, with testing pass rates at approximately 81% and no severe defects identified. Key risks include the pharmacy interface rebuild, system integration, training completion, user adoption and finance team capacity, with the go/no-go decision scheduled for 20 August 2026.	The Committee approved; • The updated RTT position for inclusion in the IPR for the August 2026 Trust Board meeting. • Progression of a compliant procurement exercise within the existing circa £110k budget, with a preference for a one-year arrangement to support implementation of the revised policy and evaluate digital/telephone-first solutions of the Interpreting and translation services. • Updates to BAF PR2, PR4 and PR8, noting the transfer of performance oversight into the Committee and the need to ensure the BAF reflects finance and performance linkages. The Committee reconfirmed support for the final £4m element of the current £12m cash support application, noting the continued need for cash support and the risks associated with rising creditors and supplier restrictions. The Committee noted the membership change, with ARB stepping down and MG joining, and that the Vice Chair role will be reviewed.

Comments on effectiveness of the meeting
The meeting was detailed and appropriately challenging, with strong Non-Executive Director scrutiny of financial recovery, operational performance, system dependencies and assurance reporting. The Committee recognised that the revised Finance and Performance remit provides a more natural forum for linking performance, finance, productivity and recovery, but requested clearer forward-looking reporting to support stronger Board assurance.

Items recommended for consideration by other Committees
People Committee: The RTT 75% stretch proposal should be shared due to potential implications for temporary staffing, workforce capacity, staff engagement and sustainability. **Quality Committee:** Continued triangulation is required on UEC pressures, mental health demand, packages of care, cancer performance and any quality impacts arising from operational recovery plans. **Board Development:** A broader review of the BAF and allocation of major programmes across Board committees should be considered, likely through a future Board development session.

Progress with Actions
Number of actions considered at the meeting – 15 Number of actions closed at the meeting – 15 Number of actions carried forward – 0 Any concerns with progress of actions – No

Note: Cover sheet not required; sufficient information included.

Note: This highlight report was prepared with the assistance of Copilot.

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

Subject:	Quality Committee	**Date**	**Monday 27th July 2026**
Prepared By:	Esther Smith, PA to Chief Nurse Office		
Approved By:	Lisa Maclean, Non-Executive Director/Committee Chair		
Presented By:	Lisa Maclean, Non-Executive Director		
Purpose:			
Assurance report to the Trust Board of Directors following the Quality Committee Meeting			

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
Mental health system pressures and delayed packages of care continued to impact patient flow, with patients waiting in inappropriate environments and associated quality, safety, staffing and patient experience concerns. **Corridor care remained a key area of concern, with continued focus required on reducing and ultimately eliminating corridor care whilst balancing wider operational, clinical and financial risks.** **CSSD fragility was escalated following a business continuity incident which resulted in cancelled procedures and highlighted ongoing risks relating to storage, air handling and instrument tray replacement.** **Cancer 62-day performance remained the principal cancer performance challenge, impacted by diagnostic capacity, oncology capacity, tertiary pathway dependencies and specialty-level variation.**	Board-level escalation supported for mental health system pressures, delayed packages of care and the quality impact of patients waiting in environments not appropriate to their needs. Continued governance oversight commissioned for corridor care through Quality Committee and Board, including prevalence, associated harm, improvement actions and wider risk trade-offs. CSSD recovery work continues through the established recovery group, with harm reviews underway, clinically urgent and cancer patients prioritised, a modular sterile services unit planned, and procurement work ongoing regarding instrument tray replacement. Further work commissioned through Patient Safety Committee to review infection metrics and clarify the relationship between regional thresholds, peer data and Model Hospital data for Board reporting. Future updates requested on dementia improvements made in response to previous family feedback, including closing the loop with the Elgie family. Consideration to be given to complaints policy and website wording where use of AI-generated correspondence may require clarification and affect response times.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
Positive assurance was received regarding planned care progress, including achievement of the June RTT plan, reduction in the cancer 62-day backlog and improvement in ED four-hour performance compared with June.	The Committee APPROVED the minutes of the meeting held on 29 June 2026 as a true and accurate record.

The Committee received assurance from the AQuA improvement review and the actions underway to strengthen the Trust's improvement model, access to support, QI capability, prioritisation and divisional business partner approach. Safeguarding assurance was received regarding work with the local authority to improve referral outcome feedback loops, strengthened governance for outstanding AMaT audit actions and ongoing work to improve safeguarding supervision uptake. Positive assurance was received from the dementia update, including the success of dementia drop-in sessions, strengthened best-interest support in outpatient settings, progress following the lorazepam PSII and ongoing work to improve documentation and carer engagement. The Cancer Services Annual Report provided assurance on strong Faster Diagnosis Standard performance, improved 31-day performance, strengthened governance and positive patient experience. Further positive assurance was received through the Nursing, Midwifery and AHP Strategy update, Patient Experience Committee report and Patient Safety Committee report.	The Committee APPROVED Principal Risk 1 and Principal Risk 5 remaining at their current risk scores, noting the need to refine the risk narrative to reflect operational and improvement-related developments. The Committee supported escalation to Board regarding mental health system pressures, delayed packages of care, corridor care, CSSD fragility and relevant BAF considerations. The Committee confirmed interim Quality Committee Vice Chair arrangements, with Manjeet Gill acting as interim Vice Chair in the absence of Barbara Brady, to be reviewed monthly. The Committee APPROVED the IPR for Quality of Care ahead of presentation to BOD.
Comments on effectiveness of the meeting	
LM thanked contributors for the quality of the papers and discussion, noting the level of engagement, constructive challenge and effective scrutiny across a broad range of quality, safety, operational and patient experience issues. The meeting enabled appropriate escalation of key risks while also recognising areas of positive assurance and improvement. Feedback on the meeting was welcomed either during or after the meeting.	
Items recommended for consideration by other Committees	
Patient Safety Committee to undertake further review of infection metrics and benchmarking to support consistent interpretation within Board reporting. Patient Safety Committee to continue oversight of IPC, UEC governance, SHOT incidents, neonatal peer review outcomes and theatres leadership. Trust Board to consider corridor care, mental health system pressures, delayed packages of care, CSSD fragility and related Board Assurance Framework considerations. Private Board to receive the corridor care paper and consider the triangulation of associated risks and options available to reduce corridor care.	
Progress with Actions	
Number of actions considered at the meeting – 8 Number of actions closed at the meeting – 5 Number of actions carried forward - 3 Any concerns with progress of actions – No If Yes, please describe –	

People Committee Chair's Highlight Report to Board

Subject:	Chair's Report	**Date:**	4th August, 2026
Prepared By:	Steve Banks Non-Executive Director		
Approved By:	Steve Banks Non-Executive Director		
Presented By:	Steve Banks Non-Executive Director		
Purpose:			
For Assurance			

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
• Continuing concern with regard to continuing pressure on colleagues from high demand, flow, change agenda and financial pressures, potentially leading to lower engagement and higher absence • Despite some assurance from progress on WRES and WDES standards, racially motivated aggression and harassment remain a priority area • Assurance provided on progress with Sexual Safety Charter, but risk of under reporting remains a concern in reality • Further assurance still needed in detailed action plans by area of actions to achieve 26/27 WTE and financial targets. • Pulse survey indicating worsening position on staff engagement, however progress had been evident on the areas aligned to the NSS "Together we will" priorities.	• New NHS Staff Standards and NHS Leadership and Management Framework to be embedded and should be reviewed at a future Board session, Date to be confirmed.

Positive Assurances to Provide	Decisions Made *(include BAF review outcomes)*
There was much positive assurance provided including: • Divisional deep dives with Urgent and Emergency care and Womens and Childrens provided much assurance on progress with People agenda, however staff wellbeing and concerns with continuing pressures remain • The implementation and benefits of safecare safer staffing leading to improved visibility and action on safe staffing levels • Positive progress in some areas of People Strategy and Integrated Performance Report, but some key indicators worsening noting pressures our People are experiences • Approach to Freedom to Speak Up continues to mature, with further work on all routes to escalate concerns	Decisions made by the Committee: • BAF reviewed and mitigating actions considered reflecting the risk management of PR3 in the context of changing environment. Triangulation underway to better inform discussion on the current likelihood score. • Terms of Reference and Redesign of People Committee Agenda approved.

Comments on effectiveness of the meeting

Robust effective meeting with well-prepared papers and good challenge. More thought to be given on what is elevated to the Board

Items recommended for consideration by other Committees

Finance Committee and Quality Committee with regard to continued triangulation of financial imperative, quality delivery and staff morale. Also Finance Committee for Agenda for Change uplift risk.

Progress with Actions

Number of actions considered at the meeting - 8
Number of actions closed at the meeting – 8
Number of actions carried forward - 0
Any concerns with progress of actions – No
If Yes, please describe –

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

Council of Governors

Subject:	Reappointment of Non-Executive Directors	**Date:**	6th August 2026
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs		
Approved By:	Rukshana Kapasi, Chair of the Board and Council of Governors		
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs		

Purpose

To consider the recommendation from the Governor Remuneration and Nomination Committee to reappoint Barbara Brady and Manjeet Gill as Non-Executive directors for a further term of one year each that will take both to the end of their maximum term of office.	**Approval**	**X**
	Assurance	
	Update	
	Consider	

Recommendation

To approve, on the recommendation of the Governor Remuneration and Nomination Committee, the re-appointment of:

- Barbara Brady as a Non-Executive Director for a final one-year term to 30th September 2027
- Manjeet Gill as a Non-Executive Director for a final one-year term 31st March 2027.

Strategic Objectives

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
X	**X**				

Principal Risk

PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Insufficient financial resources available to support the delivery of services	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Governor Remuneration and Nomination Committee 11th May and 23rd July 2026.

Acronyms

NED – Non-Executive Director

Executive Summary

At its meeting held on 11th May 2026 the outgoing Trust Chair and chair of the Governor Remuneration and Nomination took the opportunity to discuss with members the approach to the re-appointments as Non-Executive Directors of Barbara Brady, whose current appointment expires on 30th September 2026, and Manjeet Gill, whose current appointment expires on 31st October 2026. The context of the discussion also took into account the fact that current NHSE requirements with which the Trust's Constitution is aligned, mandate an aggregated maximum

term of nine years. Both Barbara and Manjeet are in their eighth year. The conclusion reached by governors was that the experience that both bring to the Board of Directors would be valuable to the incoming Trust Chair who should have the opportunity to review the NEDs' skills mix prior to the reappointments reverting to the committee for formal consideration.

After taking up her office on 6th July 2026 our new Trust Chair, Rukshana Kapasi, has made her own assessment and concluded that both candidates for reappointment bring valuable skillsets to the Board in a period of change that are not represented in other NEDs. These include in Barbara Brady's case, public health, health inequalities and population health and in Manjeet Gill's case local authority and partnerships experience. Additionally, the Chair reported that each is keen to serve their final term of office.

Following discussion at its meeting held on 23rd July 2026 the Governor Remuneration and Nomination Committee agreed to recommend to this full Council of Governors meeting the reappointment of Barbara Brady as a Non-Executive Director for a final one-year term to 30th September 2027 and Manjeet Gill for a final one-year term to 31st October 2027.

As can be seen in the extract from the Trust's Constitution, below, an extension of one year will then take both Barbara and Manjeet to end of their maximum 9-year term of office.

For information

Extract from the Trust's Constitution in connection with non-executive directors' Terms of Office.

Terms of Office

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

Non-Executive Directors:

8.6.3.1 shall be appointed for a period of up to 3 years;
8.6.3.2 are, subject to paragraphs 8.6.3.3 and 8.6.3.4, eligible for re-appointment at the end of the period referred to in paragraph 8.6.3.1;
8.6.3.3 shall not, except in exceptional circumstances, hold office for a period in excess of 6 years; and
8.6.3.4 where appointed for more than 6 years shall, at the discretion of the Council of Governors, be so appointed either on the basis of:
a) annual re-appointment; or
b) a competitive process
up to a maximum 9 years.

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Membership and Engagement - Cover Sheet

Subject:	Membership and Engagement	**Date:**	28th July 2026
Prepared By:	Liz Barrett		
Approved By:	**Liz Barrett**		
Presented By:	Liz Barrett		

Purpose		
To share an overview of the activity being discussed and debated in the Membership and Engagement committee.	**Approval**	
	Assurance	**X**
	Update	**X**
	Consider	

Recommendation

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

Principal Risk		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Insufficient financial resources available to support the delivery of services	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Membership and Engagement Committee

Acronyms

SFHFT (Sherwood Forest Hospital Foundation Trust)
MYG (Meet Your Governor)

Executive Summary

An overview as to how Governors are currently engaging in Meet Your Governor and the impact / next steps of this.

An overview as to postcode mapping linked to governors and patients to ensure the strongest representation possible is in place.

Membership and Engagement

Meet Your Governor (MYG) Update

Governors Linda Dale and Peter Gregory have continued to work behind the scenes to move the revised Meet Your Governor (MYG) activity forward. The intention is that each serving governor will undertake three MYG episodes between now and Easter 2027. It is hoped that by giving flexibility as to when these episodes are and where they take place, that all governors will be able to find time to actively engage and commit to undertake them.

As previously communicated, a key objective of the revised MYG approach is to extend activity beyond the traditional hospital setting and further into the local communities and neighbourhoods served by the Trust. By widening the scope of engagement, governors aim to ensure that a broader and more representative range of voices can be heard. This includes patients, carers, families, staff, community groups, stakeholders, and members of the public whose experiences and perspectives can provide valuable insight into the delivery of services across SFHFT. The intention is that this wider engagement will strengthen the intelligence and feedback available to the Trust, helping to inform decision-making, support service improvement, and enhance the overall patient and staff experience.

In addition, work is continuing to align the MYG programme with the valuable work being undertaken by Jim Millns and his team. Jim joined a recent governor meeting to update on the Governor Lead for Transformation and Improvement role which has been advertised. Several governors did apply for this, and work is moving forward to mobilise this role.

As a team of governors, we are also highly aware of several key themes and “hot topics” that have emerged from this year’s staff survey, which was undertaken during the autumn period and reported on in the spring. Governors recognise that national pressures across the NHS continue to place significant demands on staff at all levels within Sherwood Forest Hospitals, and that these pressures can have a direct impact on staff wellbeing, morale, and organisational culture. We fully acknowledge the challenges currently being faced by colleagues across the Trust and understand the importance of creating opportunities for staff to feel heard, listened to, and supported.

Governors are therefore keen for MYG activity to provide a safe and approachable opportunity for staff, as well as patients and members of the public, to share their experiences, concerns, suggestions, and reflections. Through the MYG process, governors will act as a listening ear and ensure that feedback received is appropriately noted, collated, and thematically reviewed. Key themes, trends, and areas of concern will then be shared back with the Executive Team through established governance processes to support the Trust’s ongoing commitment to improving organisational culture, staff experience, communication, and engagement across SFHFT.

Additional work has been undertaken bv governors Angie Jackson and Linda Dales around Adult Social Care and Newark Hospital. Both added this hot topic to the agenda at Newark and Sherwood District Council in late May 2026. The motion put forward was to ask Notts County Council to support the return of Adult Social Services resource back on to the Newark Hospital site, Monday to Friday each week. This was universally supported.

During the meeting, thanks and praise were given to SFHFT for Newark Hospital maintaining their recent rating of ‘Good’ from CQC, with its end of life care rating moving from ‘requires improvement’ to ‘good’ and receiving a rare ‘outstanding’ rating in the ‘caring’ category.

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Full Council of Governor's Meeting - Cover Sheet and report

Subject:	CQC Inspection of Medical Care & Urgent and Emergency Care Kings Mill Hospital	**Date:**	6th August 2026
Prepared By:	Candice Smith Director of Nursing, Quality & Governance		
Approved By:	Phil Bolton Chief Nurse		
Presented By:	Jon Melbourne Chief Executive Officer		

Purpose		
The purpose of this paper is to provide an update on the CQC findings following their inspection of Medical Care and Urgent and Emergency Care at King's Mill Hospital	**Approval**	
	Assurance	**X**
	Update	**X**
	Consider	

Recommendation

The Council of Governors are asked to note the paper which provides an update on the CQC findings following their inspection of Medical Care and Urgent and Emergency Care at King's Mill Hospital.

Members are asked to take assurance from the next steps described.

Strategic Objectives

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
X	**X**	**X**	**X**	**X**	**X**

Principal Risk

PR1	Significant deterioration in standards of safety and care	**X**
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Insufficient financial resources available to support the delivery of services	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	**X**
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

N/A

Acronyms

CQC – Care Quality Commission

Executive Summary

The CQC undertook an unannounced inspection of Medical Care and Urgent and Emergency Care services and pathways at King's Mill Hospital on 9th and 10th March 2026 as part of the national winter system pressures inspection programme.
The inspection found that Medical Care and Urgent & Emergency Care at King's Mill Hospital were

delivering good, safe, and compassionate care, with staff consistently described as kind, inclusive, and committed to patient wellbeing. Inspectors highlighted strong adherence to evidence-based practice, effective teamwork, and a positive safety culture where concerns were raised and learning shared.

The report also noted areas for improvement, including privacy and dignity, paediatric oversight, and medication labelling, while recognising visible and engaged leadership.
Follow-up meetings with divisional triumvirates were held virtually to complete lines of enquiry and provide further assurance.
The final report was published on 15th July 2026 and is attached as Appendix 1.

CQC Inspection of Medical Care and Urgent and Emergency Care Services at King's Mill Hospital

Background:

The CQC undertook an unannounced inspection of Medical Care and Urgent and Emergency Care services and pathways at King's Mill Hospital on 9th and 10th March 2026 as part of the national winter system pressures inspection programme. They focused on the full suite of quality statements under the Safe, Effective, Caring, Responsive and Well-Led domains, with particular emphasis on safety culture, patient flow, evidence-based practice, and patient experience.

Three inspectors and one specialist advisor assessed Medical Care Services, and a further three inspectors and one specialist advisor assessed Urgent and Emergency Care.
During the inspection, the team visited ED, EAU, Short Stay Unit, Medical Day Case Unit, SDEC and inpatient wards (including 21, 35, 36, 43, 54), speaking with staff across all disciplines, as well as patients and families.

Key leaders were interviewed during the on-site inspection, with follow-up meetings held virtually with the divisional triumvirates to provide further assurance and clarify outstanding points.
The final report was published on 15 July 2026.

Overview of report findings:

King's Mill Hospital has maintained its overall CQC rating of Good, with all five domains, Safe, Effective, Caring, Responsive and Well-led, remaining unchanged and rated as good. The services continue to demonstrate strong performance, delivering consistent standards of care, positive patient experience, reliable access to services, and robust leadership and governance arrangements.
Medical Care Services were recognised for strong safety culture, high-quality evidence-based care, and excellent patient experience, with good teamwork and visible leadership underpinning this.
Areas for improvement included discharge documentation and medicines management

In UEC, inspectors noted a strong learning culture, effective joint working with system partners and consistently positive patient feedback, set against sustained demand and whole-hospital flow pressures that continue to impact timeliness of care. The CQC highlighted strong collaboration between ED staff and colleagues from external services.
Areas for improvement included privacy and dignity within the ED environment, oversight of the paediatric area from both nursing and medical perspectives and labelling of time sensitive medication.

Overall, the report highlights committed staff, positive culture and clear areas for further strengthening, which are being incorporated into ongoing improvement plans.

Next Steps:

Divisions are developing comprehensive action plans addressing all inspection findings. Delivery of these actions will be monitored through the Patient Safety Committee (PSC), with formal assurance and progress reporting to the Quality Committee (QC).
The findings have been shared with staff, and teams have been thanked for their hard work, professionalism and engagement throughout the inspection process.

Council of Governors - Cover Sheet

Subject:	15 Steps Challenge Update.	**Date:**	24th July 2026
Prepared By:	Grace Radford, Patient Experience Manager, Sally Whittlestone, Deputy Director of Nursing Quality & Governance		
Approved By:	Sally Whittlestone, Deputy Director of Nursing Quality & Governance		
Presented By:	Grace Radford, Patient Experience Manager		

Purpose		
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge during Q1 (April to June).	**Approval**	
	Assurance	
	Update	**X**
	Consider	

Strategic Objectives					
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
X			**X**		

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

Committees/groups where this item has been presented before

N/A

Acronyms

Executive Summary

This report provides a thematic summary of the 15 Steps Challenge visits undertaken during Quarter 1, with a focus on the assurance these visits provide in relation to patient experience, care delivery, staff engagement and local improvement.

The 15 Steps Challenge is an experience-based review process and should not be considered a clinical audit in isolation. Instead, it offers valuable qualitative intelligence that complements other sources of assurance, including Friends and Family Test feedback, compliments, concerns, complaints, environmental audits and local governance processes.

During Quarter 1, 20 areas were visited across April, May and June. Overall, the feedback demonstrates a positive picture of care, with consistent evidence of compassionate, professional

and welcoming staff, clean and organised environments, and teams who showed pride in their services.

The findings provide assurance that the Trust's CARE values are visible in day-to-day practice and that teams are actively responding to feedback where improvements are identified.

The report also identifies areas requiring focus in relation to improvements and a number of actions have already been completed, demonstrating timely local ownership and responsiveness.

1. Purpose of the Report

The Council of Governors is asked to note the Quarter 1 findings from the 15 Steps Challenge, the positive assurance provided through patient and staff feedback, and the actions being taken in response to identified themes. The report is presented thematically to support discussion and to demonstrate how the findings align with the Trust's CARE values, expectations and strategic objectives.

2. Background and Approach

The 15 Steps Challenge enables visiting teams, including Governors and senior leaders, to consider what a patient, relative or visitor may experience when first entering a ward, clinic or department. It provides immediate, experience-based insight into the environment, interactions, information, safety cues and overall feel of an area. The process supports staff ownership of local improvements by ensuring feedback is shared with area leaders and acted upon promptly.

The process is not designed to replace formal audit or performance reporting. Its strength is that it provides real-time qualitative assurance, which can be triangulated with other patient experience intelligence to build a broader view of the quality of care being received. This approach supports the Trust's commitment to listen, learn and improve, while maintaining visibility of the experiences of patients, families, carers and staff.

During Q1, 20 areas were visited with corresponding reports submitted and reviewed. This represents an increase from the previous quarter. The areas visited during this period, with completed reports returned, are as follows:

Month	Areas visited	Total
April	Newark Urgent Treatment Centre, Pathology, Clinic 8, Ward 23, Ward 52, Radiology	6
May	Clinic 12, Clinic 14, Ward 12, Ward 21, Antenatal Clinic and Pregnancy Day Unit, Therapies / Orthotics / Hydrotherapy, Maternity Ward	8
June	Clinics 6 and 7, Maternity Triage, Mortuary and Bereavement Centre, Discharge Lounge, Pharmacy	6

3. Thematic Findings and Assurance

3.1. Welcoming, compassionate and respectful care

A consistent positive theme across the visits was the welcoming and approachable nature of staff. Visiting teams frequently described staff as friendly, helpful and professional, with reception and department teams providing clear support to visitors and patients. This gives assurance that first

impressions across the areas visited were generally positive and that staff behaviours reflected the Trust's expectations for compassionate, respectful and person-centred care.

This theme aligns strongly with the CARE values by demonstrating kindness, inclusion, dignity and respect. It also supports the Trust's objective to provide outstanding care by ensuring that patients and visitors feel acknowledged, reassured and supported when entering clinical and non-clinical environments.

3.2. Caring and involving patients, families and staff

Patients were observed to be well cared for, and feedback indicated positive experiences of care and interaction. Staff were described as supportive, informative and engaged, with several teams demonstrating visible pride in their areas and a clear commitment to delivering good care. Staff feedback was also positive, with nursing staff reporting that they felt supported and knew how to seek help when required.

This provides assurance that patient experience is not being considered separately from staff experience. The findings suggest that where staff feel supported, visible leadership and positive team culture contribute to the delivery of compassionate care. This supports the Trust's objective to empower and support colleagues to be the best they can be, recognising that positive staff experience is closely linked to positive patient and carer experience.

3.3 Safe, clean and well-maintained care environments

Most areas visited were clean, calm and organised, with hand hygiene facilities visible, patient identification processes evident and safety checks generally completed. New diagnostic equipment was also noted, supporting faster diagnosis and improved patient pathways.

Where safety or environmental issues were identified, these were shared with local teams and action was initiated. Examples include oxygen storage, environmental cleanliness and privacy arrangements. The completion of several actions provides assurance that local teams are responsive and that the process is supporting improvement, rather than simply identifying issues.

3.4 Well organised, calm and patient-focused areas

The majority of departments were described as calm, tidy and uncluttered, with clear information boards and appropriate organisation of equipment. This is important because the physical environment contributes directly to patient confidence, accessibility, dignity and the overall experience of care. Clear signage and organised spaces also support patients, families and visitors to navigate services more easily.

Some areas require further improvement in relation to clutter, wall presentation, storage and layout. In some areas findings demonstrate the value of the 15 Steps process in identifying issues

that may appear minor individually but can affect the overall impression of safety, privacy and care. Actions completed, including repainting, relocation of equipment and removal of clutter, demonstrate positive local improvement following feedback.

4. Patient and Staff Feedback Themes

When the 15 Steps feedback is triangulated with Friends and Family Test feedback and compliments, the language used by patients, families and visiting teams consistently describes care as compassionate, professional, kind, helpful and supportive, the key message being that the most frequently reflected themes relate to kindness, professionalism, reassurance and feeling cared for.

This narrative feedback is important because it demonstrates that the Trust's values are being experienced by patients and visitors, not only described by staff. Positive descriptors about staff and care culture provide assurance that the behaviours expected through the CARE values are visible in practice. Staff feedback also indicates that teams are engaged with the process, willing to receive feedback and able to identify local improvements.

5. Action Plan Summary and Improvement Themes

The detailed action plan has been reviewed thematically. This approach enables Council members to understand the key areas of improvement. Actions identified during the visits fall into five broad themes:

- **Environment and estates:** including disrepair, leaks, flooring, painting, dust, wall presentation and general environmental upkeep.
- **Storage, clutter and layout:** including equipment storage, crowded areas, clear surfaces and better use of available space.
- **Safety,** including oxygen storage
- **Privacy, dignity and patient communication:** including overheard conversations and the need to reinforce welcoming behaviours and patient acknowledgement.
- **Governance and follow-up:** including ensuring action owners, timescales, environmental checks and escalation routes are clear.

Several actions have already been completed, including improvements in Ward 23 oxygen storage, repainting and removal of outdated wall materials. A capital project has also been approved for the Pathology entrance and internal area. These completed actions provide evidence that the 15 Steps process is leading to tangible improvements.

Ongoing actions remain in place for areas where issues require further review and continued local monitoring is required and ongoing to ensure these actions are completed and embedded.

6. Conclusion

The Quarter 1, 15 Steps Challenge findings present a broadly positive picture of patient experience and care delivery across the areas visited. The reports demonstrate that staff are welcoming, compassionate and committed to providing high-quality care, with many examples of pride, professionalism and positive team culture

The findings provide assurance that the 15 Steps Challenge is supporting the Trust to listen to patients, families, staff and visiting teams in real time. The process demonstrates visible leadership, Governor involvement and a direct route for feedback to be shared with local area owners. It also supports triangulation with wider patient experience intelligence, helping the Trust to understand not only what care is delivered, but how that care is experienced.

The overall findings demonstrate positive alignment with the Trust's expectations and objectives. There is evidence of outstanding care being delivered through compassionate interactions, safe and clean environments, responsive local ownership and a culture of continuous improvement. The programme also supports the objective to continuously learn and improve by ensuring that themes are reviewed, shared and acted upon.

7. Recommendations

The Council of Governors is asked to note the Quarter 1, 15 Steps Challenge findings, the positive assurance provided in relation to patient experience and care delivery, and the ongoing actions being taken to address the improvement themes identified.

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NHS Foundation Trust

Council Of Governors - Cover Sheet

Subject:	Annual Accounts	**Date:**	06/08/2026
Prepared By:	Michael Powell, Head of Financial Services		
Approved By:	Andrew Graham, Deputy Chief Financial Officer		
Presented By:	Andrew Graham, Deputy Chief Financial Officer		

Purpose

To provide the Council of Governors with assurance on the preparation, audit, approval and publication of the Trust's 2025/26 Annual Accounts and Annual Report, including the key financial statements, reported financial position and external audit findings.	**Approval**	
	Assurance	**X**
	Update	
	Consider	

Recommendation

The Council of Governors is asked to receive the presentation and note the assurance provided that the 2025/26 Annual Accounts and Annual Report were prepared, reviewed, approved, audited and published in line with required guidance and timelines, with KPMG issuing an unmodified audit opinion.

Strategic Objectives

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
				X	

Principal Risk

PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Insufficient financial resources available to support the delivery of services	**X**
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Audit and Assurance Committee

Acronyms

CDC – Community Diagnostic Centre;
GAAP – Generally Accepted Accounting Practice;
ICB – Integrated Care Board;
PDC – Public Dividend Capital;
PFI – Private Finance Initiative;
ROU – Right of Use;
SOFP – Statement of Financial Position.

Executive Summary

The 2025/26 Annual Accounts were prepared on a going concern basis in accordance with required guidance and comprise the four main financial statements and supporting notes.

The Trust reported a £28.99m deficit for the year on a control total basis, with a retained deficit of £24.63m after accounting adjustments including impairment, capital grants and donations, and the impact of UK GAAP on PFI lease calculations.

The Annual Accounts and Annual Report were produced, submitted and published within required timelines, with Audit Committee review taking place in April and June ahead of Board adoption on 18 June 2026.

KPMG issued an unmodified audit opinion, confirming that the accounts give a true and fair view of the Trust's financial performance and position, with no material weaknesses identified in relation to value for money.

The audit report noted one unadjusted difference and made two recommendations relating to the treatment of PFI settlement agreement income and asset verification responses.

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Council of Governors

2025/26 Annual Accounts

Andrew Graham
Deputy Chief Financial Officer
6 August 2026

Key Matters

Content

- Annual accounts prepared in accordance with required guidance on a going concern basis.
- Four main statements (pages 167 -171) & supporting notes (pages 172 onwards).
- Outturn against the plan was a £28.99m deficit for the year on a control total basis

Process

- Annual Accounts and Annual Report produced, submitted & published as per required timelines.
- Audit Committee review of **draft** on 16 April, prior to KPMG Audit review, and submission 27 April.
- Final accounts presented to Audit Committee on 18 June, prior to Board sign off.
- Board of Directors adoption on 18 June followed by KPMG ‘Unmodified’ Audit Opinion & signed accounts.

Four Main Statements

Statement of Comprehensive Income (Page 167)	• Also known as the Income & Expenditure Statement or the Profit & Loss.
	• The Trust is reporting a retained deficit of (£24.63m).
	• This includes
	  • (£0.93m) decrease in the value of assets (impairment).
	  • £0.33m capital grants and donations.
	  • £5.17m Impact of UK GAAP on PFI leases calculation charge.
	• Excluding this, the underlying operating position is £28.99m loss.

Statement of Financial Position (Page 168)	• Also known as the Balance Sheet. • Increase in value of property, plant & equipment to £383.69m due to additions less depreciation. and asset revaluation. • Addition of ROU (lease) assets less in years payments £1.04m. • Borrowing is in relation to the PFI liabilities. Annual repayment of £20.31m leaving total PFI borrowing at £412.73m. Includes an adjustment of £14.28m relating to annual indexation relating to RPI. • Increase in receivables £3.24m driven by year end balances with the ICB. • Increase in creditors £20.18m, driven by capital creditors £24.18m (24/25 - £13.75m) and accruals £22.68m (24/25 – £11.45m). • Income & Expenditure Reserve value (£630.56m) provides the accumulated annual deficits of the Trust.

Four Main Statements

Statement of Changes in Equity (Page 169)	• Records how the assets of the Trust are financed by the Treasury and how these have changed over the accounting year. Includes the receipt of £32.30m, split between £15.23m of PDC to support normal capital expenditure and £17.07m of National Capital PDC to support for example CDC and return to constitutional standards. • Details balances in the SOFP.

Statement of Cash Flows (Page 171)	• Records how cash holding has moved from £26.53m at 31 March 2025 to £16.07m at 31 March 2026, as disclosed in the SOFP.
	• Primarily movements are:
	  • Operating Surplus
	  • Receipt of PDC
	  • Capital expenditure
	  • Borrowing movements and associated cashflows
	  • PFI Interest payments
	  • Non cash depreciation/Amortisation
	  • Movements in debtor creditor balances
	  • Decrease in deferred income

Summary Findings

- Unqualified/Unmodified Opinion, i.e. assessment that the accounts give a true and fair view of the financial performance and position of the Trust.
- No material weaknesses have been identified with regard to value for money.
- No significant inconsistencies were identified between the content of the annual report and the auditor knowledge of the Trust.
- There was one unadjusted difference noted in the audit report.

Uncorrected audit differences (£'000s)				
No.	Detail	SOCI Dr/(cr)	SOFP Dr/(cr)	Comments
1	Dr Other operating income	6,800	-	As identified in 2024/25, KPMG noted that £6.8m of income continued to be recognised in year in relation to the PFI Settlement Agreement,. This is a current estimate of the amount due to the Trust, based on third party advise, with the Trust capitalising a fifth of the balance in 2025/26, leaving £5.44m as accrued income.
	Cr Additions - Buildings	-	-1,360	This transaction arose due to an ongoing dispute with the PFI provider regarding overpayment of costs in relation to services provided, spanning a number of financial periods. Whilst negotiations are ongoing and progress is being made, no settlement has been agreed with the provider to date.
	Cr Accrued income	-	-5,440	KPMG challenge the basis of recognition within the current financial period under IAS 37 and IFRS 15.
				Note - the income was initially recognised in the prior period, however as it is not material the amendment is proposed to take place during the current period as required by accounting standards.

- A materiality threshold of £14.0m was in place for the 2025/26 audit.
- There were two recommendations made relating to the treatment of PFI settlement agreement income and asset verification responses.

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Council of Governors - Cover Sheet

Subject:	Auditor's Annual Report	**Date:**	6 August 2026
Prepared By:	Richard Walton (KPMG, Director) Jess Townsend (KPMG, Manager)		
Approved By:	Richard Walton (KPMG, Director)		
Presented By:			

Purpose		
Consider the Auditor's Annual Report for the 2025/26 financial period.	**Approval**	
	Assurance	
	Update	
	Consider	**X**

Recommendation

N/A

Strategic Objectives

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

Principal Risk

PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Insufficient financial resources available to support the delivery of services	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Audit and Assurance Committee

Acronyms

Executive Summary

The report outlines the summary of the Auditor's Annual Report, summarising findings arising from the 2025-26 external audit.

Auditor's Annual Report 2025/26

Sherwood Forest Hospitals NHS Foundation Trust

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June 2026

Sherwood Forest Hospitals NHS Foundation Trust

Executive Summary

Purpose of the Auditor's Annual Report

This Auditor's Annual Report provides a summary of the findings and key issues arising from our 2025-26 audit of Sherwood Forest Hospitals NHS Foundation Trust (the 'Trust'). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

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

Accounts - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).

Annual report - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.

Value for money - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.

Other reporting - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

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

Accounts	We issued an unqualified opinion on the Trust's accounts on 24 June 2026. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust. We have provided further details of the key risks we identified and our response on page 7.
Annual report	We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust. We confirmed that the annual report has been prepared in line with the NHS Group Accounting Manual (GAM) and the Foundation Trust Annual Reporting Manual (the ARM).
Value for money	We are required to report if we identify any matters that indicate the Trust does not have sufficient arrangements to achieve value for money. We have nothing to report in this regard.
Other reporting	We did not consider it necessary to issue any other reports in the public interest.

Audit of the financial statements

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

Risk	Procedures undertaken	Findings
Management override of controls We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.	Our audit methodology incorporated the risk of management override as a default significant risk. We have performed the following procedures: - Assessed accounting estimates for bias by evaluating whether judgements and decisions in making accounting estimates, even if individually reasonable, indicated a possible bias; - In line with our methodology, evaluated the design and implementation of controls over journal entries and post closing adjustments; - Assessed the appropriateness of changes compared to the prior year to the methods and underlying assumptions used to prepare accounting estimates; - Assessed the business rationale and the appropriateness of the accounting for significant transactions that are outside the Trust's normal course of business, or are otherwise unusual; and - We have analysed all journals through the year using data and analytics and focused our testing on those with a higher risk. Identified journal entries and other adjustments with characteristics that make them susceptible to fraud using KPMG Clara Journal Entry Analysis and performed procedures to test the appropriateness of these entries and adjustments.	We did not identify any material misstatements relating to this risk.
Fraudulent expenditure recognition Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately. We recognised this risk over all of the Trust's non-pay expenditure excluding depreciation	We have performed the following procedures in order to respond to the significant risk identified: - We evaluated the design and implementation of controls for reviewing manual expenditure accruals at the end of the year to verify that they exist and are valid; - We inspected a sample of invoices and payments of expenditure, in the period after 31 March 2026, to determine whether expenditure has been recognised in the correct accounting period; - We selected a sample of payments from the bank statements in the period after 31 March 2026 and agreed these to underlining supporting evidences to determine that all the liabilities are completely and accurately recorded in the correct accounting period; - We selected a sample of year end accruals and inspected evidence of the actual amount paid after year end and other information in order to assess whether the accruals have been accurately recorded; - We inspected journals posted as part of the year end close procedures that decrease the level of expenditure recorded in order to critically assess whether there was an appropriate basis for posting the journal and the value can be agreed to supporting evidence; and - We performed a year on year comparison of a sample of the largest accruals made in the prior year and current year and challenged management where the movement is not in line with our understanding of the entity.	We did not identify any material misstatements relating to this risk.

Sherwood Forest Hospitals NHS Foundation Trust

Value for Money

Introduction

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources or 'value for money'. We consider whether there are sufficient arrangements in place for the Trust for the following criteria, as defined by the National Audit Office (NAO) in their Code of Audit Practice:

- Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services.
- Governance: How the Trust ensures that it makes informed decisions and properly manages its risks.
- Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Approach

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

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

We are required to report a summary of the work undertaken and the conclusions reached against each of the aforementioned reporting criteria in this Auditor's Annual Report. We do this as part of our commentary on VFM arrangements over the following pages.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust.

Summary of findings

	Financial sustainability	Governance	Improving economy, efficiency and effectiveness
Commentary page reference	11-12	13-14	15-16
Identified risks of significant weakness?	Yes	No	No
Actual significant weakness identified?	No	No	No
2024-25 Findings	Risk to significant weakness noted but did not materialise into significant weakness	No significant weakness identified	No significant weakness identified
Direction of travel	⟺	⟺	⟺

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Council of Governors - Cover Sheet

Subject:	Fit & Proper Person Annual Report 2025-26	Date:	6th August 2026
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs		
Approved By:	Barbara Brady, Senior Independent Director		
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs		

Purpose		
To provide assurance to the Council of Governors of full compliance with the NHSE Fit and Proper Person (FPP) Framework requirements for the reporting year ended 30th June 2026.	**Approval**	
	Assurance	**X**
	Update	
	Consider	

Recommendation

That the Council of Governors:

• takes assurance from the details in this paper describing management and completion of the FPP Framework process for the period ended 30th June 2026 and be assured the Trust has met the 2026 FPP requirements in a full and timely manner, and
• notes the FPP requirements continue to be extended on a non-mandated basis to Executive Directors' designated deputies.

•

Strategic Objectives

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

Principal Risk

PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Insufficient financial resources available to support the delivery of services	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Trust Board

Acronyms

FPPT – Fit and Proper Person Test
SID – Senior Independent Director

Executive Summary

This report is the third annual update to the Council of Governors following the introduction of the new FPPT Framework requirements in force from 30th September 2023. The initial paper presented to the Council of Governors on 13th May 2024 summarised the actions taken by the Trust in response to the requirements of the new Framework including confirmation that the core

documents and systems were in place.

Since then, work has been carried out to capture the outcomes of the required annual checks (DBS, social media, insolvency, Charity Commission register of trustees, Companies House disqualified directors and professional registrations, where relevant) into the ESR system, that is the mandated storage repository.

These checks have all been completed for the 2025-26 reporting period with no adverse findings. This enabled the annual submission on the outcomes of the FPP assessments to be prepared for review by Graham Ward, the outgoing Trust Chair prior to the end of his final term of office and Barbara Brady, the SID. The resulting return (containing information as of 19th May 2026) was scrutinised and signed off by the SID (in respect of the Chair) and the Chair in relation to the rest of the Board on 19th May 2026. The completed return was sent to the NHSE Regional Director on 20th May 2026 with receipt acknowledged on his behalf on 26th May 2026 to complete the process.

Two Board members left during the reporting period. References were completed for both of them at the time they left using the prescribed Board reference template. These have been retained on file ready in the event the Trust is called upon to provide a reference. Future leavers will have references prepared in the same timely way.

Internal Audit

In 2025 further assurance was also provided from the internal audit carried out on the implementation and compliance with the new FPP Framework that was included as a core audit within the Internal Audit Plan for 2024/25. The internal audit report was issued on 10th October 2024 with significant assurance provided. Two low risk recommendations were made both of which were completed on time, reported to the Audit and Assurance Committee and referenced as supporting evidence in the FPP return. They were to:

1.1 On an annual basis, obtain evidence from the Chief Financial Officer of his ongoing professional registration.
1.2 Verify through a review of the Charity Commission register of disqualified charity trustees that Board members have not been removed as charitable trustees.

Both actions were signed off by 360 Assurance, Internal Auditors, as completed in the agreed timescale. These additional checks have been integrated into the suite of FPP checks and are now completed on an annual basis, including for the most recent assessment and reporting period ended 30th June 2026.

A follow up Fit and Proper Person Test Audit is planned on a three-year cycle meaning it will be included in the draft Internal Audit Plan for 2027/28, subject to Audit and Assurance Committee and Board approval.

Separately, beyond the scope of the new Framework, and with the approval of the Board in May 2024, the Trust has extended the coverage of FPP testing to designated deputies to ensure greater assurance in the event a deputy is required to cover for an executive director role at short notice and/or for an extended period.

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Council of Governors - Cover Sheet

Subject:	Annual Report 2025-26	**Date:**	6th August 2026
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs		
Approved By:	Steve Banks (Acting Chair of the Board 26/05/2026 to 05/07/2026 during which time the Annual Report and Accounts 2025-26 received Board approval).		
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs		

Purpose

For the Council of Governors to receive the final version of the Annual Report and Accounts for 2025/26.	**Approval**
	Assurance X
	Update
	Consider

Recommendation

That the Council of Governors:

- takes assurance from the process to prepare the Trust's Annual Report and Accounts for 2025/26
- receives the final version as laid before Parliament, and,
- notes the Report's publication on the Trust website and the arrangements for its presentation to the membership and public.

Strategic Objectives

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

Principal Risk

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PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Executive Committee
Trust Management Team
Audit Committee
Trust Board

Acronyms

FT ARM - Foundation Trust Annual Reporting Manual
TCFD – Task force on climate-related financial disclosures
DHSC – Department of Health and Social Care

AGM – Annual General Meeting
TAC - Trust Accounts Consolidation
GAM – Government Accounting Manual

Executive Summary

The NHS Foundation Trust Annual Reporting Manual for 2025/2026 that set out the requirements regarding the Annual Reports and Accounts was published by NHS England in February 2026. The key new/updated requirements in the Manual from the previous reporting year comprised:

- **Task force on climate-related financial disclosures (TCFD) -** 2025/26 is the final year of the three-year implementation of TCFD.
  From 2025/26 entities should disclose how the organisation's operations, strategy and Financial planning are affected by actual and potential climate-related risks and opportunities.

- **NHS Oversight Framework 2025/26 -** The NHS Oversight Framework has been updated in 2025/26. The disclosure requirements in annual reports have not changed but the example disclosure has been updated to reflect changes to the oversight framework.

- **Very Senior Manager (VSM) pay framework -** The new very senior manager pay framework applies from 2025/26. The remuneration report must include a statement of compliance with the VSM pay framework and confirm approvals for pay cases where required. Any departures from the framework should be disclosed.

Other new guidance/minor changes are summarised below:

- **Accounting officer signature**
  Further guidance on signatures of the accounting officer within the annual report and accounts has been added. There is no change to the requirements.

- **Fees and charges guidance**
  Updated guidance on how to measure the 'full' cost of a service for the purposes of fees and charges as provided in *Managing Public Money* (MPM) has been referenced in the relevant footnote of the FT ARM. MPM is the document that sets out the main principles, specific requirements and good practice for dealing with public resources.

- **Fair pay guidance**
  HM Treasury has clarified that non-executive directors are outside the scope of the fair pay disclosures. This has been updated within the fair pay disclosure requirements.

- **Exit packages approval**
  DHSC now has delegated authority to approve non-contractual exit packages up to £300,000 that are not novel, contentious or repercussive. Previously all non-contractual exit packages required HM Treasury approval. The template disclosure has been updated.

There is no change to the requirement for NHS foundation trusts to seek approval before committing to any payment.

- **Certificate on summarisation schedules**
  Minor updates have been made to the example certificate on the summarisation schedules (often referred to as 'TAC consistency statement') to improve accuracy and clarity. There are no changes to the principles or requirements for consistency.

Separate reference to NHS England's template provider accounting policies has been deleted

because these are consistent with the GAM.

Two further updates have also been made and noted/actioned since the FT ARM was published:

- **Updated March 2026: Removal of Trade Union Facility Time disclosures**
  With effect from 18 February 2026 section 66 of the Employment Rights Act 2025 repeals the required disclosures of The Trade Union (Facility Time Publication Requirements) Regulations 2017 for 2025/26.

The sections that previously described the requirements have been removed from the FT ARM, noting references given relate to the 2024/25 FT ARM to allow comparison.

- **Updated March 2026: Updated NHS England statement on information on health inequalities**
  NHS England's statement was updated in November 2025 with the previous statement now removed from the NHS England website. The linked webpage has been updated in the FT ARM (https://www.england.nhs.uk/publication/nhs-englands-statement-on-information-on-health-inequalities/).

The Annual Report reflects the above revised guidance, where applicable, and provides a comprehensive overview of the Trust's performance, governance and financial position for 2025/2026. It was prepared as a collaborative exercise in which responsibility for preparing the various sections was allocated to Executive directors or their nominees under the overall co-ordination of the Director of Corporate Affairs that continues to be an effective process for its compilation.

Key highlights include:

- Continued delivery of the Trust's Improving Lives strategy, with progress across all six strategic objectives.
- Delivery of efficiency savings alongside strengthened financial planning.
- Improvements in patient safety, governance and digital capability
- Progress in addressing health inequalities and strengthening system partnerships.
- Ongoing focus on workforce wellbeing, inclusion and development.

The report also reflects the significant operational pressures across the NHS, including high urgent and emergency care demand, elective recovery challenges and financial constraints, and the Trust's actions to improve access, quality and patient experience.

Principal risks relating to quality, demand, workforce, financial sustainability and partnership delivery continue to be actively managed through the Board Assurance Framework.

KPMG LLP has reviewed the report as part of the external audit process. Contained within the firm's report on the audit of the financial statements is its independent report to the Council of Governors (starting on page 211 of the attached final Annual Report & Accounts for 2025/26). This includes the statements below:

"**Other information in the Annual Report**

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we

do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and

- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2025/26."

The Annual Report and Accounts 2025/26 were submitted to the Department of Health & Social Care following their approval at the Extraordinary Board meeting on 18th June 2026. Confirmation has been received that they were laid before parliament on 13th July 2026, since when the requirement in the Department's Accounts and Reporting Timetable for their publication without delay on the Trust Website, together with the external auditor's annual report, has been met as evidenced using the links below:

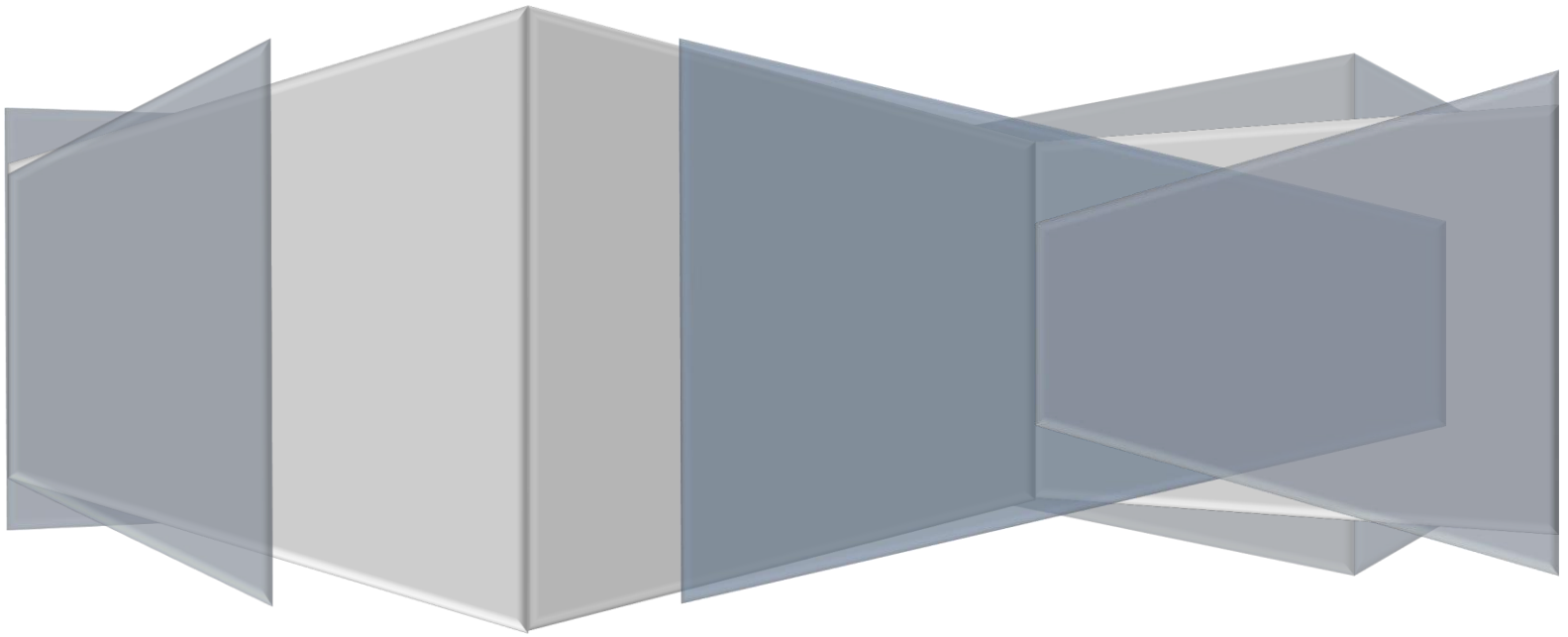
https://www.sfh-tr.nhs.uk/media/gd4g2uu5/annual-report-and-accounts-2024-2025.pdf

https://www.sfh-tr.nhs.uk/media/rwbdcz4w/auditors-annual-report-2024-25-final.pdf

Finally, in order to fully complete the annual reporting cycle, and meet the requirements of the Trust's Constitution (Paragraph 7.14.2.1(e) of which requires governors to be presented with the Annual Accounts, any report of the Auditor on them and the Annual Report at a general meeting and a requirement at Paragraph 8.8.3 for the Directors to do this), the Annual Report and Accounts 2025/26 will be presented at the Annual Members Meeting and AGM on 23rd September 2026.

Sherwood Forest Hospitals NHS Foundation Trust

Annual Report and Accounts



Sherwood Forest Hospitals NHS Foundation Trust

Annual Report and Accounts 2025/2026

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

Contents

Introduction: Steve Banks, Acting Chair

It is a privilege to introduce this annual report for Sherwood Forest Hospitals NHS Foundation Trust at a time of both challenge and opportunity for the NHS.

This report reflects a year in which our organisation has continued to serve the people of Mid-Nottinghamshire with commitment, professionalism and compassion, while also looking ahead with determination and ambition. Across our hospitals and services, colleagues have responded to sustained demand with resilience and care, supported by volunteers, governors, members and partners who all play an important part in the life of our Trust.

This has also been a year of transition and renewal. Our Board has remained focused on providing clear oversight, strong governance and constructive challenge, while supporting the organisation to deliver against its responsibilities to patients, staff and the wider public. As a Foundation Trust, accountability to our communities remains integral to our work, supported by our Council of Governors who represent the views of our Trust membership.

Our strategy, *Improving Lives*, sets a clear long-term direction for Sherwood Forest Hospitals: to deliver outstanding care, provided by compassionate people, enabling healthier communities. During the year, that ambition has continued to guide our work—not only in how we respond to immediate pressures, but in how we invest in improvement, strengthen partnerships, and create the conditions for future success. We know that excellent care depends on more than clinical outcomes alone. It also depends on culture, on listening, on learning, and on ensuring our people feel valued, supported and able to thrive.

The pages that follow set out the Trust's performance, priorities and stewardship over the past year. They show where progress has been made, where further work is needed, and how we are responding with openness and purpose. They also reflect the values that underpin our organisation and the collective effort required to improve lives in the communities we serve. On behalf of the Board, I would like to thank every colleague, volunteer, governor, member and partner for their contribution during the year, and to thank our patients and local communities for the trust they place in us. We remain committed to continuous improvement and to building a Trust that our communities can rely on with confidence.

Steve Banks
Acting Chair
Sherwood Forest Hospitals NHS Foundation Trus

Statement from the Chief Executive

I am pleased to present the annual report for Sherwood Forest Hospitals NHS Foundation Trust for 2025/26.

Providing safe, timely and effective care and a great experience for our patients is at the core of what we strive for – and our efforts from over the past year, reflected in report, show our commitment to this.

Those efforts align with our *Improving Lives* strategy and our vision of *Outstanding Care, Compassionate People, Healthier Communities*. We present our key priorities for the coming year that reflect our ambition to provide consistently high-quality care for the communities we serve.

We recognise that our staff and colleagues have worked in increasingly challenging conditions over the past year, with rising demand for services and growing financial pressures. Despite this, we continue to see exceptional dedication and professionalism, and we remain ambitious about what we can achieve together.

We are proud to work for Sherwood Forest Hospitals, for our communities, and we will be open and honest in our pursuit to continually improve.

Patients, carers, families and communities are at the heart of all that we do, and their voices are so important to us. We will continue to listen and to take action to improve. We continue to play a key role in reducing health inequalities which we know persist in our communities and the NHS.

We recognise that there are areas that we need to *improve through change*, that we need to *drive best practice* across our services and we also want to be *a great place to work*. As part of our pursuit of high quality and safe services, it is essential that we have a culture that enables this – supporting colleagues to be the best they can be, and to allow us to share best practice, and to learn lessons from mistakes to drive improvement.

Thank you to colleagues, patients, communities and partners for your support. We look forward to working with you in the years ahead to drive further improvement and to deliver care to be proud of.

Chief Executive Officer
Sherwood Forest Hospitals NHS Foundation Trust

Overview of Performance

This section summarises the Trusts purpose, history, objectives and key risks.

History and Structure of the Trust

Sherwood Forest Hospitals was formed in 2001 and gained Foundation Trust status in 2007. The Trust provides high quality healthcare across the community to 500,000 people in Mansfield, Ashfield, Newark, and Sherwood and parts of Derbyshire and Lincolnshire. The Trust employs more than 6,000 people. It operates from three key hospital sites: King's Mill, Newark and Mansfield Community. It also runs a Community Diagnostics Centre at Mansfield Community Hospital, provides services at Ashfield Health and Wellbeing Centre and has community-based teams across its patch.

There are five clinical divisions: Urgent and Emergency Care; Medicine; Surgery, Anaesthetics and Critical Care; Women and Children's; and Clinical Support, Therapies and Outpatients. Each of which has a medical, nursing and managerial lead, a triumvirate, and they are supported by a corporate division.

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

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

The Trust's purpose and activities

This year was the second of the Trust's **Improving Lives Strategy**. During the year the Trust achieved the following:

Provide outstanding care in the best place at the right time	The Trust has continued to strengthen the safety, effectiveness and consistency of care. Progress has been made in governance, patient safety, digital support and service resilience. Patient safety capability has improved through stronger investigation processes, investment in human factors training and dedicated senior clinical input to more complex reviews.

	This is improving the quality of analysis and strengthening the Trust's ability to learn from serious incidents and coronial cases. Continued work is underway to make sure learning is applied consistently in day-to-day practice and that variation in care is reduced further. Digital transformation is supporting a practical difference to frontline care. The first area of rollout of Nervecentre electronic patient record commenced in Urgent and Emergency Care which is improving access to clinical information and documentation, with early benefits for visibility of patient pathways and decision-making. Patient Safety Partners are making a meaningful contribution to improvement, governance, recruitment and policy development. At ward and service level, assurance has also become more structured through improvements to accreditation and peer review processes. The Trust has progressed service developments that support access and pathway resilience. Outpatient transformation, including advice and guidance and patient-initiated follow-up, is helping to reduce unnecessary appointments. Newark Hospital continues to play an important role in delivery of care for local residents, with steps taken to progress work towards an accredited surgical hub model which will be delivered later in 2026. The Community Diagnostics Centre, based at Mansfield Community Hospital, has continued to be made ready for its planned opening date of April 2026. The centre will improve access to diagnostics for all patients; the programme has also included an expansion of the range of diagnostics available at Newark Hospital. The Trust installed a replacement modular aseptic dispensing unit at King's Mill Hospital, improving the resilience of this essential clinical support service and addressing a longstanding infrastructure risk.
Empower and support our people to be the best they can be	**Looking after our People** The Trust has maintained a strong focus on the health and wellbeing of its workforce. This includes the expansion and enhancement of wellbeing spaces, the continued rollout of the *No Hate Here* violence prevention campaign, and the provision of increased support and tools to address stress, musculoskeletal (MSK) conditions, and sexual harassment. **Belonging in the NHS** The Trust has strengthened its approach to fostering an

	inclusive and supportive working environment. This includes the use of exit interviews to inform improvement, wider promotion of flexible working opportunities, enhancement of Equality, Diversity and Inclusion (EDI) policies, and a continued focus on staff recognition through initiatives such as long service awards. **Growing for the Future** A refreshed and actively promoted talent management approach has been implemented, alongside enhanced visibility and uptake of Trust development opportunities. This includes the expansion of in-house coaching provision and continued partnership working with SFH and VWNC to strengthen apprenticeship pathways and work experience opportunities. **New ways of working and delivering care** The Trust is progressing an intelligence-informed five-year strategy, supported by clear workforce plans targeting hard-to-recruit professions and specialties. This is complemented by the adoption of new technologies, including automation, self-service solutions, and appropriate use of AI, such as ESR Go and Power BI dashboards, to improve efficiency and support service delivery.
Improve health and wellbeing within our communities	The Trust has strengthened its approach to addressing health inequalities, embedding routine use of data to inform decision-making across services. An equity index has been developed to identify variation in access, experience and outcomes across pathways. Insights, including links between non-attendance, age and deprivation, informing targeted service improvements. In respiratory care, population health analysis has enabled the development of neighbourhood multidisciplinary models, proactively supporting high-risk patients—particularly in more deprived communities—through coordinated, community-based care.
Continuously learn and improve	The Trust continues to embed a culture of continuous improvement through training, delivery of a second Improvement Week, and recognition of staff contributions via the Improvement Ambassador Awards. A Quality Improvement Network has been established, alongside targeted improvement support across key programmes, including diagnostics, theatres and outpatient services. The Improvement Insights Explorer tool has been launched to strengthen use of benchmarking data, including GIRFT

	metrics, to identify opportunities for transformation. Quality and consistency have been further supported through the Ward Accreditation Process and stronger integration of patient safety learning into improvement priorities.
Sustainable use of resources and estate	The Trust has strengthened financial sustainability through a multi-year financial plan, supported by a refreshed five-year capital strategy and enhanced governance. Planning now aligns activity, workforce and finance, improving budget control and delivery against national requirements. Investment in finance capability has continued, alongside delivery of £36.3m efficiencies in 2025/26 and 6.0% productivity growth. Real-terms resource growth of -3.1% represents one of the strongest performances regionally and nationally.
Work collaboratively with partners in the community	Partnership working remains central to delivery of the Trust's strategy. A comprehensive review has enabled clearer prioritisation of partnerships with the greatest strategic value. Strengthened collaboration with Nottingham University Hospitals NHS Trust is supporting delivery of shared programmes, including development of a joint business case for aseptic dispensing and sterile services. The Trust has also enhanced its leadership role within North Nottinghamshire, supporting neighbourhood delivery, leading system bids, and working with partners to design and deliver integrated respiratory services.

Improving Lives refresh 2026

Since the Trust's strategy, Improving Lives, was launched in 2024 there has been significant national and local change across the NHS including:

- New Secretary of State for Health
- Health 10 year plan: Fit for the Future
- Medium term planning framework
- Integrated Care Board clustering across Derbyshire, Lincolnshire and Nottinghamshire and transitioning into a strategic commissioning function known as DLN
- DLN Integrated Care Board Cluster population health strategy and commissioning plan

The strategy has been reviewed as continuing to be fit for purpose across its vision and 6 strategic objectives and overall direction of travel despite these changes.
After engagement with colleagues, patients and local residents delivery priorities have

been identified for the remainder of the strategy (until 2029) which ensure the strategic objectives continue to be delivered.
The three priority focus areas are:

1. Improving through change
2. Driving best practice
3. Being a great place to work

Risks to delivery of objectives

The Trust's vision, values and strategic objectives express its ambition for outstanding care provided by compassionate people leading to healthier communities. In the next five years we want to be known as an outstanding local hospital that consistently delivers quality services for its patients and improves lives. The Trust will achieve this by delivering consistently outstanding care by compassionate people who feel enabled and supported to do their best. If our people recommend us as the provider of choice for their family and friends and as a place to work, we will have gone a long way to meet this ambition.

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

The most significant strategic risks facing the Trust continue to be: (i) a significant deterioration in standards of safety and care; (ii) demand that overwhelms the Trust's capacity to deliver care effectively; (iii) critical shortage of workforce capacity and capability; (iv) failure to achieve the Trust's financial strategy and (v) failure to improve lives through partnerships.

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

Working in partnership through the integrated care system, the Trusts place-based partnership and provider collaborations are a fundamental mitigation to the Trust's risks. Its continued focus is on improving internal working processes and practice to ensure patients receive high quality care in a timely manner, while also using its size, scale and reach to influence the health and wellbeing of its communities, particularly targeting those that are typically underserved and underrepresented.

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

How the Trust is using its FT status to develop services and improve patient care

The Trust is dedicated to realising its vision of improving lives through outstanding care, provided by compassionate people, enabling healthier communities. This vision statement includes the commitment and ambition to excel and continually improve the quality of Trust services. Its four core "CARE" values underpin this and describe the way in which we will operate:

- Communicating and working together,
- Aspiring and improving,
- Respectful and caring,
- Efficient and safe.

The Trust develops its services and improves patient care based on evidence. It proactively seeks and uses feedback from patients and staff, as well as analysing data that benchmarks the performance of its services against other Trusts. It is vital that its culture engenders a desire to improve and innovate. That is why it trains colleagues in the Trust's improvement methodology. This supports them to take a systematic approach to improvement, empowering colleagues to turn good ideas into sustainable reality.

The Trust is committed to moving from its current foundation trust status to become a new advanced trust and is developing a plan and roadmap for achievement. As guidance is published the Trust will finalise these plans.

Going concern

The going concern concept is further covered in IAS 1 – 'Presentation of Financial Statements'. IAS 1 requires management to assess, as part of the account's preparation process, the Trust's ability to continue as a going concern. Foundation Trusts therefore need to pay particular attention to going concern issues. In the event that a Foundation Trust is dissolved by NHS England (NHSE) any property or liabilities of the Trust may be transferred to another Foundation Trust, an NHS Trust or the Secretary of State.

The majority of the Trust's funding for 2025/26 came through the Nottingham & Nottinghamshire ICB (N&NICB) via an Aligned Payment Incentive (API) contract, which includes both fixed and variable elements. The API variable element means trusts are paid 100% of NHS Payment Scheme (NHSPS) unit prices for elective activity, which covers most elective ordinary and day case outpatient procedures with an NHSPS unit price, outpatient first attendances, unbundled diagnostic imaging and nuclear medicine, and chemotherapy delivery. The fixed element includes funding for all expected activity other than the variable elements. Similar contracts are in place with Derbyshire and Lincolnshire ICBs.

As part of the 2025/26 plan an efficiency target of £45.83m was built in to meet the planned surplus position of £6.37m, before technical adjustments. The plan also assumed in year additional non recurrent deficit support of £9.83m to offset the planned deficit and technical adjustments, resulting in an adjusted break-even financial plan. This includes centrally managed cost savings and income generation schemes, as well as a Financial Improvement Programme which is managed by divisions with the support of the Trust's Improvement Faculty. The reported financial efficiency delivery for the year is £36.28m, of which £21.19m is recurrent and £15.09m non-recurrent.

Throughout the year the trust has continued to review pay, non-pay and income in order to agree the efficiency target/plan for 2026/27. This has been set at £34.89m which represents 6.1% of operating expenses.

For the year ending 2025/26 the Trust is reporting a deficit of £24.63m which includes the impact of impairments/gains on the valuation of buildings. Removing this impairment gain and adjusting the PFI charge to a UK GAAP basis we are reporting a deficit of £28.998m. This is in line with our adjusted target outturn for 2025/26, agreed with NHSE in quarter 4 2026.

A breakdown of the adjusted financial position is detailed below:

Surplus / (deficit) for the year		**(24,629)**	**(4,777)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	-	1,126
Total comprehensive income / (expense) for the period		**(23,201)**	**(3,651)**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		(24,629)	(4,777)
Remove net impairments not scoring to the Departmental expenditure limit		926	3,557
Remove I&E impact of capital grants and donations		(129)	107
Remove I&E impact of IFRIC 12 schemes on an IFRS 16 basis		60,572	64,000
Add back I&E impact of IFRIC 12 schemes on former UK GAAP basis		(65,738)	(62,877)
Adjusted financial performance surplus / (deficit)		**(28,998)**	**10**

Due to the original break-even plan no revenue support was requested and received in 2025/26.

Due to the Private Finance Initiative (PFI) liabilities and associated repayment of borrowing, depreciation does not self-fund the Trust's capital expenditure, therefore a Public Dividend Capital (PDC) request for £15.23m was submitted and agreed to support the capital programme.

During the year a range of additional National capital funding was made available by NHSE, and the Trust was successful in obtaining funding. This has resulted in the Trust being awarded additional PDC of £2.96m above the agreed ICB base capital funding for 2025/26. PDC funding was also received in respect of National capital programmes of £11.44m relating to EPR, return to constitutional standards (RTCS) and estates safety.

In year the Trust did not pay any PDC, based on 3.5% of the net average value of assets due to the impact of IFRS 16 re-measurement in 2023/24, which has resulted in negative net assets.

The financial framework for 2026/27 has been issued and in line with this guidance a 3 year financial plan, which includes capital, was submitted on the 12 February 2026. A final submission was made on the 28 March. The final plan submitted was agreed with the ICS partners and indicates a financial break-even position and a capital programme of (*£21.73m*). As detailed above the plan includes forecast efficiencies of (*£34.89m*)

The 2026/27 plan assumes the continuation of funding mechanisms in place throughout the 2025/26 financial year.

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

Operational Performance Overview

At Sherwood Forest Hospitals NHS Foundation Trust, we set out to deliver 'outstanding care, provided by compassionate people, enabling heathier communities'. Together, this will improve lives of our local population.

The NHS Oversight Framework 2025/26 describes an approach to assessing and measuring performance for NHS trusts and foundation trusts. It lays the foundations for the delivery of the 10 Year Health Plan. A focused set of metrics across six domains contribute to a segment score for each organisation with supporting contextual metrics in place aligned with the Insightful Board approach. Throughout 2025/26, we remained in segment three overall, benchmarking between 48th and 60th from 134 trusts nationally. Within the patient safety and people and workforce domains, we were assessed as being in segment one. Within the access to services, finance and productivity and effectiveness and experience domains, we were in segment three during 2025/26 quarter three (latest published data at the time of writing).

In terms of access to services, the key areas of focus in 2025/26 included improving cancer diagnostic and treatment times, speeding up access to key diagnostic tests, reducing the number of long waiting elective patients, and speeding up access to Urgent and Emergency Care (UEC) by reducing the number of patients waiting over four and twelve hours within Accident and Emergency (A&E) departments.

The national position for both UEC and planned care (diagnostics, cancer, and elective care) remained challenged in 2025/26 due to three key reasons:

1. The NHS has continued to deal with repercussions of the significant planned care patient backlogs that developed during the Covid-19 pandemic.
2. Instances of Industrial Action in recent years resulted in curtailments in planned care activity (hindering backlog reduction/recovery) across the NHS with staff working hard to maintain access to services for those patients presenting with urgent clinical needs.
3. Demand for UEC hospital services has remained high, with attendance and admission surges, and challenges in discharging patients with ongoing health and care needs into community services in a timely manner.

Key initiatives that we delivered in 2025/26 included:

- Completed building works, on our Mansfield Community Diagnostic Centre which opened fully in mid-April 2026 with new pathways, such as lung health tests, commencing at Mansfield Community Hospital in advance of the new building opening.
- Opened a new modular Aseptic Dispensing Unit at King's Mill Hospital to remove one of our significant estates risks without our clinical divisions.
- Relocated our Stroke Rehabilitation services from our King's Mill Hospital to our Mansfield Community Hospital site to consolidate rehabilitation services in our community settings and release acute beds on our King's Mill site. This was enabled through joint working with a local care provider that supports looking after patients that have completed their acute spell, have no criteria to reside in hospital and are awaiting packages of care in the community.
- Completed capital works across several King's Mill hospital base ward bays to create flexible bed spaces that can maintain patient privacy and dignity during times of surge and escalation, ensuring that 'corridor care' is not provided across our general and acute bed base.
- Our Clinical Decisions Unit was expanded into an area collocated with our Emergency Department (ED) after learning lessons over the winter period around the effectiveness of transitional care arrangements and following the collocation of Same Day Emergency Care and Medical Day Case facilities on the King's Mill Hospital site.
- Commenced the building works to redesign our majors area of our ED, which will continue into 2026/27, providing staff and patients with expanded and more clinically appropriate space for winter 2026/27.

The challenges we faced entering and during the year, which are common across the whole NHS, meant that performance against some of our key targets fell short despite our best efforts. However, there are also several areas of success against key access targets to celebrate.
We have:

- Delivered strong cancer 28-day faster diagnostic standard performance often

outperforming the national ambition and exceeding our operational plan trajectory throughout 2025/26. Unfortunately, our cancer 62-day treatment performance has been variable in-year and not at the level we aspire to deliver for patients. We have some key challenged tumour sites where we have focused recovery plans in place that we will continue to work on in 2026/27

- Reduced the size of our elective referral to treatment incomplete waiting list to close 2025/26 at the lowest level for several years. The progress from additional focus on elective recovery in 2025/26 quarter four supported some recovery against the 18-week referral to treatment standard which had been on a declining trend during quarters one, two and three.
- Reduced the number of patients waiting over 52 weeks from referral to treatment over the course of the year.
- Delivered significant improvements in the number of echocardiography patients receiving their diagnostic test within 6-weeks with our March 2026 position being our strongest for several years.
- In March 2026 delivered significant improvements against the national four-hour emergency access standard delivering performance of 77.6% against our nationally compliant plan of 78%. Our four-hour performance was very strong in 2025/26 quarter one; however, deteriorated alongside an increase in hospital flow challenges as discharge delays increased from summer 2025. In the peak of winter, our performance was better than the equivalent period in the previous year and we were able to deliver rapid improvement in February and March 2026.

In common with previous years, throughout 2025/26 patients in most need of clinical attention were prioritised for treatment.

Operational Performance Analysis

As detailed in the performance overview section, we set out to deliver ‘outstanding care, provided by compassionate people, enabling heathier communities. Together, this will improve lives of our local population. To achieve this, we have a Performance Management Framework (PMF) that tracks and evaluates progress with routine performance reporting to the Trust Board and sub-committees.

Performance Management Framework

The Trust’s Performance Management Framework (PMF) specifies the structures, systems, processes, and responsibilities required to embed a culture of performance management and accountability. Effective implementation supports the delivery of national standards and our quality, financial and operational objectives. Our performance management and oversight mechanisms support people to excel, whilst managing, understanding, and rectifying performance issues.
This performance management approach is aligned to the NHS Oversight Framework, reporting in an integrated approach against quality care, timely care, best value care and people and culture with key performance indicators supporting the delivery of the Trust’s annual strategic priorities.

Performance issues are escalated through service-line reporting to bi-monthly divisional performance reviews, which inform performance escalation and assurance reporting to Trust Board and sub-committees.

We review our key performance indicators and performance report on at least an annual basis to remain aligned to both external and local strategic priorities. We also consider our performance against local Trusts and nationally with benchmark reports and data sitting alongside our local data in many of our Trust Board and sub-committee reports.

Performance against key operational standards in 2025/2026

In the sections below a summary of operational performance for each patient care pathway is described.

Urgent and Emergency Care (UEC)

Once again, demand for UEC services has been high throughout 2025/2026. The pressure on services from high patient demand has been sustained, much like many acute Trusts across the country. The combination of high attendance and admission demand, length of stay pressures and mismatches in admission and discharge times meant that, at times, patient demand exceeded the capacity of our hospitals preventing patients being admitted in a timely basis.

We experienced a strong 2025/2026 quarter one across our UEC pathway; however, during the summer period we saw unseasonally high levels of discharge delays which constrained flow into and through our bed base, resulting in patients staying in our Emergency Department for longer than we would have wished. The elevated discharge delays from summer 2025 continued into and over the winter period, easing in February and March 2026. The combination of our challenges discharging patients in a timely way together with typical increases in acuity and infections that we see over the winter months, resulted in a very difficult winter compared to recent years.

We enacted our Board-approved winter plan and subsequently had to take additional actions to cope with the level of patient demand on our services. At times during winter, it was necessary to open additional bed spaces across our wards to balance risk across our organisation and in January we had to take more formal action and move into a critical incident to support de-escalation.

While performance across the UEC pathway has not always been where the Trust would like it to be, staff continued to work relentlessly to care for patients in as timely and dignified a manner as possible in, at times, very challenging circumstances.

Our four-hour emergency access performance has varied in-year with strong performance in 2025/2026 quarter one, deterioration during the summer months and into winter, and a very strong recovery in February and March 2026 to close the year marginally below our operational plan (which was aligned to the national ambition). In

every month over winter four-hour performance was better than the same period last year.

We have six daily capacity and flow meetings to provide oversight and to agree actions to mitigate potential flow issues that might delay timely patient transfer into, through and out of our hospitals. We continue to develop and improve the ways in which we use our information systems to gain real-time oversight of key performance indicators to support decision-making to provide the best possible care to patients. The Trust is excited about the future digital landscape as we progress on our Electronic Patient Record journey.

Delivering consistently better access to emergency care remains one of the Trust's top priorities for 2026/2027, making sure there is sufficient system capacity to care for emergency patients alongside delivering planned care to those referred or who have been waiting.

Planned Care

We continue to deal with heightened backlogs of elective patients that developed over the course of the pandemic. Elective recovery continued in 2025/26 with some key successes detailed in the performance overview section above.

Planned care activity levels for outpatient procedures and elective inpatients were strong in 2025/2026. We have further work to do in 2026/2027 to focus efforts on reducing the volume of outpatient follow ups and allocate more resources to seeing first outpatient attendances which will, in turn, support improvement in 18-week referral to treatment performance. We have continued to work together with system partners and local providers to offer support (mutual aid) to help provide equitable access to planned care services and equalise patient waiting times across the health and care system.

In 2025/2026 we saw further instances of Industrial Action where staff working on planned care pathways were needed to support patients presenting at our hospitals requiring immediate clinical attention.

Within outpatients, we have continued strong performance in the delivery of Advice and Guidance to patients as well as making excellent use of Patient Initiated Follow Up (PIFU) pathways ensuring patients only return to hospital when needed. We have sustained the gains we made in 2024/2025 from our outpatient improvement programme in maintaining a reduced level of did not attends (DNAs). As we look ahead to 2026/2027 our focus is on reducing unnecessary follow-up attendances, further increasing our 'one-stop' offer where patients receive procedures at the same time as their first appointment, and embedding Getting It Right First Time (GIRFT) best practice.

We have delivered significant improvements in the number of echocardiography patients receiving their diagnostic test within six weeks with our March 2026 position

being our strongest for several years in this modality.

Echocardiography improvements supported gains in our overall diagnostic DM01 performance (national standard for a bundle of 15 diagnostic tests) during 2025/2026. We have experienced a surge in early 2026 in ultrasound referral demand which has caused a DM01 performance challenge in March 2026 and we are working closely with system partners as we head into 2026/2027 to understand and resolve this area of challenge. As we enter 2026/2027 we look forward to enhancing our diagnostic offer following the opening of our Community Diagnostic Centre at Mansfield Community Hospital in mid-April 2026.

During 2025/2026 we have successfully reduced the number of patients on our elective waiting list including those with long waits (over 52-weeks). In 2025/2026 quarter four we successfully reversed a deteriorating trend in the proportion of patients on a referral to treatment pathway treated within 18-weeks alongside a national drive to improve elective care performance; a position we hope to be able to build on during 2026/2027.

Cancer standards

For our cancer patients, we consistently delivered against our plans for the 28-day faster diagnosis standard during 2025/2026. Our performance against the 31-day and 62-day treatment standards has not always been at a level that we aspire to deliver for patients; although we have concluded the year with our strongest performance against the 31-day standard for several years. We have some issues affecting multiple tumour sites that we have (and in some instances continue to work) to resolve that include histopathology and radiology capacity constraints and theatre capacity challenges, in part, driven by constrained anaesthetic capacity. Alongside these overarching challenges, the Trust has some specific service-related issues, for example, some service-level mismatches in capacity and demand in services such as Urology and Lower and Upper Gastrointestinal.

We remain focused on progressing actions to mitigate the risks to our cancer standards on a month-by-month basis, while addressing the underlying challenges. Recovery plans are in place with regular performance reporting taking place via Integrated Performance Reports to the Trust Board.

Forward look

Improving people's lives and experience of care is at the heart of what matters to us and helps to drive the change we want to see. The Fit for the Future: The 10-Year Health Plan for England seeks to improve patient outcomes, enhance productivity, and reduce the burden on hospitals. We are committed to supporting this plan and the associated three key pillars which include: from hospital to community, from analogue to digital; and

from sickness to prevention.

As we look forward to 2026/2027 and beyond, we have further exciting developments including:

- Completing the build and opening our new MRI facility at King's Mill Hospital that will deliver two new MRI scanners and bring all our MRI scanners under one roof removing our reliance on relocatable scanners.
- Enhancing the space and environment in our Emergency Department creating a bigger footprint in our majors area to help reduce overcrowding and improve patient and staff experience following support with national funding.
- National funding secured with works to take place in quarters one and two to improve our sterile services department.
- Delivering key improvement programmes for outpatients, theatres and to support optimised patient length of stay and improve efficiency and productivity.
- Taking further steps towards the full roll out of our Electronic Patient Record system.
- Continue to invest in our community hospitals at Newark and Mansfield to support the provision of care close to people's homes and ease pressure on our King's Mill Hospital site.
- Secure accreditation as an elective hub to provide a visible marker of high standards that can be communicated to patients and staff to enable strong take up of hub treatment offers and to recognise and reward excellence in operational management, clinical standard and patient experience.

Emergency Planning Resilience & Response (EPRR)

We have an Accountable Emergency Officer (our Chief Operating Officer) with Board level responsibility for Emergency Preparedness.

As a category one responder under the Civil Contingencies Act 2004 we have several obligations:

Assess the risk of emergencies occurring and use this to inform contingency planning

- Put in place Emergency Plans
- Put in place Business Continuity management arrangements

Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency

- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency

Annually, we are assessed against the EPRR Core Standards. This involves raising evidence against 62 standards. We are currently rated as 'Substantial' in compliance, with a 97% compliance, meaning the organisation is fully compliant against 89-99% of

the relevant NHS EPRR Core Standards.

We engage with our partners to assess risk and plan for system-wide incidents and emergencies and respond to any business continuity, critical or major incidents using robust plans and policies.

Reporting to the Accountable Emergency Officer (AEO) via the Associate Director of Operations - Urgent and Emergency Care, the Emergency Planning and Business Continuity Officer operates within an annual work plan. This includes regular exercising of emergency plans and the training of relevant staff within the Command- and-Control sector.

Organisational rating	Criteria
Fully compliant	The organisation if fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial compliance	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial compliance	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

Figure 1 – EPRR Core Standards compliance rating

The risk of a major incident is captured as Principal Risk 7 within the Trust's Board Assurance Framework.

Accountability Report

Directors' Report

Board of Directors

The Board of Directors is the team responsible for the management and performance of the organisation and for setting the future strategy. Our Board has overall responsibility for the preparation and submission of the Annual Report and Accounts;

the Board considers the Annual Report and Accounts, taken to be fair, balanced, and understandable, and provides the information necessary for patients, regulators, and other stakeholders to assess the Trust's performance, business model, and strategy.

The primary responsibility of our Board of Directors is to promote the long-term success of the organisation by creating and delivering high quality services within the funding streams available. Our Board seeks to achieve this through setting strategy, monitoring strategic priorities, and providing oversight of implementation by the Executive Management Team. In establishing and monitoring its strategy, our Board considers, where relevant, the impact of its decisions on wider stakeholders including staff, partners, and the environment, so far as the Directors are aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware, and the Directors have taken all the steps that they ought to have taken as Directors to make themselves aware of any relevant audit information and to ensure the NHS Foundation Trust's auditor is aware of that information.

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

Name	Job Title	Commenced in post	Seconded to another role	Termination date
Graham Ward	Non-Executive Director	01/12/2015		
	Acting Chair	25/05/2024		
	Substantive Chair	11/02/2025		25/05/2026
Barbara Brady	Non -Executive Director	01/10/2018		
	Senior Independent Director	01/11/2021		
Manjeet Gill	Non-Executive Director	01/11/2018		
Steve Banks	Non-Executive Director	01/12/2021		
Dr Andy Haynes	Specialist Advisor	18/04/2021		18/04/2025
Andrew Rose-Britton	Non-Executive Director	01/04/2022		
Neil McDonald	Non-Executive Director	07/12/2023		
Richard Cotton	Non-Executive Director	01/02/2025		

Lisa Maclean	Non-Executive Director	01/02/2025		
Sir Jonathan Nguyen-Van Tam	Associate Non-Executive Director	01/02/2025		
Dr David Selwyn	Executive Medical Director	09/12/2019		19/05/2024
	Acting Chief Executive	20/05/2024		26/10/2025
Philip Bolton	Chief Nurse	30/05/2022		
Rachel Eddie	Chief Operating Officer	25/07/2022		09/06/2025
Richard Mills	Interim Chief Finance Officer	01/10/2021		
	Chief Finance Officer	10/06/2022		
Rob Simcox	Director of People	10/06/2022		
Sally Brook Shanahan	Director of Corporate Affairs	15/05/2023		
Dr Simon Roe	Acting Medical Director	20/05/2024		
	Chief Medical Officer	03/02/2025		

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

Graham Ward, who was appointed substantive Chair with effect from 25th May 2024, declared an interest as a Non-Executive Director and Interim Vice Chair at Queen Elizabeth Hospital (QEH), King's Lynn NHS Foundation Trust that ended on 31st October 2025.

Attendance at Board meetings

	Public		Private	
Name	Actual	Possible	Actual	Possible
Jon Melbourne	2	2	2	2
Dr David Selwyn	4	4	5	5
Dr Simon Roe	5	6	6	7
Sally Brook Shanahan	6	6	7	7
Richard Mills	6	6	7	7
Rob Simcox	6	6	7	7
Philip Bolton	5	6	5	7
Simon Illingworth	3	4	3	4
Rachel Eddie	1	1	1	1
Graham Ward	6	6	6	7
Barbara Brady	4	6	5	7
Manjeet Gill	5	6	6	7
Steve Banks	5	6	5	7
Dr Andy Haynes	1	1	1	1
Andrew Rose-Britton	6	6	7	7
Neil McDonald	6	6	7	7
Richard Cotton	6	6	7	7
Lisa Maclean	6	6	7	7
Sir Jonathan Nguyen Van-Tam	2	6	2	7

Register of Interests

The Register of Interests for all members of our Board is reviewed regularly and

published annually on our website Register of Interest 2025 - 2026 The register is maintained by the Director of Corporate Affairs, who is based at Sherwood Forest

Hospitals NHS Foundation Trust, Trust Headquarters, Level 1, King's Mill Hospital, Mansfield Road, Sutton-in-Ashfield, Nottinghamshire, HG17 4JL.

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

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

Cost allocation

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

Political donations

In accordance with historical and intended future practice, no political donations were made during the year ended 31st March 2026.

Better Payment Practice Code

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

The Trust compliance fell in year against the 95% in year target. This has been reported to and is being monitored by the Audit and Assurance committee.

Trust performance against this metric is shown as follows:

	2025/26		2024/25	
	Number	£000s	Number	£000s
Total non-NHS trade invoices paid in the year	68,055	320,083	66,694	324,466
Total non-NHS trade invoices paid within target	35,241	253,161	17,790	235,856
Percentage of non-NHS trade invoices paid within target	52%	79%	27%	73%
Total NHS trade invoices paid in the year	1,759	28,059	2,250	30,258
Total NHS trade invoices paid within target	833	20,494	632	24,196
Percentage of NHS trade invoices paid within target	47%	73%	28%	80%

Late Payment Interest

Legislation is in force which requires Trusts to pay interest to small companies if payment is not made within 30 days, known as the Late Payment of Commercial Debts (Interest) Act 1998. The Trust paid £1k in claims under this legislation. The total potential liability to pay interest on invoices paid after their due date during 2025/26 would be £ 266.49k. (2024/25 £295.68k). There have been minimal claims under this legislation, therefore the liability is only included within the accounts when a claim is received.

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

Income Disclosures

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

Well-Led Framework

Grant Thornton UK LLP was commissioned to undertake a developmental Well-Led Governance Review in the context of the CQC's updated assessment framework, that delivered its final report in January 2025 and built on the previous external Well-Led review of the organisation, that reported in March 2022.

The Well-Led review is an important assessment for the Trust, because trusts are expected to advise NHSE of any material governance concerns that have arisen from the review and the action plan in response to those concerns. Importantly it also provides the opportunity for the Trust to fully understand the strengths and weaknesses of its current governance arrangements and implement actions at an appropriate pace.

The Review's overall conclusion is that the Trust is a well-led trust. It reported that compared to the initial developmental review, the Trust has maintained strong assessments in the majority of the areas covered by the Well-Led Key Lines of Enquiries (KLOEs) and has delivered on most of the actions agreed as part of that previous review. It went on to confirm the Trust has strong governance processes which contain many elements of good practice and with no significant development areas, and for those development areas that were identified, the Trust was aware of them and already in the process of discussing and implementing actions to address them.

Given the contextual changes and challenges compared with the previous review, narrative in the final report acknowledged it was a testament to the Trust's strong processes and leadership that it had been able to maintain the assessments when many other trusts would have struggled with their impact. These challenges included the transitional period for leadership, challenges within the wider system and financial pressures and enhanced scrutiny. A total of 33 recommendations were made in five areas for development: Leadership, Improvement, Strategy, Partnerships and Freedom to Speak Up. The Board received regular progress updates with the final responses to the Action Plan signed off at its meeting held in public on 2nd April 2026. On-going development and collation of supporting evidence continues to ensure action outcomes are embedded.
The Board agreed to consider the commissioning of a follow-on review in 2027/28.

Care Quality Commission

The CQC undertook an unannounced inspection of End of Life (EoL) services and pathways at Newark Hospital on 25th and 26th November 2026. Inspectors confirmed that this was a planned visit and not prompted by any concerns about the service. Two inspectors attended: our CQC relationship owner and a specialist advisor in palliative care.
During the inspection, the team visited Sconce Ward and Castle Ward, speaking with staff across all disciplines, as well as patients and families. They reviewed the newly refurbished End of Life rooms and received extremely positive feedback from the family of a patient receiving EoL care on Sconce Ward.

Inspectors also undertook a detailed review of the environment and equipment, including resuscitation trolleys and emergency equipment checks. Case note reviews focused on ReSPECT forms, MCA/DoLS, consent and care planning.
The final report, published on 7 April, confirms that Newark Hospital has retained its overall CQC rating of Good, with all five domains, Safe, Effective, Caring, Responsive, and Well-led remaining stable and rated as good. The findings highlight the hospital's continued strong performance, characterised by consistent quality of care, positive patient experience, dependable access to services, and solid leadership and governance.

Notably, the CQC identified significant progress in End of Life Care, which has improved from *Requires Improvement* to *Good*, reflecting meaningful enhancements in service delivery and patient support.

Inspectors also awarded the service a rare Outstanding rating in one area (Caring), recognising exemplary practice and the impact of sustained quality improvement efforts
The CQC also conducted an onsite inspection on 9th & 10th March which formed part of their winter pressures programme. A team of eight inspectors focused on the Emergency Department (including paediatrics), Medicine wards and Medicines management. Following the onsite inspection the CQC submitted a comprehensive information request for both the Urgent & Emergency Care and Medicine divisions. The draft report is awaited.

During 2025/26 we received 39 enquiries from the CQC relating to:

1) Potential section 42 requests
2) Whistleblowing
3) Requests in relation to incident investigations and inquests.

We continue to receive positive feedback for our prompt responses to CQC queries, the clarity and quality of the information we provide, and the timely actions taken as a result. Monthly good-news updates are routinely shared with the relationship owner to ensure the CQC remains sighted on our achievements and areas of progress.
The Trust maintains an excellent and constructive relationship with the CQC. Regular engagement meetings are held, with agendas developed collaboratively to support open discussion and shared understanding. The CQC continues to be invited to the Patient Safety Incident Review Panels, the Patient Safety Committee, and the Patient Safety Incident Response Oversight Group.
We also actively encourage colleagues from both the CQC and the Integrated Care Board to visit wards and departments, supporting transparency, partnership working, and continuous improvement.

Patient Care

The vision to support local people to be healthier is supported by our values of:

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe.

The Trust has robust systems and processes in place to enable colleagues to celebrate where excellent, safe, high-quality care is provided, and also to identify quickly areas of focus for further improvement.

Patients at King's Mill Hospitals' Emergency Department have reported that they are some of the most respected patients in the region and are receiving some of the best care and treatment, according to the latest independent Care Quality Commission Urgent and Emergency Care patient survey. Sherwood Forest Hospitals has scored well for the way that following a first assessment, the nurses/doctors kept patients informed of next steps (9.5 out of 10), information provided by hospital staff enabled them to care for their condition at home (9 out of 10) and the respect and dignity patients received (8.3 out of 10).

Patient Safety & Quality Strategy 2025-2029

The Trust's Patient Safety & Quality Strategy 2025-2029 sets out the direction, delivery model, and ambitions to ensure safe, effective and high-quality care for all patients. The strategy is informed by national policy, Integrated Care System (ICS) priorities, organisational learning and extensive engagement with patients, carers, staff and system partners. It prioritises continuous quality improvement, reduction of health inequalities and strengthened integration across services. Progress will be monitored through regular reporting to the Quality Committee and Board-level oversight, bi-monthly through a safety and quality report presented to the Quality Committee, Board sub-committee chaired by one of the Non-Executive Directors.

Vision, Aims and Priorities

Vision

- Outstanding care, delivered by compassionate people, resulting in healthier communities

Aims

- Deliver outstanding care
- Support compassionate people
- Improve the population health outcomes

Priorities

- **Insight:** Develop robust systems for understanding patient safety
- **Involve:** Strengthen patient and community engagement
- **Improve:** Deliver sustainable quality improvement programmes

Part 1

Insight: Develop robust systems for understanding patient safety

Focuses on strengthening how the organisation understands, identifies and responds to patient safety risks through improved systems, data and learning approaches.

Strategy Measure and Delivery

We will continue to understand patient safety by enhancing current systems and implementing new systems and processes to draw upon multiple sources of patient safety information

- Datix training has been delivered to specialty governance teams and preceptorship nurses, supported by an e-learning package for all staff. This has strengthened staff confidence and helped embed a positive reporting culture.
- Incident themes and actions are now consistently recorded within Datix, enabling effective monitoring and shared learning across all divisions.
- Rapid review processes are fully embedded, ensuring divisions take ownership of learning responses and escalate cases to PSIRG in line with PSIRF. Divisions also provide assurance through PSIRF oversight meetings, demonstrating themes, trends and cross-divisional collaboration.
- Patient safety capability has been strengthened with the appointment of five clinical patient safety investigators (Histopathology, Emergency Medicine, Trauma & Orthopaedics, Anaesthetics and Gynaecology). A further 14 staff from a range of areas have completed PSIRF training.

Align systems across the trust/refocus on fundamentals

The Trust is continually expanding and enhancing the rollout of the EPR across the digital platform, with implementation progressing in phases as part of an ongoing transformation programme.

Focus on a workplace culture that values teamwork, communication, safety, and job satisfaction

- All divisions attend twice weekly PSIRG meetings and deliver a quarterly PSIRF Oversight report detailing of incidents, investigations and engagement at a divisional level.
- Level 1 Patient Safety Training is available on the E-learning platform for all staff

to undertake

Involve: Elevating Care through Compassionate Communication

The aim is to embed meaningful patient, family and community involvement in all aspects of care design, delivery and evaluation

Patients and the wider community are partners co-designing services and improvements

Preceptorship and leadership training: Training is delivered through preceptorship and leadership programmes to strengthen staff awareness and confidence in resolving concerns.

Friends and Family feedback: Friends and Family feedback is embedded across the Trust, with rising response rates. Staff can access ward- and unit-level feedback via the Envoy platform to support continuous improvement.

Patient Experience engagement: The Patient Experience team hosts monthly *Coffee and Connect* sessions, inviting the public to discuss quality improvement and service design. These sessions generate new ideas and attract volunteers for emerging projects. Two Patient Safety Partners also attend key meetings, including PSIRG and the Patient Experience Committee, ensuring the patient voice is central to all discussions.

Provide Welcoming and Environment Safe care

The PSOG, established in June 2025, meets bi-monthly and is co-chaired by the Lead Advocate and Head of Midwifery. It brings together representatives from all perinatal services to review feedback themes from women and birthing people and agree actions for improvement. Its core aim is to strengthen safety, equity and quality across perinatal care, enhancing both service-user and staff experience.

Patient Stories: Patient Stories are presented bi-monthly to the Nursing Midwifery & AHP Committee and Trust Board to support learning, reflection and continuous improvement.

Patient centered culture of improvement with an expectation of codesign with patients and colleagues

Ward accreditation — The ward accreditation programme is now fully embedded across the Trust. Wards and units deliver targeted quality-improvement projects informed by themes and data packs generated through audit.

Integrated Care System collaboration — The ICS continues to drive its vision to improve population health, reduce inequalities, enhance productivity and support wider socio-economic outcomes.

A key example is the East Midlands Acute Provider (EMAP) digital quality-improvement project, which is standardising falls-risk assessments across the region.

MNVP engagement — Ongoing engagement with the Maternity and Neonatal Voices Partnership (MNVP) ensures service users remain central to shaping maternity and neonatal care.

Improve: Design and support programmes that deliver effective and sustainable change

Senior leaders continue to champion a culture of continuous improvement by modelling expected behaviours and supporting teams to develop solutions. Staff are encouraged to identify opportunities for improvement, supported by access to coaching, training and mentorship within a psychologically safe environment.

Care is informed by consistent, high-quality training, guidelines and evidence. Regular contact with the Care Quality Commission and ongoing peer reviews ensure divisions remain prepared for regulatory assessment. The introduction of PSIRF has strengthened the Trust's learning response, with actions now systematically captured and tracked through Datix.

Continuous improvement is further supported through research, benchmarking and clinical audit, with findings routinely discussed through governance structures. Improvement initiatives are showcased across organisational forums, and annual appraisals provide structured feedback and clear objectives for staff development.

The Trust remains committed to tackling inequalities in outcomes, experience and access. The Improvement Faculty provides a space for sharing project ideas, while Friends and Family feedback and *Coffee and Connect* sessions promote an open, inclusive culture. Engagement with local universities, *Step into the NHS* events and school-based interview support help widen participation and strengthen future workforce pipelines. Themes and trends from Patient Experience surveys, including dementia and carer feedback, continue to inform targeted improvements.

Next Steps

The Trust will strengthen its approach to measuring and delivering improvement by translating strategic priorities into clear, defined metrics and targets. Progress will be routinely monitored and reported, ensuring actual performance is consistently benchmarked against planned trajectories. Feedback from patients, governors and staff will be actively sought to inform evaluation of performance, with a responsive approach taken to refine measures as required. This will enable the organisation to remain agile, ensuring that its priorities continue to reflect achievement, learning and any emerging challenges.

The Improvement Faculty has continued to sustain a broad programme of improvement activity, providing targeted support across a range of clinical services and strategic priorities. Key areas of delivery include:

- Training – Full programme of Improvement and Project Management training has been delivered, including contributing to the delivery of the system-wide QSIR practitioner course.
- Quality Improvement Network – Formally launched the Network in February 2026, with the inaugural network meeting having taken place. The network aims to sustain and refresh improvement capability, while supporting the sharing of

learning and best practice.

- Programme Support – Continued to provide improvement support to the Emergency Care, Diagnostics, Theatres and Outpatients Programmes. Support will continue through the revised 2026/27 programme structure, including the refreshed Emergency Care Programme and a redesigned Planned Care Programme.
- Mansfield Community Diagnostic Centre (CDC) – Provided Programme and Project support for the CDC Programme, which successfully opened in April 2026.
- Working to Achieve Value and Excellence (WAVE) – Completed the second WAVE review with the Rheumatology Service. Multiple improvement opportunities identified.
- Data and Analytics – Continued to socialise and develop the Improvement Insights Explorer Tool and roll-out the Healthcare Evaluation Data (HED) system.
- Bespoke Project Support – Responded to more than 20 requests for bespoke improvement support, including process mapping and experience-based design projects.
- Patient Safety Learning – Continued to translate learning from patient safety incidents into future improvement priorities, while providing improvement expertise and support to the Patient Safety Incident Response Group (PSIRG).
- Clinical Audit – Continue to utilise audit outcomes to identify new improvement opportunities and to provide targeted improvement support.
- Codesign and Coproduction – Strengthened engagement with the Council of Governors to support patient and public involvement across all aspects of improvement activity.

Quality Governance

The Trust has established a comprehensive and leadership framework that ensures the quality and safety of care are consistently monitored across all services. The Board remains committed to maintaining strong governance arrangements and ensures that robust structures and processes, both at Board level and throughout the organisation,

support the continuous oversight of quality performance. The effectiveness of these arrangements is routinely reviewed through internal and external audit processes.

The Trust maintains well-developed and effective governance systems and reporting mechanisms to ensure that quality objectives are clearly defined, regularly monitored, and that timely action is taken where performance falls below expected standards. The Patient Safety Committee provides oversight of the Trust's quality governance, supported by clear 'ward to board' reporting structure that offers assurance that patients receive high-quality, safe care.

The Patient Safety Committee operates under the oversight of the Executive team and meets regularly, providing assurance to the Trust Board's Quality Committee. Quality and patient safety performance metrics are routinely reviewed and triangulated with additional sources of intelligence prior to the inclusion in Trust wide reporting. This work provides assurance regarding compliance for the Care Quality Commission (CQC) standards and NICE guidance. Risks to clinical quality are actively identified, prioritized and managed, and learning is embedded through patient safety investigations, divisional responses, Duty of Candour processes, inquests, claims, complaints and patient feedback.

Involvement of Governors

The Council of Governors has continued to play an important role in the delivery of safe, high-quality care, working in partnership with the Board of Directors, giving it support and advice to help shape the Trust's plans and ensure high quality services are delivered. During 2025/26 members of the Governing Body have taken an active role in formal and informal visits to wards and departments, and have provided an invaluable, impartial, and observational perspective on how the Trust conducts its business.
The Council of Governors continues to support the Quality Committee acting as representatives of patients, the public and staff and providing a direct link between the Trust and the communities they represent.

Patient Care: Improvements in patient/carer information

The patient information service continues to provide evidence-based, clinically accurate, easily understandable and up-to-date information that aims to improve patient satisfaction, experience and safety by helping patients and their families/carers to better understand their care and treatment.

Over 800 patient information leaflets are stored in an easily accessible patient information library on the Trust's public-facing website. Following the May 2025 launch of the Trust's new public-facing website to ensure we meet EU accessibility standards, provide up-to-date content and improve security, further improvements to the patient information leaflet library are planned. This includes plans to convert leaflets from PDF

format into individual HTML webpages to make them even easier for patients to access.

On the Trust intranet, the patient information leaflet section has information to help colleagues to produce patient information leaflets for their respective specialties/services. There is a policy and guides on how to create a new leaflet or review and update an existing leaflet, and advice on writing a leaflet in line with the average reading age of local communities.

As a signatory to the Patient Information Forum (PIF) Health and Digital Literacy Charter, the Trust is committed to tackling health equalities, mainly poor health, and digital literacy among the local population. Aspiring to become health and digital literacy friendly, training is in place for Trust staff to learn how to support people with low levels of health and digital literacy.

To improve further, effective patient communication, an increasing number of QR code posters are in use across the Trust linking to relevant Trust-approved patient information leaflets or official sources such as the NHS website. The aim is for patients to access the information they need more quickly and easily on digital devices, while

also reducing the use of print and paper in line with the Trust's Green Plan ambitions. While these posters do not completely replace direct website downloads or paper copies (due to poor digital literacy) they aim to enhance patient and staff experience.

Complaint Handling

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

SFH operates a centralised complaints service ensuring that a patient-centred approach is taken to the management of complaints. All complaints received are thoroughly investigated and responded to within a timely manner, within an agreed timescale ranging from 25 to 60 working days dependent on complexity. This means that complainants will be advised of a more realistic expected response date and therefore reducing the frustration often felt by complainants when responses are overdue.

Learning and improvements that result from individual concerns or complaints are also analysed to identify any themes and the intelligence generated is shared across the organisation to drive the necessary improvements.

During 2025/26 we have received 375 complaints, a 395% increase compared to 2024/25. Of the complaints closed in 2025/26 44% were completed in agreed timescales demonstrating a 6% increase from the previous year.

Whilst performance against the time frames standard was noted to be reduced, all complainants were kept updated on the progress of their complaint and an apology was provided to all complainants.

The top five themes for complaints 2025/26 are highlighted below**.**

	Clinical Support, Therapies and Outpatients	Corporate Division	Urgent and Emergency Care	Medicine Division	Surgery Division	Women and Children's Division	Total
Communication - Nurse/Midwife	3	1	13	13	1	9	**40**
Communication - Doctor	0	0	6	11	5	3	**25**
Care & Treatment - Nursing	2	0	6	8	2	6	**24**
Clinical - Assessment	0	0	13	6	0	4	**23**
Clinical - Treatment	0	0	1	7	6	4	**18**
Total	**5**	**1**	**39**	**45**	**14**	**26**	**130**

Communication issues are the most frequently reported sources of dissatisfaction.

Concerns surrounding clinical assessment have increased whilst nursing care and

treatment and clinical treatment remain in the top 5 reported themes.

Of the complaints responded to within 2025/26, 66% were upheld or partially upheld, showing an increase of 16% when compared to the previous year. This has provided an opportunity for learning and service improvements.

A total of 22 complaints were re-opened in 2025/26 because the complainant had raised additional concerns to the original complaint. This demonstrates a 16% increase in re-opened complaints from 2024/25. All requests are formally responded to, reiterating the options relating to the next steps, which include Public Health Service Ombudsman (PHSO), independent advocate and access to medical records procedures.

In 2025/26, the PHSO initiated 6 new complaints reviews, closing 2 without further investigation. The Trust are awaiting a decision from the PHSO on whether a formal investigation will be undertaken for 2 of these cases, 1 case remains under investigation and 1 was closed after financial redress was awarded. 2 historic cases were also closed in 2025/26 with no further action.

The Trust is taking action to improve these percentages, including sharing data with all divisions, enabling learning in all areas, and triangulating with other data collection sources to improve patient feedback.

Action plans continue to be developed, to outline learning and improvements from the complaints received, and the data is collated and analysed for any themes and trends enabling service improvements.

Working in partnership and stakeholder relations

In its Partnership Strategy, the Trust committed to acting as a strong system leader and partner, delivering meaningful benefits for its communities. Success in this role will directly support a number of national priorities and policy objectives, including improving the quality of and access to care, securing vulnerable services, establishing an effective neighbourhood health framework, supporting the development and training of the future NHS workforce, and achieving advanced foundation trust status.

During 2025/26, the Trust has taken significant and tangible steps to realise this ambition. This includes leadership of several key programmes:

- Convening and leading multi-agency bid teams comprising healthcare providers, local authorities, and community and voluntary sector partners. These partnerships successfully submitted applications in summer 2025 to participate in the Neighbourhood Health Improvement Programme, and again in March 2026 for Integrated Care Board (ICB) transformation funding. Both initiatives are designed to accelerate the implementation of neighbourhood health models across North Nottinghamshire.
- Developing the North Nottinghamshire Target Operating Model, which sets out

a clear framework through which local providers will integrate to deliver coordinated, community-based care.
- Establishing a Respiratory Integrated Neighbourhood Team, a consultant-led model working collaboratively with general practice, community services, and the voluntary sector to deliver joined-up care for patients.

These three interdependent programmes are central to the Trust's strategic ambitions and will play a critical role in supporting the wider health and care system to improve population health outcomes.

Through this work, the Trust has strengthened its contribution to the Mid Nottinghamshire Place-Based Partnership, covering Ashfield, Mansfield, Newark, and Sherwood. This partnership brings together six Primary Care Networks, community and voluntary services, district councils, NHS trusts, other healthcare providers, and public health teams. Over the past year, the partnership has established integrated neighbourhood teams across the locality, expanded access to social support, and enhanced prevention initiatives such as the Best Years Hubs and smoking cessation services.

The Trust continues to play a leading role within the Nottingham and Nottinghamshire Integrated Care System (ICS), which unites NHS organisations, local authorities, and the voluntary sector with a shared ambition to enable people to live longer, healthier, happier, and more independent lives. During the year, the Trust has contributed to delivery of the ICS Joint Forward Plan, outlining how partners will collectively implement the system strategy. In due course, this will transition into the Cluster Integrated Care Board's five-year commissioning plan.

In 2025/26, the Trust prioritised its strategic partnership with Nottingham University Hospitals NHS Trust. This collaboration has progressed at pace, with governance arrangements established early, including a Committee in Common, a Non-Executive-led committee, and an Executive-led Acute Services Oversight Group. A clear programme of work is now in place, encompassing both clinical and non-clinical workstreams.

The Trust is also an active member of the East Midlands Acute Provider Network, a collaboration of acute trusts focused on sustaining and strengthening fragile and specialist services. Over the past year, the network has made progress in developing a long-term approach to pharmacy and PET-CT procurement. It has also secured national funding to invest in diagnostic services, improving access and reducing waiting times for Mid Nottinghamshire patients, while strengthening networks for shared learning, best practice and service improvement.

Strong and effective relationships with general practice remain a priority. The Trust maintains a well-established primary–secondary care interface partnership, which

focuses on ensuring patients are treated in the most appropriate setting, improving transitions between care settings, and reducing inappropriate transfer of workload between sectors.
During the year, this partnership has further embedded and promoted the “Five Asks” framework, clarifying key workload principles. It has expanded its feedback mechanisms to include acute colleagues, supported operational delivery challenges, facilitated integrated working, and strengthened relationships between senior clinical leaders across primary and secondary care.

The Trust also benefits from positive and productive partnerships with local public sector organisations, including the four north Nottinghamshire district councils and Nottinghamshire County Council. These relationships enable the Trust to contribute to the wider determinants of health and wellbeing through initiatives such as neighbourhood health development, the Pride in Place programme, and the Shared Prosperity agenda.

In addition, the Trust continues to deliver broader social value through its educational partnerships. It has a strategic partnership with Vision West Nottinghamshire College and Nottingham Trent University, supporting local employment opportunities and contributing to economic development.

The partnership with Vision West Nottinghamshire College, in particular, plays a key role in supporting priority projects through enhanced apprenticeship and work experience opportunities. For example, in collaboration with Kier, the Trust and the College delivered a design competition for the memorial garden at the Community Diagnostic Centre in Mansfield, providing students with a meaningful opportunity to shape a facility that will serve patients and communities for years to come.

Consultation with local groups and organisations

Engagement with local groups and organisations has continued over the past year, following the introduction of the Trust's new five-year *Improving Lives* Strategy. Through those conversations, our communities stressed the need for:

1. Shorter waiting times
2. Better communication
3. Joined-up care; and
4. Personalised care

Maintaining that engagement has been more important than ever over recent years following the pandemic and over the past year, the Trust has invested in its partnerships work to better engage with local organisations who share our commitment to deliver ‘healthier communities’ together.

Through the #TeamSFH website, social media accounts and close working with local digital, print, and broadcast media, we have continued to keep patients and the wider

public informed about what is happening at our hospital sites and supporting everyone to keep safe. This has been broadened to include our Trust's social media, which continues to reach tens of thousands of local people each week. We have continued to use these same channels to celebrate our successes and to share important information at all of our sites.

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

The Patient Experience Team is often the first point of call for patients with both negative and positive experiences of the Trust's services. The team works closely with the divisions to ensure individuals receive appropriate and timely responses. The service has a clear governance process for reporting themes or concerns for oversight and action via the Patient Safety Committee. The team responds to comments made via care opinion,and regularly shares both positive and negative comments on social media, encouraging patients to share their feedback to help the Trust to improve.

The Trust continues to encourage patients to share their experiences through *Patient Story* videos and presentations which are presented to each public meeting of its Board of Directors.

The Trust continues to meet with MPs, local politicians and other partners and stakeholders, including district council leaders and Healthwatch representatives.

The Trust is the largest employer in its area by a significant margin and knows that by engaging effectively with its staff it is, by extension, also communicating effectively with its service users and community.

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

Jon Melbourne
Chief Executive Officer **18th June 20**

Statement of Health Inequalities 2025-26

Introduction and Statutory Context

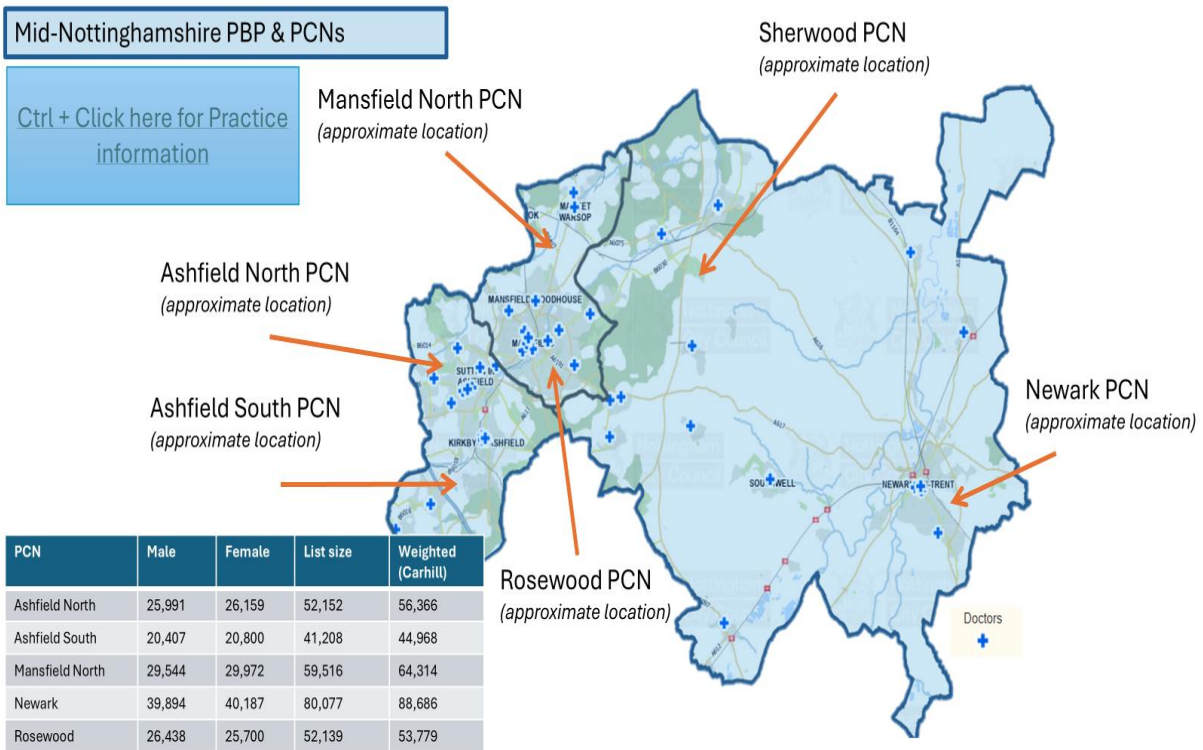
Sherwood Forest Hospitals NHS Foundation Trust (SFH) recognises that health inequalities are avoidable and unfair differences in health outcomes, access to healthcare and experience of services between different groups of people. These inequalities are influenced by wider determinants of health including deprivation, housing instability, social isolation, financial hardship, digital exclusion and barriers to accessing services.

Addressing health inequalities is central to the Trust's strategic objective of improving health and wellbeing within our communities, as set out in the *Improving Lives Strategy 2024–2029*. Addressing inequalities also supports improved patient outcomes, more equitable access to services and the sustainability of hospital services.

This statement outlines how the Trust has exercised its functions in line with NHS England's statement on information on health inequalities, demonstrating how data has been used to understand need, inform action and begin to evidence impact.

Understanding Population Health Needs

The Trust serves a core population of 349,000 people across Ashfield, Mansfield and Newark & Sherwood, across six primary care networks (PCNs) with a broadly balanced gender distribution. Map showing the geographical coverage of the six PCNs



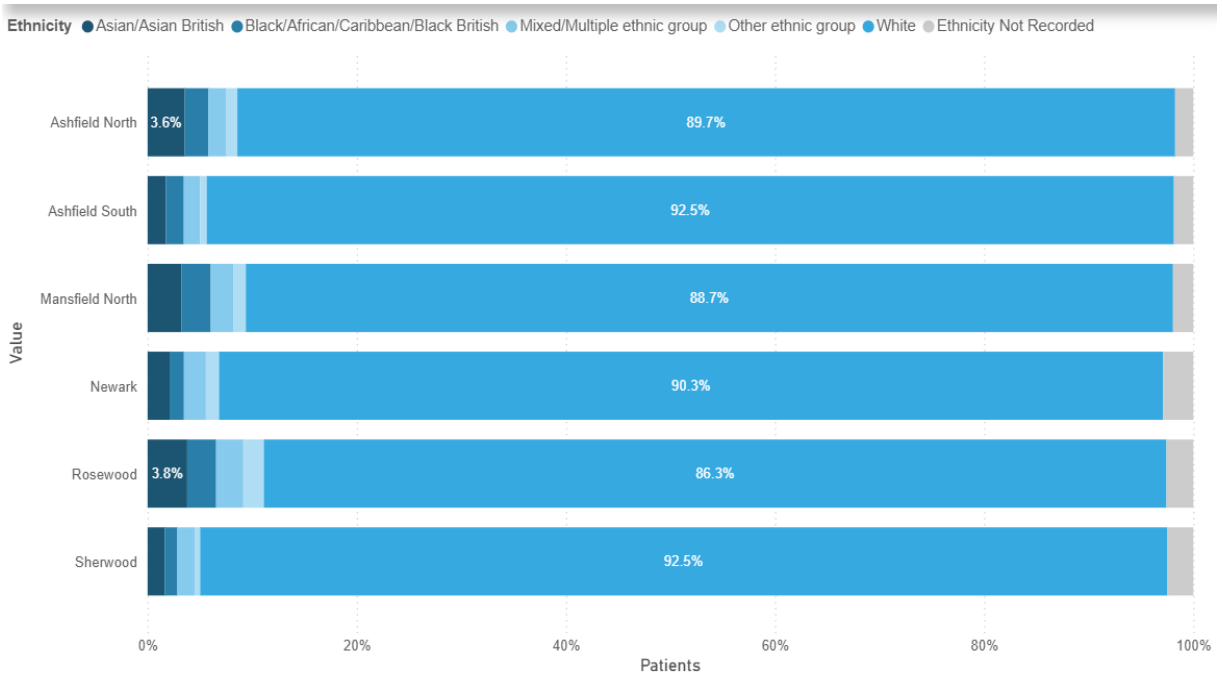
PCN	Male	Female	List size	Weighted (Carhill)
Ashfield North	25,991	26,159	52,152	56,366
Ashfield South	20,407	20,800	41,208	44,968
Mansfield North	29,544	29,972	59,516	64,314
Newark	39,894	40,187	80,077	88,686
Rosewood	26,438	25,700	52,139	53,779
Sherwood	31,770	32,869	64,639	74,124
Total	174,044	175,682	349,731	375,237

Taken from Primary Care Network [SID15] – Home on 07/11/25

Ethnicity

The population served by the Trust is predominantly White British. Across the PCN areas analysed, between 86% and 92% of patients identify as White, with smaller proportions from Asian, Black, Mixed and other ethnic groups.

Figure 1.Analysis of ethnicity across the six PCNs in Mid Nottinghamshire



While ethnic diversity is lower than in many urban areas, the Trust recognises that patients from minority ethnic communities may still experience barriers to accessing healthcare. It works with partners to ensure services are inclusive and accessible.

Deprivation and wider determinants of health

Analysis of the indices of multiple deprivation[1] (IMD) demonstrates that a significant proportion of the population lives in areas experiencing high levels of deprivation. Approximately 34% of residents live within the most deprived deciles nationally for health and disability, with similar patterns observed across income, education and housing domains.

This insight is derived from IMD datasets and local authority intelligence and has been used to prioritise specific geographies, particularly Ashfield and Mansfield, within neighbourhood model development and targeted service redesign.

Age Profile

The Trust population includes a significant proportion of older residents. This has important implications for healthcare demand, including increased prevalence of long-term conditions, frailty and complex care needs.

[1] The Index of Multiple Deprivation score measures the level of deprivation in a specific area based on various factors such as income, employment, education, health, crime, and living environment. It ranks areas from most to least deprived, helping to identify and understand social inequalities.

Frailty

The population served by the Trust includes a growing proportion of older adults with increasingly complex health needs. Analysis of frailty scores, from primary and secondary care datasets, demonstrates a clear escalation in frailty with age: over 60% of individuals aged 85 years and over are recorded as moderately to severely frail.

Figure 2.Analysis of distribution of frailty scores across age groups

Age group	65-74		75-84		85+		Total	
CFS score	Pts	%	Pts	%	Pts	%	Pts	%
CFS1	530	1.4%	428	1.6%	66	0.7%	1,024	1.4%
CFS2	1,755	4.7%	1,554	5.7%	258	2.9%	3,567	4.8%
CFS3	1,924	5.1%	2,886	10.6%	778	8.7%	5,588	7.6%
CFS4	894	2.4%	1,690	6.2%	762	8.5%	3,346	4.5%
CFS5	564	1.5%	1,209	4.4%	1,027	11.5%	2,800	3.8%
CFS6	521	1.4%	1,282	4.7%	1,549	17.3%	3,352	4.5%
CFS7	288	0.8%	699	2.6%	947	10.6%	1,934	2.6%
CFS8	20	0.1%	50	0.2%	68	0.8%	138	0.2%
CFS9	15	0.0%	35	0.1%	39	0.4%	89	0.1%
Total	6,511	17.4%	9,833	36.1%	5,494	61.4%	21,838	29.6%

The high prevalence of frailty within the population is a key driver of demand for urgent care and hospital admission. It has been central to the Trust's focus on proactive and preventative models of care.

This has informed strategic and operational decision-making, including:

- prioritisation of frailty within urgent and emergency care pathways
- development of proactive, community-based models of care
- alignment with intermediate care and admission avoidance services

Long-term conditions and multi morbidity

The Trust has used local and system-level data to understand the prevalence and distribution of long-term conditions across the population.

Figure 3.Long term conditions prevalence across mid Nottinghamshire PCNs

PBP/PCN/Practice	IMD score	Misuse of alcohol	Obese BMI=>30	Smoker	Diab 1	Diab 2	Asthma	COPD	HF	CHD	Hypertension	Mod/Sev Frailty	SMI	Stroke	Stroke or TIA	Cancer
Ashfield North	29.6	15.9%	26.2%	13.0%	0.7%	7.31%	7.1%	2.8%	2.1%	3.8%	18.6%	2.1%	0.7%	1.6%	2.3%	5.3%
Ashfield South	25.8	13.0%	26.1%	12.0%	0.7%	7.32%	6.9%	2.9%	1.4%	3.6%	16.9%	1.9%	0.6%	1.5%	2.1%	5.1%
Mansfield North	27.6	11.7%	24.4%	12.1%	0.6%	7.13%	6.6%	2.8%	1.5%	3.7%	18.8%	2.4%	0.6%	1.4%	2.0%	4.7%
Newark	17.1	15.1%	21.2%	10.8%	0.6%	6.07%	6.5%	1.8%	1.4%	3.5%	18.4%	2.0%	0.6%	1.6%	2.4%	6.1%
Rosewood	28.8	14.2%	22.2%	15.1%	0.7%	6.46%	6.2%	2.7%	1.3%	3.4%	15.8%	2.0%	0.8%	1.4%	2.0%	4.3%
Sherwood	20.4	14.2%	24.0%	10.6%	0.6%	7.21%	7.2%	2.8%	1.6%	3.9%	19.8%	3.4%	0.6%	1.5%	2.5%	5.5%
Total	24.2	14.1%	23.8%	12.1%	0.6%	6.85%	6.7%	2.6%	1.5%	3.7%	18.2%	2.3%	0.7%	1.5%	2.2%	5.2%

This analysis demonstrates that long-term conditions are both more prevalent and more complex within more deprived communities.

For example, PCNs in Mid Nottinghamshire with higher levels of deprivation show:

- higher proportions of patients with multiple long-term conditions
- increased rates of emergency hospital admission
- greater complexity of care needs

This intelligence has been used to identify high-risk populations and to prioritise areas for targeted intervention, particularly within respiratory, cardiovascular and diabetes pathways.

Behavioural Risk Factors

Analysis of key behavioural risk factors further reinforces the link between deprivation and health outcomes. Local data demonstrates higher than national prevalence of:

- obesity (up to approximately 26% in some PCNs) compared to 22.6% nationally
- smoking (up to approximately 15%), compared to 10.4% nationally
- hypertension (approaching 20%) compared to 15.2% nationally

These risk factors are not evenly distributed across the population and are significantly more prevalent within more deprived communities. This contributes to earlier onset of long-term conditions and increased risk of acute deterioration.

The Trust has used this intelligence to:

- target prevention activity through the making every contact count (MECC) programme
- inform prioritisation of clinical pathways
- support neighbourhood-based interventions focused on high-risk populations

Implications for Health Inequalities

Taken together, these population characteristics highlight the importance of addressing health inequalities across the communities served by the Trust.

Higher levels of deprivation, an ageing population and the prevalence of long-term conditions contribute to increased demand for healthcare and greater risk of poorer health outcomes.

Understanding these population characteristics supports the Trust and its partners in identifying communities who may benefit from targeted support and developing approaches that improve equitable access to care.

As a major local employer and healthcare provider, the Trust also recognises its role as an anchor institution within the communities it serves and works with partners to address the wider determinants of health that influence population wellbeing.

PLUS Groups and Inclusion Health

As part of its approach to addressing health inequalities, the Trust and its partners have moved beyond a purely nationally defined Core20PLUS5 approach. The Trust also recognises the importance of intersectionality in understanding health inequalities. Individuals may experience multiple, overlapping forms of disadvantage, for example

where deprivation, ethnicity, disability and social exclusion intersect. Increasingly, analysis is being developed to better understand these combined effects, supporting more targeted and personalised approaches to care.

The partnership has developed a locally informed understanding of priority PLUS groups through detailed analysis of local population data, system intelligence and structured engagement with clinical leaders.

In the Trust it has been facilitated through the newly formed Health Inequalities Learning and Best Practice Forum. Using this approach, a set of inclusion health groups have been identified where inequalities are both pronounced and actionable within Mid-Nottinghamshire. These include:

- individuals with learning disabilities
- people with severe mental illness
- individuals experiencing severe and multiple disadvantage[2]
- looked after children
- Gypsy, Roma and Traveller communities
- victims of modern slavery

Data analysis demonstrates that these groups experience significantly higher levels of urgent and emergency care utilisation, reflecting both unmet need and barriers to accessing planned and preventative care. Importantly, this work has not been limited to identifying variation. The Trust has used this intelligence to inform decision-making and prioritisation.

As a result, the Trust is increasingly working with system partners to ensure that care models incorporate support beyond clinical intervention, including care navigation and links to community and voluntary sector services.

Through engagement with clinical leaders and system partners, the Trust has developed its priority actions, which are woven into the health inequalities plan 2026-2029.

Data, Intelligence and Analytical Approach

During 2025/26, the Trust has significantly strengthened its approach to understanding and addressing health inequalities through the development and active use of a Health Inequalities Equity Index. This brings together data across outpatient, elective, urgent and emergency care and cancer pathways, enabling systematic identification of variation in access, experience and outcomes across population groups.

The introduction of the Equity Index represents a shift from isolated, retrospective analysis to a more structured and routine use of disaggregated data within clinical and operational decision-making. Rather than describing inequalities at a single point in time,

[2] Severe Multiple Disadvantage (SMD) refers to people with two or more of the following issues: mental health issues, homelessness, offending and substance misuse.

the Trust is increasingly using this intelligence to identify priority areas, challenge variation and inform service change.

The Trust recognises that the quality and completeness of data is fundamental to this approach. While there has been progress in the use of deprivation, age and geographic data, ethnicity recording remains variable and there are gaps in capturing wider determinants such as housing and social factors. These limitations have been explicitly identified and are being addressed through collaboration with system partners, including the alignment with system population health intelligence.

Through this work, the Trust is moving towards a more mature analytical model, where information on health inequalities is routinely generated, interpreted and used to inform decision-making at all levels of the organisation.

Using information to inform actions to reduce inequalities in Access, Experience and Outcomes

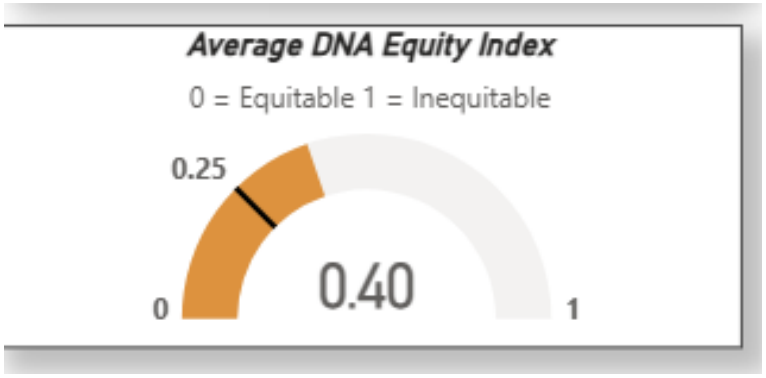
The Trust's intelligence-informed approach and the associated insights is enabling it to target resources on the greatest inequalities and improve access, experience and, ultimately, outcomes.

The Trust has used its growing understanding of population health needs and inequalities to inform targeted changes to service design and delivery. This represents a shift from describing variation to actively intervening to address it, with a focus on proactive, coordinated and community-based models of care.

Access to planned care

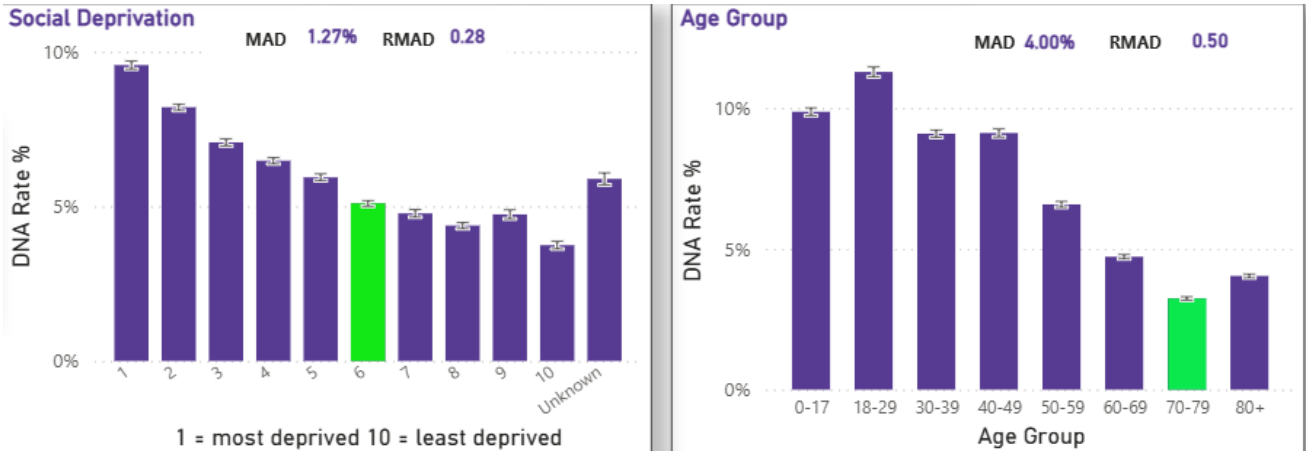
Analysis of outpatient data in the equity index identified consistent variation in non-attendance rates across age and deprivation.

Figure 4.Illustration of equity index – did not attends



Younger adults and patients living in more deprived communities are more likely to miss appointments.

Figure 5.Did not attends analysed by social deprivation and age



This insight has been used to reframe did not attend (DNA) as an indicator of inequality rather than operational inefficiency and has informed targeted work with clinical services.

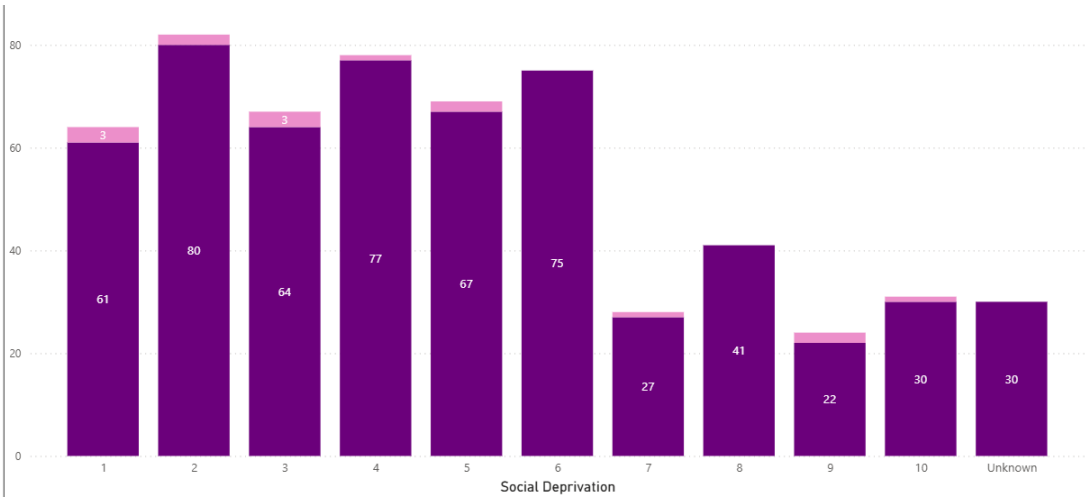
The Trust has also applied data-driven insight to improve access and experience within planned care pathways. For example, recognising that some patient groups experience barriers due to additional needs, the Trust has developed a digital flagging system within cancer pathways to proactively identify patients requiring reasonable adjustments. This system enables earlier identification of needs such as learning disability, dementia, mental health conditions or social complexity, allowing tailored support to be implemented at the earliest stage of the pathway.

This has resulted in more consistent provision of reasonable adjustments, earlier involvement of specialist teams and improved coordination of care, reducing delays and improving patient experience for vulnerable groups.

Access to and experience of urgent and emergency care

Analysis of urgent and emergency care data through the equity index has identified variation in patterns such as patients leaving the Emergency Department without being seen (LWBS) and differential admission rates among older adults.

Figure 6.No of patients who left the Emergency Department without being seen analysed by deprivation



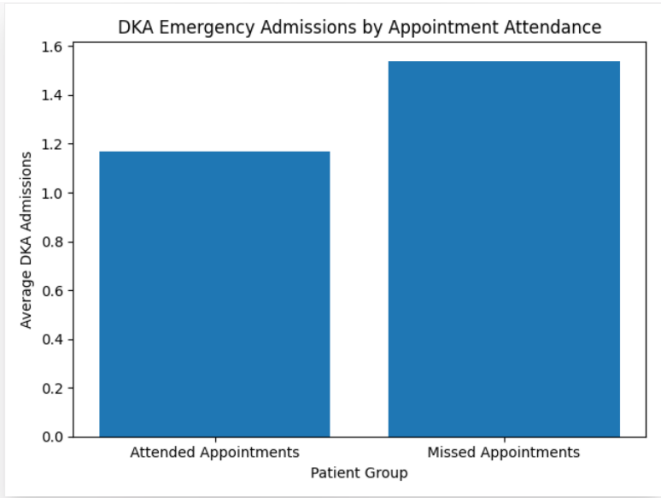
This has informed ongoing work to strengthen alternative pathways to hospital care, including the development of neighbourhood-based models, and improve integration with community and urgent care services. The aim is to reduce reliance on Emergency Department attendance for populations who may face barriers to accessing appropriate care.

Impact on outcomes

The equity index has also been used in conjunction with pathway-specific analysis to inform targeted clinical interventions. Diabetes pathway analysis undertaken indicated a relationship between engagement with planned care and risk of acute deterioration.

Outpatient non-attendance from the DNA dataset was mapped against emergency admission data for diabetic ketoacidosis (DKA) and highlighted an increased risk of emergency admission.

Figure 7.DKA emergency admissions by appointment attendance



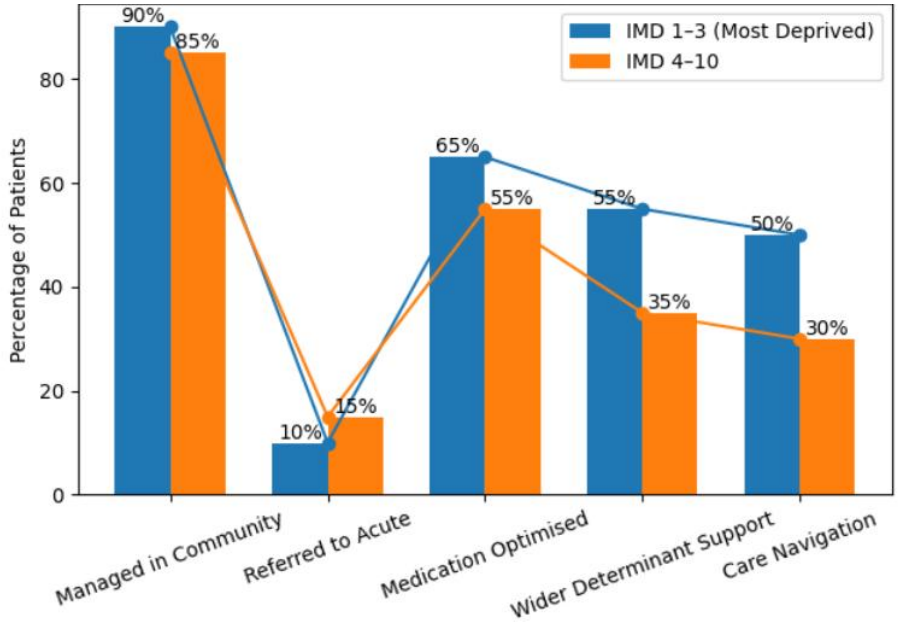
Findings showed that patients who had previously missed outpatient appointments experienced higher rates of emergency admission for DKA, with an average of 1.54 DKA

emergency spells compared to 1.17 among patients who had attended appointments. Further stratification identified that over 50% of these admissions occurred among patients living in the most deprived quintiles, with the highest rates observed in young adults aged 17–25.

This prompted a targeted focus on improving engagement with planned care among high-risk cohorts, particularly younger adults and those living in more deprived communities. The department is now taking a more proactive approach to outpatient appointments.

In respiratory care, population-level analysis of disease burden and emergency admissions has been used to risk stratify patients and localities, directly informing the design of neighbourhood multidisciplinary team (MDT) models. Using PCN data and tools such as eHealthScope the Trust has been able to identify cohorts of patients at highest risk of deterioration and provide coordinated, community-based support.

Figure 8.Outcomes of neighbourhood MDTs by deprivation



Analysis of MDT activity by deprivation demonstrates that patients from the most deprived communities (IMD 1–3) are more likely to require both clinical optimisation and referral for wider determinant support.

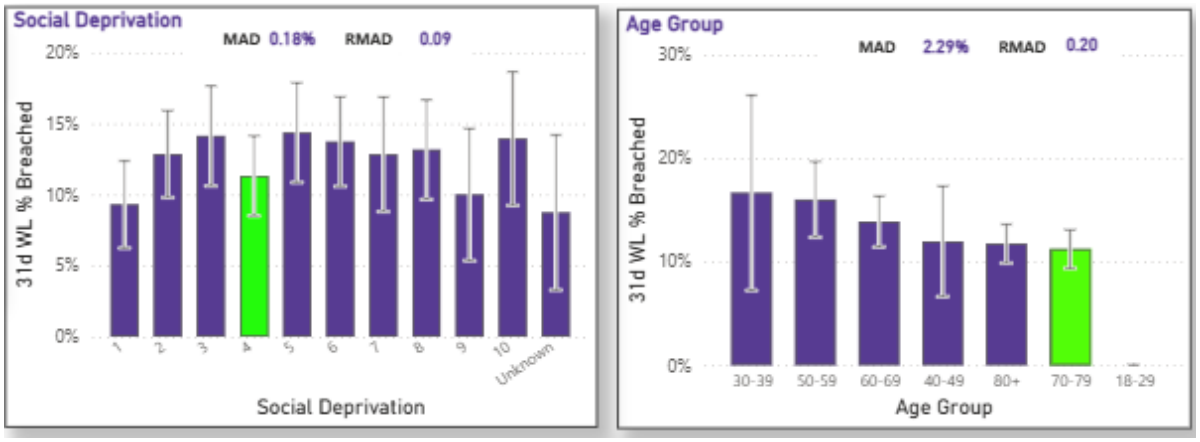
These models have been implemented initially within respiratory pathways and are now informing wider specialty development and the neighbourhood model. They bring together primary care, community services and acute clinical expertise to support proactive management of high-risk patients, with a clear focus on reducing avoidable hospital utilisation and improving patient outcomes.

While this work is more mature within specific pathways such as respiratory and diabetes, it is now being expanded across elective care, urgent and emergency care and cancer services.

This includes the routine breakdown of performance and activity data by deprivation, age, ethnicity and sex, and the continued development of the equity index enabling a more consistent and granular understanding of variation in access, experience and outcomes.

This approach is now supported by emerging pathway-specific insight, including detailed analysis of cancer pathway access, which is enabling more targeted identification of inequalities at key stages of the pathway.

Figure 9.Example analysis of cancer pathway access



Across these examples, the Trust is increasingly applying a consistent approach: using disaggregated data to identify variation, combining this with clinical and qualitative insight to understand drivers, and using this intelligence to inform targeted service redesign.

Reducing inequalities in our people

Importantly, the Trust has also recognised that its workforce reflects the communities it serves, and therefore experiences many of the same health inequalities. While the drivers mirror those seen in the population the mechanisms for impact and intervention differ.

Further analysis highlights that:

- staff in lower pay bands (Bands 1–4) experience 1.5–2 times higher sickness absence rates
- colleagues from ethnic minority backgrounds report lower confidence in accessing wellbeing support
- shift-working staff face structural barriers to accessing primary and preventative care

These insights have informed the development of a targeted workforce health inequalities response. The Trust is working in partnership with local authority-funded services to implement the Your Health Notts Workplace Health Offer, a fully funded programme providing:

- on-site health checks and targeted screening
- smoking cessation and weight management support
- mental health and wellbeing interventions
- physical activity programmes and lifestyle support
- structured campaigns and workplace health promotion

This offer is being designed to specifically target high-risk staff groups, including those living in more deprived areas, shift workers, lower-banded roles and those aged over 40, ensuring that support is accessible, equitable and aligned to need.

The programme also enables delivery of interventions in a way that overcomes access barriers, including provision across different shift patterns and integration with workplace settings, ensuring that those who need support most are able to access it.

Alongside this, the Trust continues to expand its prevention approach through a tiered MECC model, supporting staff to engage both patients and colleagues in behaviour change conversations and connect them to local support services.

Through these combined approaches, the Trust is demonstrating how data-driven insight can be translated into targeted, practical interventions that address inequalities across both patient pathways and the workforce. This reflects a broader shift towards a population health management model, where interventions are focused on those most at risk and delivered through coordinated, system-wide approaches.

Drivers of Inequalities

Through triangulation of quantitative data, clinical insight and local population feedback, the Trust has developed a clearer understanding of the key drivers of health inequalities across the communities it serves.

Analysis consistently demonstrates that deprivation is the primary driver of variation in access, experience and outcomes. This is closely associated with wider determinants of health. These factors directly influence both an individual's ability to engage with planned care and their risk of acute deterioration, resulting in higher reliance on urgent and emergency care.

This is clearly reflected within clinical pathways. For example, within the respiratory cohorts discussed in section 5. In response, the Trust has developed targeted, proactive models of care, most notably through integrated neighbourhood working. These models use risk stratification to identify high-risk patients and provide coordinated, community-based support through multidisciplinary teams, reducing avoidable deterioration and hospital utilisation. This approach is strengthened through close partnership working with

primary care, community services and the voluntary and community sector, ensuring that both clinical and non-clinical needs are addressed.

As an anchor institution, the Trust is also working through Place-based partnerships to address the wider determinants of health at a system level, contributing to coordinated approaches focused on prevention, community resilience and improved access to services. This is complemented by the expansion of the Trust's prevention offer through a tiered MECC model, supporting staff to engage patients in behaviour change conversations and connect them to local support services.

Alongside quantitative analysis, the Trust recognises the importance of qualitative insight in understanding health inequalities.

Patient experience, engagement and co-production activity provide valuable context in identifying barriers to access and shaping service improvement. This approach will continue to be strengthened through the more systematic use of patient-reported outcome and experience measures, ensuring that patient voice is embedded within decision-making and supports a more comprehensive understanding of inequalities.

Through this combined approach, the Trust is moving from identifying inequalities to addressing them through targeted, coordinated and system-wide interventions.

Impact and Measurement

The Trust is increasingly able to demonstrate the impact of its health inequalities approach through the development of improved data, evaluation frameworks and early outcome measures. While recognising that much of this work remains at an early stage, there is clear evidence that targeted, insight-led interventions are beginning to influence both service delivery and patient outcomes.

The development of the Health Inequalities Equity Index has enabled the Trust to objectively identify variation in access, experience and outcomes across key pathways, including outpatient services, elective care, urgent and emergency care and cancer. This has supported more informed clinical and operational decision-making and enabled the targeting of interventions towards those most at risk.

The Trust recognises that further work is required to strengthen evaluation, including the development of more consistent outcome measures, improved linkage between datasets and a clearer articulation of return on investment. This will be a key focus over the next year as models move from pilot to scale.

To strengthen the measurement of impact, the Trust is increasingly moving towards a more quantified assessment of change over time. Early evaluation of targeted interventions demonstrates emerging improvements in both service utilisation and patient outcomes, particularly within high-risk cohorts.

Within respiratory pathways, initial analysis indicates a reduction in emergency admissions among patients supported through neighbourhood MDT models, alongside an increase in the proportion of patients managed within community settings. Similarly,

targeted work to address outpatient non-attendance has begun to stabilise DNA rates within high-risk groups, particularly younger adults and those living in more deprived communities.

More broadly, there is early evidence of a shift from reactive to proactive care, with a growing proportion of high-risk patients identified and managed through planned, coordinated interventions rather than urgent and emergency pathways. While recognising that this work remains at an early stage, these trends provide a clear indication that targeted, data-driven approaches are beginning to deliver measurable system value.

Governance and Embedding

Robust governance arrangements are in place to ensure sustained oversight, accountability and system-wide alignment of the health inequalities programme. The Health Inequalities Steering Group provides strategic leadership, with clear reporting through Trust governance structures and alignment to Place and system priorities.

This governance framework is reinforced by progress in embedding health inequalities into frontline delivery and service design. Across clinical services there is improved capture of protected characteristics, use of translation and communication tools, and adaptation of pathways to better meet the needs of underserved populations.

For example, maternity and perinatal services have implemented culturally competent training, extended appointment models for patients requiring additional support, and co-produced service improvements with local communities. More broadly, services are embedding personalised care approaches, strengthening partnerships with community and voluntary organisations, and integrating health inequalities considerations into pathway redesign.

Future Priorities

Health inequalities are increasingly embedded within routine performance reporting and the next phase of delivery will focus on accelerating this across all aspects of care. It will be supported by the development of dedicated dashboards and enhanced data capture and aligned to the Trust's strategic shifts from hospital to community and from treatment to prevention. A key priority will be the integration of health inequalities within the outpatient transformation programme. This includes expanding advice and guidance, reducing unnecessary follow-up, and designing pathways that are responsive to the needs of underserved populations. service planning and transformation programmes.

In parallel, the development and implementation of the neighbourhood health framework will provide a critical vehicle for addressing inequalities at a population level. This will enable more proactive identification and management of high-risk cohorts, strengthened multidisciplinary working within neighbourhood teams, and improved coordination of care.

Specialty transformation programmes, including respiratory, cardiology and diabetes, will be aligned to this model, supporting a shift toward community-based delivery, earlier intervention and prevention, and more equitable access to specialist expertise.

A further priority is the continued development and utilisation of the Trust's electronic patient record to enhance the identification and monitoring of health inequalities at an individual patient level. This includes improving the completeness and quality of demographic data, embedding prompts and decision-support tools to support personalised care, and enabling more sophisticated analytics to identify variation in outcomes, access and experience. Over time, this will support a more intelligence-led approach, enabling services to proactively target interventions and monitor impact in real time.

Finally, there will be a continued focus on strengthening organisational capability and culture, ensuring that health inequalities are consistently considered within all decision-making processes. This includes embedding expectations within business cases, service redesign and performance management, alongside ongoing workforce development to support culturally competent, personalised care. Collectively, these priorities will support a transition from discrete initiatives to a fully embedded, system-wide approach.

Remuneration Report

Scope of the report

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

Annual Statement on Remuneration from the Chair of the Remuneration Committee

The Remuneration Committee met five times during the year with key updates and decisions made including: The appointment of a Committee Vice Chair, regular progress reports on the appointment of a Chief Executive Officer, a progress report on the planned appointment of an Executive Director of Improvement and Change, the VSM Pay Framework and annual pay award, oversight of the previous year's Executive team appraisals and performance, implementation of the revised Board Member Appraisal Framework, regular updates on progress with the CEO recruitment, approval of the VSM Pay Policy , the 2025/26 VSM Pay Award and approval of a VSM Retrospective Pay Award.

Senior managers' remuneration policy

The Trust must attract, develop and retain executive directors and senior managers of a high calibre to ensure the organisation is well led and able to deliver its strategy, objectives and statutory responsibilities.
Executive directors and senior managers receive an annual appraisal in accordance with the Trust's performance management framework. This ensures that performance is assessed against delivery of agreed objectives aligned to the Trust's annual plan and longer-term strategy.

There are no contractual provisions for performance-related pay for executive directors and senior managers and, accordingly, no performance-related payments were made in respect of the 2025/26 financial year.

The Trust's approach to remuneration is consistent with the principles set out in the NHS Foundation Trust Code of Governance and is aligned with national guidance, including the NHS England and Department of Health and Social Care Very Senior Managers (VSM) Pay Framework, which applies from 2025/26. The Trust confirms that it has complied with the requirements of the VSM Pay Framework during the reporting period.

The key principles underpinning the Trust's approach to pay and reward are:

- ensuring remuneration is appropriate and proportionate within the context of the Trust's financial position and performance
- aligning pay with national benchmarks, including NHS England published pay ranges and sector comparators
- maintaining fairness and consistency with wider NHS pay policies.

In accordance with the VSM Pay Framework, national approval is required for certain very senior manager pay decisions. During 2025/26, the Trust sought and received the necessary approvals for relevant pay arrangements. In some cases, approval processes were initiated under the previous framework and concluded following implementation of the new framework, reflecting the time required for national consideration and approval of VSM cases.

The Trust has ensured that all remuneration decisions remain compliant with the applicable national framework and that no departures from the VSM Pay Framework have occurred during the reporting period.

Executive appointments to the Board of Directors continue under permanent contracts

Executive appointments to the Board of Directors are made on a substantive basis, with remuneration determined in accordance with the Trust's remuneration policy and

the NHS England and Department of Health and Social Care Very Senior Managers (VSM) Pay Framework.

Governance arrangements for the approval of remuneration packages are established through the Remuneration Committee. The Committee considers pay on an individual basis, taking into account the scope, scale and complexity of the role, as well as the skills and experience required.

In line with the VSM Pay Framework, the Remuneration Committee ensures that all relevant pay decisions are subject to appropriate national approval processes where required. The Committee also ensures that remuneration is consistent with national guidance and reflects the Trust's financial position.

Senior manager remuneration

Through the work of the Remuneration Committee, the Board gains assurance that executive salaries are appropriate and proportionate, benchmarked against comparable organisations of similar sizes and complexity within the NHS. Consideration is also given to the nature of the operational, patient, quality and safety challenges faced by the Trust, ensuring that remuneration appropriately reflects the level of responsibility and accountability associated with each role.

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

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

	Basic pay	Pension	Business expenses	Relocation Expenses	Clinical Excellence Awards	Personal Responsibility Payments
How the component supports short term and long-term objectives of the Trust	All senior managers receive a basic pay element to their remuneration, which is pro-rata for part time staff	The Trust pays employer contributions for all senior managers who are enrolled in the NHS pension scheme. This is a % of pay set by NHS Pensions Authority	Reimbursement of business mileage and subsistence expenses incurred on official duties in line with Agenda for Change: National NHS terms	Up to £5,000 is available to newly appointed senior managers in accordance with the terms of the Trust's general relocation scheme	Payment is only applicable to the Medical Director and is in accordance with the local and national scheme	The Trust pays remuneration to senior managers who have additional system or duties above the expressed duties in the contract of employment. The Chief Executive, Acting Chief Executive and Medical Director receive a responsibility allowance associated with additional duties which are undertaken.

	Set at point of recruitment, reviewed using pay benchmarking and other relevant information. Recruiting high-calibre senior managers is crucial to the delivery of the Trusts objectives. Benchmarking takes into consideration other similar large-sized acute district general hospitals to ensure salary levels are competitive, but also represent value for money	Ensure the recruitment / retention of directors of sufficient calibre to deliver the Trusts objectives	Ensure the recruitment / retention of directors of sufficient calibre to deliver the Trusts objectives	Ensure the recruitment / retention of directors of sufficient calibre to deliver the Trusts objectives	Ensure the recruitment / retention of directors of sufficient calibre to deliver the Trusts objectives	Ensure the recruitment / retention of directors of sufficient calibre to deliver the Trusts objectives

	Basic pay	Pension	Business expenses	Relocation Expenses	Clinical Excellence Awards	Personal Responsibility Payments
How the Component operates	Standard monthly pay	Contributions paid by both employee and employer, except for any employee who has opted out of the scheme	Reimbursed as incurred, paid via monthly payroll	Reimbursed as incurred on appointment	Determined by local and national policy	Determined by guidance for approval of senior pay

	Basic pay	Pension	Business expenses	Relocation Expenses	Clinical Excellence Awards	Personal Responsibility Payments
Maximum payment	Basic pay	Contributions are made in accordance with the NHS Pension Scheme	Expenses incurred on official duties reimbursed	£5,000	Determined by local and national policy	£17,500
Framework used to assess performance	Trust appraisal system	N/A	N/A	N/A	N/A	N/A
Performance measures	Individual objectives agreed as part of appraisal process	N/A	N/A	N/A	N/A	N/A
Performance Period	Annual Appraisal	N/A	N/A	N/A	N/A	N/A
Amount paid for minimum level of performance and any further levels of performance	No performance-related payment arrangements	N/A	N/A	N/A	N/A	N/A
Explanation of whether there are any provisions for recovery of sums paid to	Any sums paid in error may be recovered in accordance with Trust Policy.	N/A	N/A	N/A	N/A	N/A

	Basic pay	Pension	Business expenses	Relocation Expenses	Clinical Excellence Awards	Personal Responsibility Payments
directors, or provisions for withholding payments	A performance-related claw back of up to 10% arrangement is in place					

The senior managers' remuneration policy does not provide for automatic annual inflation-related increases. Any such increase is subject to explicit approval by the Remuneration Committee.

The Trust does not have any executive directors or senior managers who are members of alternative pension arrangements.

During 2025/26, the Trust appointed three Executive Directors:

- a Chief Medical Officer, who commenced on 1 May 2025
- a Chief Operating Officer, who commenced on 14 July 2025
- a Chief Executive, who commenced on 27 October 2025

Remuneration for these roles was determined by the Remuneration Committee, taking into account the scope, scale and complexity of each position, relevant market benchmarks and the requirements of the applicable national Very Senior Managers (VSM) pay framework.

For the period 1 April 2025 to 15 May 2025, remuneration decisions were made in accordance with the previous national VSM pay framework. Following publication of the revised NHS England and Department of Health and Social Care VSM Pay Framework on 15 May 2025, all subsequent remuneration decisions have been made in line with the updated framework, including compliance with national approval requirements where applicable.

The Remuneration Committee continues to ensure that all executive pay arrangements are fair, proportionate and aligned with the Trust's financial position, while enabling the recruitment and retention of high-calibre leaders.

During the year, non-pensionable additional responsibility payments were made to Executive Directors where they undertook duties beyond the scope of their substantive roles. These arrangements were subject to Remuneration Committee oversight, applied on a time-limited basis and aligned with the requirements of the relevant VSM pay framework.

Senior managers paid more than £170,000 per annum (2025/26)

Where a senior manager is paid more than the applicable national approval threshold, the Remuneration Committee has taken robust steps to ensure that such remuneration is appropriate, proportionate and represents value for money.

For the period 1 April 2025 to 15 May 2025, the Trust operated in line with the previous Very Senior Managers (VSM) pay framework, under which national approval was required for remuneration above £150,000. Following publication of the updated NHS

England and Department of Health and Social Care VSM Pay Framework on 15 May 2025, the approval threshold increased to £170,000, and the Trust has applied this revised threshold for all subsequent decisions.

In respect of remuneration proposals developed prior to the introduction of the updated framework, the Trust submitted cases in accordance with the requirements in place at the time. Approvals were subsequently received through the national process following the implementation of the revised framework. The Trust is satisfied that all remuneration decisions have been appropriately approved and are compliant with the applicable national requirements.

The Remuneration Committee applies the principles of good corporate governance as described in the NHS Foundation Trust Code of Governance, relevant provisions of the Companies Act 2006, and associated regulations governing directors' remuneration reporting. In addition, the Committee takes account of relevant benchmark information, including NHS-specific data such as remuneration surveys and NHS England published pay ranges, to ensure that salaries are aligned with organisations of comparable size and complexity.

Non-Executive Directors' remuneration

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

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

Non-Executive Directors each have terms of no more than three years and can serve two concurrent terms (no more than six years), dependent on formal assessment and confirmation of satisfactory on-going performance. Non-executive directors may be able to serve for a maximum total of nine years, with years seven to nine requiring annual approval by the Council of Governors and subject to NHSE scrutiny and agreement.

Their remuneration framework, as agreed previously by the Council of Governors, is consistent with best practice and external benchmarking, and remuneration during 2024/25 has been consistent with that framework. Benchmarking is provided via the NHS provider annual remuneration survey. There were no cost-of-living increases applied for non-executive directors during 2025/26.

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

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

The balance of the Board complies with the Code of Governance, which requires that at least half the Board of Directors, excluding the Chair, should comprise Non-Executive Directors determined by the Board to be independent. To meet that requirement the Trust's Constitution states that at all times the composition of the Board of Directors shall be such that the number of voting Executive Directors is less than the number of Non- Executive Directors. As of 31st March 2026 there are eight voting Non-Executive Directors, including the Chair, and six voting Executive Directors including the Chief Executive.

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

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

Entitlements to severance payments are in line with those of other employees within the Trust, namely those provisions contained in section 16 of Agenda for Change: National NHS terms. This is based on length of continuous and reckonable NHS service and basic pay. The basic pay element had a salary cap of £80,000 during 2025/26.

Statement of consideration of employment conditions elsewhere in the Foundation Trust

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

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

Annual Report on Remuneration (not subject to audit)

Senior manager remuneration

Name	Title	Start Date	Expiry	Notice Period
Rachel Eddie	Chief Operating Officer	25/07/2022	08/06/2025	6 months
Dr David Selwyn	Acting Chief Executive	20/05/2024	26/10/2025	6 months
Dr David Selwyn	Medical Director	09/12/2019	16/01/2025	6 months
Dr David Selwyn	Deputy Chief Executive	17/01/2025	26/01/2026	6 months
Dr Simon Roe	Acting Medical Director	20/05/2024	30/04/2025	6 months
Dr Simon Roe	Chief Medical Officer	1/05/2025		6 months
Sally Brook Shanahan	Director of Corporate Affairs	15/05/2023		6 months
Robert Simcox	Director of People	10/06/2022		6 months
Philip Bolton	Chief Nurse	30/05/2022		6 months
Richard Mills	Chief Finance Officer	10/06/2022		6 months
Simon Illingworth	Chief Operating Officer	14/07/2025		6 months
Jonathan Melbourne	Chief Executive	27/10/2025		6 months

Non-Executive Directors' remuneration

Service Contracts

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

Name	Title	Start Date	Expiry	Notice Period
Graham Ward	Chair	25/05/2024	26/06/2026	1 month
Graham Ward	Non-Executive Director (Acting Chair)	01/12/2015	24/05/2024	1 month
Graham Ward	Non-Executive Director	25/05/2024	31/03/2026	1 month
Barbara Brady	Non-Executive Director	01/10/2018	30/09/2026	1 month
Manjeet Gill	Non-Executive Director	01/11/2018	31/10/2026	1 month

Steven Banks	Non-Executive Director	01/12/2021	30/11/2027	1 month
Andrew Rose Britton	Non-Executive Director	01/04/2022	31/03/2026	1 month
Neil McDonald	Non-Executive Director	07/12/2023	06/12/2026	1 month
Richard Cotton	Non-Executive Director	01/02/2025	31/01/2028	1 month
Lisa MacLean	Non-Executive Director	01/02/2025	31/01/2028	1 month
Professor Sir Jonathan Van Tam	Associate Non-Executive Director	01/02/2025	31/01/2028	1 month

Major decisions on senior managers' remuneration

Executive Directors' remuneration is determined and approved by the Remuneration Committee. Pay and reward are considered in the context of the Trust's overall financial position and performance, and with reference to appropriate external benchmarks, including NHS Providers data, NHS England published pay ranges and wider NHS pay policy.

During 2025/26, a key focus for the Remuneration Committee has been the implementation of the updated NHS England and Department of Health and Social Care Very Senior Managers (VSM) Pay Framework, published on 15 May 2025. The Committee undertook a comprehensive review of Executive Director remuneration to ensure alignment with the requirements of the new framework, including confirmation of the Trust's banding and consideration of relevant benchmarking data.

Based on turnover and organisational complexity, the Trust is appropriately positioned within Band C of the VSM Pay Framework. Benchmarking against comparable acute organisations of similar scale confirmed that Executive Director salaries are broadly aligned with the expected range for equivalent roles. No material changes to Executive Director base salaries were implemented during 2025/26.

Following this review, the Remuneration Committee concluded that Executive Director base salaries were appropriately positioned and, with one exception, no changes to base pay were required during 2025/26. One role was subject to specific consideration in light of benchmarking, role scope and alignment with the updated framework, with any changes being managed in line with established governance and, where applicable, national approval requirements.

The Committee also oversaw remuneration arrangements for newly appointed Executive Directors during the year, ensuring compliance with national approval requirements where applicable.

In addition, the Remuneration Committee considered the impact of additional and extended duties undertaken by Executive Directors. Where appropriate, non-pensionable additional responsibility payments were approved, informed by benchmarking data and subject to robust governance arrangements.

All remuneration decisions during the year were made in accordance with the applicable Very Senior Managers (VSM) pay framework. For the period 1 April 2025 to 15 May 2025, decisions were taken in line with the previous framework, with subsequent decisions aligned to the updated framework. The Committee has ensured that all required approvals have been obtained in line with national requirements.

Payments for loss of office/ Payments to past senior managers

During the year 2025/2026, one senior manager left the organisation under a mutually agreed resignation arrangement. One payment was made in line with the Trust's policy and national guidance. The payment has been included within the exit packages disclosure table.

Remuneration and Nomination Committees

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

The Board appoints the Remuneration and Nomination Committee membership which comprises exclusively Non-Executive Directors. The committee meets to determine, on behalf of the Board, the remuneration strategy for the Trust, including the framework of executive and senior manager remuneration.

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

Name	Meetings attended out of possible total
Barbara Brady (Committee Chair)	5/5
Manjeet Gill	3/5
Steve Banks	5/5
Richard Cotton	5/5

The committee also invited the assistance of the Trust's Chair, Chief Executive, Acting Chief Executive, Chief People Officer, Director of Corporate Affairs and Deputy Chief People Officer. None of these individuals, nor any other executive or senior manager, participated in any decision relating to their own appointment or remuneration.

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

During the year, the following served on the Committee, which met four times:

Name	Meetings attended out of possible total
Graham Ward (Chair)	4/4
Liz Barrett (Lead Governor)	4/4
Nabil Khan (Public Governor)	3/4
Ann Gray (Public Governor)	1/4
Kevin Stewart (Appointed Governor)	2/4
Samantha Musson (Staff Governor)	3/4
Dean Wilson (Appointed Governor)	3/4

The Committee also invited the assistance of the Director of Corporate Affairs (Sally Brook Shanahan) and the Trust's Senior Independent Director (Barbara Brady) who chaired the meeting at which the Chair's appraisal was considered. Neither they, nor any other executive or senior manager, participated in any decision relating to their own remuneration.

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

- the Chair's Appraisal
- the Chair recruitment process including the job description, person specification and remuneration and the preferred candidate for appointment
- the approach to re-appointment of three Non-Executive Directors who had reached the end of their tenure and their subsequent re-appointments.
- appointment of a Vice Chair

Disclosures required by Health and Social Care Act

Governor and Director Expenses

During the year the total number of Directors who served on the Board was 17 and the number of Governors serving on the Council of Governors totaled 22 during the year. We reimbursed expenses incurred in respect of Trust business as follows:

Directors		Total paid 2025/26 £'00	Total paid 2024/25 £'00
Graham Ward	Chair	0	0
Barbara Brady	Non-Executive Director	0.69	3.76
Manjeet Gill	Non-Executive Director	0	0
Steve Banks	Non-Executive Director	0	0

Directors		Total paid 2025/26 £'00	Total paid 2024/25 £'00
Andrew Rose-Britton	Non-Executive Director	0	0
Neil McDonald	Non-Executive Director	0	0
Dr Andrew Haynes	Specialist Adviser to the Board	0	0
Richard Cotton	Non-Executive Director	0	0
Lisa Maclean	Non-Executive Director	16.13	0
Sir Jonathan Nguyen Van-Tam	Associate Non-Executive Director	2.59	0
Dr David Selwyn	Acting Chief Executive Officer	2.43	2.81
Richard Mills	Chief Finance Officer	0	0
Rob Simcox	Director of People	2.28	2.36
Philip Bolton	Chief Nurse	0	0
Rachel Eddie	Chief Operating Officer	0	0.98
Sally Brook Shanahan	Director of Corporate Affairs	0	3.97*
	TOTAL	**24.12**	**13.88**

*Comprises SRA Practising Certificate and Compensation Fund contribution enabling previously outsourced legal work to be carried out in-house.

Governors	Constituency	Area	Total 2025/26 £'00	Total 2024/25 £'00
Ann Gray	Public Governor	Newark, Sherwood & surrounding wards	No claim	N/A
Angie Jackson	Appointed Governor	Mansfield District Council	No claim	No claim
David Walters	Appointed Governor	Ashfield District Council	No claim	No claim
Dean Wilson	Public Governor	Rest of England	No claim	No claim
Iain Peel	Public Governor	Mansfield, Ashfield and surrounding wards	No claim	N/A
Jane Stubbings	Public Governor	Mansfield, Ashfield and surrounding wards	7.65	1.32
John Doddy	Appointed Governor	Nottinghamshire County Council	No claim	No claim
John Dove	Public Governor	Mansfield, Ashfield and surrounding wards	No claim	No claim
Julie Kirkby	Public Governor	Mansfield, Ashfield and surrounding wards	No claim	N/A
Julie Scarle	Appointed Governor	Sherwood Forest Hospitals Volunteers	No claim	N/A

Governors	Constituency	Area	Total 2025/26 £'00	Total 2024/25 £'00
Justin Wyatt	Staff Governor	Staff	No claim	No claim
Kevin Stewart	Appointed Governor	Sherwood Forest Hospitals Volunteers	No claim	No claim
Linda Dales	Appointed Governor	Newark and Sherwood District Council	No claim	No claim
Liz Barrett	Public Governor	Mansfield, Ashfield and surrounding wards	No claim	No claim
Mitchel Speed	Staff Governor	Staff	No claim	No claim
Nabeel Khan	Public Governor	Mansfield, Ashfield and surrounding wards	No claim	No claim
Neal Cooper	Public Governor	Mansfield, Ashfield and surrounding wards	No claim	No claim
Nikki Slack	Appointed Governor	Vision West Notts College	No claim	No claim
Pam Kirby	Public Governor	Mansfield, Ashfield and surrounding wards	No claim	No claim
Peter Gregory	Public Governor	Newark, Sherwood & surrounding wards	No claim	No claim
Samantha Musson	Staff Governor	Staff	No claim	No claim
Shane O'Neill	Public Governor	Newark, Sherwood & surrounding wards	No claim	No claim
Tracy Burton	Public Governor	Mansfield, Ashfield and surrounding wards	No claim	No claim
TOTAL			**7.65**	**1.32**

Annual Report on Remuneration (subject to audit) *Senior Managers' Disclosure*

Remuneration report – salaries and allowances (audited)

		2025/26					
		Salary (Bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (Bands of £5,000)	Long term performance pay and bonuses (Bands of £5,000)	All pension-related benefit (Bands of £2,500)	TOTAL (Bands of £5,000)
		£'000	£	£'000	£'000	£'000	£'000
Executive Directors							
Mr P Robinson (6)	Chief Executive	-	-	-	-	-	-
Mr J Melbourne (1)	Chief Executive	90-95	-				90-95
Mr P Bolton (2)	Chief Nurse	165-170	-			-	165-170
Ms R Eddie (6)	Chief Operating Officer	25-30	-				25-30
Mr S Illingworth (7)	Chief Operating Officer	100-105	-			37.5-40.0	140-145
Dr D Selwyn (3)	Medical Director and Acting Chief Executive	225-230	200			-	225-230
Mr R Simcox	Director of People (HR)	145-150	200			47.5-50.0	195-200
Mr R Mills	Chief Financial Officer	155-160	200			52.5-55.0	210-215
Mrs S Brook Shanahan	Director of Corporate Affairs	110-115	100			32.5-35.0	145-150
Ms C Hinchley	Interim Director of Strategy and Partnerships	-	-			-	-
Dr S Roe (4)	Deputy Medical Director	185-190	700			240-242.5	430-435
Non Executive Directors							
Ms C Ward (7)	Chair	-	-	-	-	-	-
Mr G Ward (5)	Acting Chair/Chair	50-55	-			-	50-55
Ms B Brady	Non-Executive Director	10-15	100			-	10-15
Ms M Gill	Non-Executive Director	10-15	-			-	10-15
Mr S Banks	Non-Executive Director	10-15	-			-	10-15
Mr A Rose-Britton	Non-Executive Director	10-15	-			-	10-15
Mr N McDonald	Non-Executive Director	10-15	-			-	10-15
Mr J Nguyen Van-Tam (9)	Non-Executive Director	10-15	300			-	10-15
Ms L Mclean (10)	Non-Executive Director	10-15	1,600			-	10-15
M R Cotton (11)	Non-Executive Director	-	-			-	-
Dr A Haynes	Specialist Advisor to the Board	0-5	-			-	0-5

Notes (2025/26)

1- Mr J Melbourne appointed 27 October 2025. Chose not to be covered by the pension arrangements from 01 February 2026.

2 - Mr P Bolton chose not to be covered by the pension arrangements during the reporting year.

3 - Dr D Selwyn chose not to be covered by the pension arrangements during the reporting year. Left 25 January 2026.

4 - Mr S Roe joined on secondment from NUH as Deputy Medical Director appointed 20 May 2024. Appointed by SFH 1 May 2025.

5 - Mr G Ward appointed Acting Chair 24 May 2024, and on a substantive basis from February 2025.

6 - Ms R Eddie left 8 June 2025.

7 - Mr S Illingworth appointed 4 July 2025.

8 - Ms C Hichley left the position 31 March 2025.

Notes (2024/25)

6 - Mr P Robinson chose not to be covered by the pension arrangements during the reporting year. Death in service 17 February 2025.

2 - Mr P Bolton chose not to be covered by the pension arrangements during the reporting year.

3 - Dr D Selwyn Appointed Medical Director 9th Dec 2019. 2 programme activities per week for the Royal College of Anaesthetists. Appointed Deputy CEO from May 22. Chose not to be covered by the pension arrangements during the reporting year.

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

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

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.
The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV reflects the increase in CETV effectively funded by the employer. This calculation does not take account of any increase due to inflation or contributions paid by the employee.

On 1st April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The public service pensions remedy puts this right and removes the age discrimination for the remedy period, between 1st April 2015 and 31st March 2022. Part 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1st April 2022. For Part 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1st October 2023. This is called 'rollback'. Where a member is affected by rollback, the benefits in respect of their rolled back pensionable service during the remedy period are valued as being in the 1995/2008 Scheme.

Pensions Disclosure

Remuneration report – pensions (audited)									
					2025/26				
Name and Title		**Real increase in pension at pension age (bands of £2,500)**	**Real increase in pension lump sum at pension age (bands of £2,500)**	**Total accrued pension at pension age at 31 March 2026 (bands of £5,000)**	**Lump sum at pension age related to accrued pension at 31 March 2026 (bands of £5,000)**	**Cash Equivalent Transfer Value at 1 April 2025**	**Real increase in Cash Equivalent Transfer Value**	**Cash Equivalent Transfer Value at 31 March 2026**	**Employer's contribution to stakeholder pension**
Executive Directors		**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Mr P Robinson **	Chief Executive	-	-	-	-	-	-	-	-
Mr P Bolton **	Chief Nurse			-		-	-	-	-
Ms R Eddie	Chief Operating Officer			45-50.	130-135	1,264	-	-	-
Dr D Selwyn **	Medical Director and Deputy Chief Executive					-	-	-	-
Mr R Simcox *	Director of People (HR)	2.5-5.0	0-2.5	40-45.	85-90.	688	37	754	-
Mr R Mills *	Chief Financial Officer	2.5-5.0	0-2.5	35-40.	85-90.	638	39	706	-
Mrs S Brook Shanahan	Director of Corporate Affairs	0-2.5		5-10.		107	-	-	-
Dr S Roe	Deputy Medical Director	10.0-12.5	25.0-27.5	85-90.	230-235	1,820	278	2,150	-
Mr S Illingworth	Chief Operating Officer	2.5-5.0	0-2.5	35-40	100-105.	782	35	859	-
Mr J Melbourne **	Chief Executive					754	-	-	-
					2024/25				
Mr P Robinson **	Chief Executive	-	-	-	-	-	-	-	-
Mr P Bolton **	Chief Nurse	-	-	-	-	-	-	-	-
Ms R Eddie	Chief Operating Officer	0-2.5		50-55.	135-140	1,142	27	1,264	-
Dr D Selwyn **	Medical Director and Deputy Chief Executive	-	-	-	-	-	-	-	-
Mr R Simcox *	Director of People (HR)	0-2.5		35-40.	85-90.	612	16	688	-
Mr R Mills *	Chief Financial Officer			35-40.	80-85.	617	-	638	-
Mrs S Brook Shanahan	Director of Corporate Affairs	0-2.5	-	5-10.	0-5	62	27	107	-
Ms C Hinchley	Interim Director of Strategy and Partnerships			30-35.	85-90.	717	-	688	-
Dr S Roe	Deputy Medical Director	2.5-5.0	5-7.5	75-80.	200-205	1,590	82	1,820	-
Notes									
* These members' pension entitlements relate to the total values under two different NHS schemes									
** chose not to be covered by the pension arrangements during the reporting year. Involvement in the NHS pension scheme terminated from Feb 20									

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

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

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

Fair Pay Multiple

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

The banded remuneration of the highest paid director in the Foundation Trust in the financial year 2025-26 was £215,000 - £220,000 as at 31 March 2026 (2024-25 was £265,000 - £270,000). This is a change in salary between years of -18.94%. (2024-25 22.99%). Excluding 5 agency and bank staff who worked on the 31 March 2026, where their salary has been extrapolated to full year equivalent costs, no employees (2024-25, 0) received remuneration more than the highest-paid director.

For all employees of the Trust as whole the remuneration ranged from £14,763 to £215,000, (2024-25, £12,514 to £268,297). This excludes the agency and bank salaries more than the highest paid director, which have been extrapolated to yearly cost. The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full-time equivalent number of employees) between years is 4.64% (2024-25 5.21%.).

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

The median remuneration is based on annualised, full-time equivalent remuneration of all employees as at the reporting date. This has been calculated excluding any enhancements or overtime payments.
Staff benefits in kind are not included as the information is not available until July. There were no agency Board members as of 31 March 2026.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2025/26	25th Percentile £	Median £	75th Percentile £	2024/25	25th Percentile £	Median £	75th Percentile £
Salary Component of Pay	26,598	37,796	46,580	Salary Component of Pay	24,071	32,324	44,962
Total benefits excluding pension benefits	26,598	37,796	46,580	Total benefits excluding pension benefits	24,071	32,324	44,962
Pay and Benefits:Pay ratio for highest pay director	8.2	5.8	4.7	Pay and Benefits:Pay ratio for highest pay director	11.11	8.28	5.95

Prior year comparators include Non-Executive Directors.

Related party transactions

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

Compliance statement

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

Jon Melbourne
Chief Executive Officer **22nd June 2026**

Staff Report

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

The Trust's average workforce numbers from 1 April 2025 to 31 March 2026 are:

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

		2025/26		2024/25
	Total	**Permanent**	**Other**	**Total**
Medical and dental	**961**	888	73	**919**
Ambulance	**2**	2		**3**
Administration and estates	**1,323**	1,303	20	**1,364**
Healthcare assistants and other support staff	**1,288**	1,153	135	**1,301**
Nursing, midwifery and health visiting staff	**1,764**	1,618	146	**1,758**
Nursing, midwifery and health visiting learners	**2**	2		**7**
Scientific, therapeutic and technical staff	**479**	452	27	**476**
Healthcare science staff	**158**	156	2	**159**
Other	**45**	45	0	**39**
Total average numbers	**6,022**	**5,619**	**403**	**6,026**
Of which:				
Number of employees (WTE) engaged on capital projects	**1**	1		**1**

While only one full-time member of staff was employed to permanently manage capital, other staff costs have been incurred and capitalised relating to specific 2025/26 capital projects.

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

Breakdown of staff (actual headcount at 31 March 2026)

	Male	Female	Total
Director	11	4	15
Other Senior Manager	190	110	300
Employee	1173	4833	6006
Grand Total	1363	4943	6306

Staff Costs - Subject to audit

	Total	Permanent	Other	Total
	31-Mar-26	31-Mar-26	31-Mar-25	31-Mar-25
	2025/26	2025/26	2024/25	2024/25
Salaries and wages	282,418	282,418	0	270,118
Social security costs	37,724	37,724	0	30,016
Apprenticeship levy	1,407	1,407	0	1,379
Pension cost - employer contributions to NHS pension scheme	32,486	32,486	0	30,106
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	21,205	21,205	0	19,669
Pension cost - other*	21	0	21	74
Other post employment benefits	0	0	0	0
Other employment benefits	0	0	0	0
Termination benefits	0	0	0	0
Temporary staff - external bank	0	0	0	0
Temporary staff - agency/contract staff	8,952	0	8,952	13,699
TOTAL GROSS STAFF COSTS	**384,213**	**375,240**	**8,973**	**365,061**
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	0	0	0	0
Recoveries from other bodies in respect of stat	0	0	0	0
TOTAL STAFF COSTS	**384,213**	**375,240**	**8,973**	**365,061**
Included within:				
Costs capitalised as part of assets	1,679	1,679	0	1,234

Sickness absence

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

The sickness absence data for the Trust is outlined below. Please note the figures given are in calendar years (January 2025 to December 2026).

	Figures converted by DH to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
	Average FTE for 2025	**Adjusted FTE days lost to Cabinet Office**	**Average Sick Days per FTE**	**FTE-Days Available**	**FTE-Days Lost to Sickness**
Sherwood Forest Hospitals NHS Foundation Trust	5,607.3	65,391.9	11.6	1,962,541.0	90,391.9

Health and Safety at Work 2025/26

The Trust is committed to protecting the health, safety and wellbeing of everyone who works in, receives care from, or visits our services. This commitment is rooted in the NHS Constitution and our People Strategy 2025-2029, and it means doing everything reasonably practicable to prevent avoidable harm and to provide safe, healthy workplaces.

Our Health and Safety Team works alongside managers, staff, trade union safety representatives, specialist clinical and corporate teams, and external partners to identify hazards, assess and control risks, and learn from events when things go wrong. This reflects the Health and Safety at Work etc. Act 1974 principle that keeping people safe is a shared responsibility across the organisation.

We encourage divisional management teams, staff representatives and key stakeholders to work together on health and safety, including acting on concerns raised by staff and sharing good practice. This helps us build a positive safety culture where risks are managed early and improvements are sustained.

The Health and Safety Committee is our main forum for consultation on work-related health and safety. It meets every two months, reviews performance and key risks, and agrees actions to reduce harm. The Committee reports into the Trust's governance arrangements via the Risk Committee, ensuring senior oversight and clear accountability. It also works closely with the People Wellbeing Cabinet, the Estates Governance Group and the Infection Prevention and Control Committee so that safety risks are managed in a coordinated way across the organisation.

We monitor health and safety performance using proactive indicators (such as risk assessments, audits, training compliance and workplace inspections) and reactive indicators (such as incident reporting and investigation). One key external benchmark is the number and rate of non-fatal injuries that meet the reporting threshold to the Health and Safety Executive under RIDDOR (2013). In 2025/26, the Trust reported 11 RIDDOR injuries, the same number as the previous year, with a staff headcount of 6,398 (compared to 6,253 in the previous year).

This means our RIDDOR injury rate for 2025/26 is 172 per 100,000 employees. This is lower than the Health and Safety Executive's published national average of 260 per 100,000 workers for the human health activities sector, demonstrating that our controls are effective and that we continue to reduce avoidable harm.

Our serious injury rate in 2025/26 is also an improvement on last year's rate of 179 per 100,000 workers.

Importantly, there has been no increase in the Trust's rate of serious injuries since 2017/18, achieved alongside an increase in headcount over the past six years. We will continue to use incident investigations, learning reviews and action tracking to prevent recurrence.

Looking ahead, our health and safety priorities will align with our People Strategy and will focus on continuous improvement in areas where we can reduce harm further: preventing and reducing workplace ill-health, improving staff wellbeing, and reducing work-related violence and aggression. We will track progress through our governance arrangements and use data, staff feedback and learning from incidents to target improvements.

Together, these arrangements and improvement initiatives support excellent patient care by providing a safe environment for staff, patients, visitors and contractors, and by reducing the likelihood of avoidable harm.

People policies and actions applied during the financial year

The Trust operates a clear and robust governance framework for the development, approval and ratification of policies and procedures relating to its workforce. This framework ensures that all people policies are subject to appropriate scrutiny and oversight, supporting fairness, consistency and compliance with statutory requirements.

All people policies are subject to an Equality Impact Assessment (EIA) as part of the approval process. This ensures that potential impacts across all protected characteristics are considered and that any risks of direct or indirect discrimination or inequity are identified and mitigated. During 2025/26, the Trust strengthened its EIA approach through updated guidance for policy authors and a revised assessment framework. This includes enhanced clarity on governance requirements and the systematic review of EIAs by the People Equality, Diversity and Inclusion (EDI) team to provide additional assurance.

The Trust's people policies support the full employment lifecycle, including recruitment, onboarding, statutory and mandatory training, and ongoing professional development. They set clear expectations in relation to conduct, behaviour and performance, while also providing mechanisms for staff to raise concerns safely and confidently, in line with the Trust's commitment to a just and inclusive culture.

The Trust continues to promote fair and inclusive recruitment practices to ensure equitable access to employment opportunities for all candidates.

The Trust holds 'Disability Confident Employer' status (valid until March 2026), reflecting its commitment to supporting disabled people in the workplace. This includes guaranteeing interviews for applicants with disabilities who meet the essential criteria, making reasonable adjustments throughout the recruitment process and in employment, supporting staff to disclose disabilities through well-being conversations, and promoting

disability awareness across the workforce. Progress against these commitments is reviewed annually to support continuous improvement.

The Trust is also a signatory to the Mindful Employer charter (valid until July 2026), demonstrating its commitment to supporting staff experiencing mental ill-health. This includes providing non-judgmental and proactive support, ensuring fair recruitment practices in line with the Equality Act 2010, equipping line managers to support mental health in the workplace, and fostering a culture where staff feel safe to disclose mental health conditions and access appropriate support and adjustments.

Supporting staff wellbeing remains a key priority for the Trust. During 2025/26, the Trust has continued to strengthen its wellbeing offer, embedding a holistic approach that includes mental health, financial wellbeing and overall employee wellbeing. This includes creating opportunities for staff to engage in well-being conversations, access support services and develop resilience, contributing to a healthier, more engaged workforce.

Expenditure on consultancy

Consultants have been used where specific expertise is required which is not available in-house or where the capacity to complete a time limited exercise does not exist. No consultancy has been used for Executive level appointments. The Trust spent £0.14m on consultancy during the year, (2024/25 £0.59m).

Off-payroll engagements

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

Table 1: For all off-payroll engagements as of 31 March 2026, for more than *£245* per day and that last for longer than six months

Number of existing engagements as of 31 March 2026	0
Of which...	
No. that have existed for less than one year at time of reporting	0
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0

No. that have existed for four or more years at time of reporting.	0

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2025 and 31 March 2026, for more than *£245* per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2025 and 31 March 2026	0
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2025 and 31 March 2026

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	0

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

Process for off-payroll arrangements

The Trust's Temporary Worker Engagement Policy has a section covering the Engagement of Self-Employed Contractors wherein it is stated that Self Employed Contractors must never be engaged to cover business as usual operational resourcing requirements, staff vacancies and/or rota gaps. The engagement of Self-Employed Contractors would only ever be considered for specific project work and then only when an output-based and/or staged payment mechanism is possible.

Any manager considering the engagement of a Self-Employed Contractor is required to first seek the approval of the Trust's External Engagement Group. If the engagement is deemed appropriate and is approved by the External Engagement Group, then the requesting manager must refer to the Trust's Procurement Department for the specialist procurement and contracting advice and support that will be required to enable the engagement.

Exit packages (subject to audit)

	2025/26			2024/25		
	Number of Compulsory Redundancies	Number of Other Departures agreed	Total Number of exit Packages by Cost Band	Number of Compulsory Redundancies	Number of Other Departures agreed	Total Number of exit Packages by Cost Band
<£10,000	0	28	28	0	1	1
£10,001 - £25,0000	0	20	20	0	4	4
£25,001 - £50,000	0	14	14	0	0	0
£50,001 - £100,000	0	6	6	0	2	2
£100,001 - £150,000	0	0	0	0	1	1
£150,001 - £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0
Total number of packages by type	0	68	68	0	8	8
Total resource used	0	1363	1363	0	363	363

	2025/26		2024/25	
	Agreements Number	Total Value of Agreements £000	Agreements Number	Total Value of Agreements £000
Voluntary redundancies including early retirement	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	62	1170	0	0
Early retirement in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	6	193	8	363
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non contractual payments requiring HMT approval	0	0	0	0
Total	68	1363	8	363
Of which:				
non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

Staff Survey

National Staff Survey

Staff Experience and Engagement

An essential vehicle for hearing the voices of Trust colleagues is through the annual National Staff Survey. Each year, the Trust's culture improvement priorities are reviewed and refreshed in line with the results from the annual Staff Survey along with feedback from quarterly pulse surveys, the Freedom to Speak Up Guardian reports, HR workforce information, and Divisional feedback. Evidence from these sources suggests Sherwood maintains a high-quality, positive culture and when challenges arise, teams and individuals receive support in resolving them.

Engagement with colleagues remains a Trust priority, with the People Directorate working closely with the Trust Communications team to maximise internal communication channels and provide opportunities for two-way communication wherever possible through a “Your Voice” counts approach.

NHS Staff Survey

The NHS staff survey is conducted annually with the survey questions aligning with the seven elements of the NHS ‘People Promise’ along two previous themes of engagement and morale. All indicators are based on a score out of 10 for specific questions, with the indicator score being the average of those.

The response rate to the 2025/26 survey among Trust staff was 58% (compared to 63% in 2024/25), which is higher than the national average of 47%. This is the second-highest number of colleagues completing the survey over the last five years.

2025/26, 2024/25 and 2023/24

Scores for each indicator, together with those of the survey benchmarking group (Acute and Acute community trusts) are presented below:

Indicators ('People Promise' elements and themes)	2025/26		2024/25		2023/24	
	Trust Score	Benchmarking Group Score	Trust Score	Benchmarking Group Score	Trust Score	Benchmarking Group Score
People Promise						
We are compassionate and inclusive	7.4	7.3	7.6	7.3	7.7	7.3
We are recognised and rewarded	5.9	5.9	6.2	5.9	6.3	6.0
We each have a voice that counts	6.7	6.6	7.0	6.7	7.1	6.7
We are safe and healthy	6.0	6.1	6.3	6.1	6.5	6.1
We are always learning	5.7	5.6	6.0	5.6	6.1	5.6
We work flexibly	6.2	6.2	6.5	6.2	6.6	6.2
We are a team	6.8	6.8	7.0	6.7	7.1	6.8
Staff Engagement	6.7	6.7	7.1	6.8	7.3	6.9
Morale	5.9	5.8	6.3	5.9	6.5	6.0

For 2025/26 the Trust's benchmarking position nationally, regionally and East Midlands is as follows:

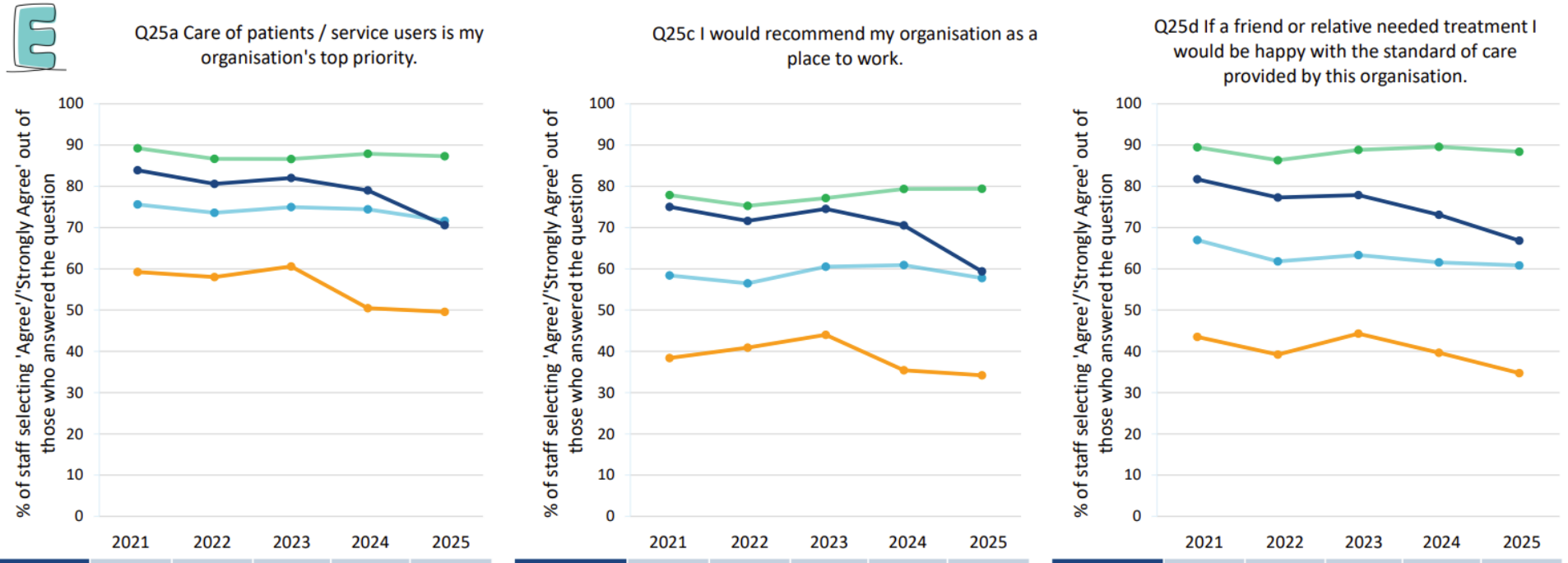
Theme	National Position (Out of 124 Acute/Acute Community Trusts)	Regional Position (Out of 21)	East Midlands (Out of 9)
We are compassionate and inclusive	37th	5th	2nd
We are recognised and rewarded	63rd	6th	3rd
We each have a voice that counts	49th	7th	3rd
We are safe and healthy	65th	8th	4th

We are always learning	43rd	6th	3rd
We work flexibly	75th	13th	6th
We are a team	39th	5th	3rd
Staff Engagement	66th	8th	3rd
Morale	53rd	7th	3rd

The graphs below summarises the Trust 2025 National Staff Survey results for three key questions:

People Promise elements and theme results – Staff engagement: Advocacy

Survey Coordination Centre NHS



	2021	2022	2023	2024	2025
Your org	83.88%	80.61%	82.03%	79.01%	70.58%
Best result	89.24%	86.64%	86.62%	87.88%	87.31%
Average result	75.58%	73.58%	74.95%	74.42%	71.63%
Worst result	59.25%	57.99%	60.58%	50.48%	49.59%
Responses	3312	3355	3542	3828	3586

	2021	2022	2023	2024	2025
Your org	75.03%	71.61%	74.51%	70.55%	59.36%
Best result	77.86%	75.26%	77.14%	79.37%	79.40%
Average result	58.41%	56.47%	60.52%	60.89%	57.77%
Worst result	38.40%	40.90%	44.01%	35.43%	34.20%
Responses	3310	3356	3542	3822	3584

	2021	2022	2023	2024	2025
Your org	81.70%	77.30%	77.87%	73.12%	66.83%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	3318	3356	3544	3815	3579

It should be noted that scores across all questions declined in 2025. This mirrors the national picture where scores have seen either no improvement or a decline in results.

2025/26, 2024/25 and 2023/24

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

	2025/26		2024/25		2023/24	
	Trust	Benchmark Group	Trust	Benchmark Group	Trust	Benchmark Group
We are compassionate and inclusive						
Compassionate Culture	7.02	6.97	7.45	7.05	7.64	7.06
Compassionate Leadership	7.13	6.99	7.29	6.98	7.32	6.96
Diversity and Equality	8.49	8.37	8.41	8.08	8.69	8.41
Inclusion	6.80	6.80	6.95	6.81	7.08	6.86
We have a voice that counts						
Autonomy and Control	6.91	6.92	7.14	6.96	7.26	6.99
Raising Concern	6.40	6.30	6.81	6.38	6.94	6.41
We are safe and healthy						
Health and Safety Climate	5.46	5.39	5.89	5.49	6.11	5.45
Burnout	4.83	4.94	5.10	5.01	5.22	4.99
Negative Experience	7.85	7.90	7.91	7.79	8.02	7.91
We are always learning						
Development	6.31	6.29	6.67	6.40	6.83	6.45
Appraisals	5.11	4.89	5.35	4.86	5.29	4.75
We Work Flexibly						
Support for work-life balance	6.31	6.28	6.58	6.30	6.75	6.25
Flexible Working	6.00	6.15	6.36	6.17	6.53	6.15
We are a team						

Team Working	6.67	6.64	6.84	6.67	6.96	6.68
Line Management	6.98	6.82	7.12	6.82	7.15	6.80
Staff Engagement						
Motivation	6.72	6.87	7.12	6.98	7.28	7.05
Involvement	6.76	6.77	7.02	6.83	7.18	6.86
Advocacy	6.69	6.63	7.25	6.70	7.50	6.74
Morale						
Thinking about leaving	6.01	6.00	6.47	6.04	6.74	6.06
Work Pressure	5.30	5.20	5.91	5.36	6.17	5.30
Stressors	6.35	6.35	6.55	6.38	6.65	6.38

The benchmarking data from 2023 to 2025/26 shows that scores have deteriorated at Sherwood Forest Hospitals NHS Foundation Trust.

The 2025 NHS Staff Survey National picture highlights a workforce facing growing pressure, with clear signs of declining wellbeing, reduced morale and confidence, increasing operational strain, and a continuing rise in negative behaviours from patients and the public, outlining an overall picture of a system struggling to maintain a positive and supportive working environment.

Future Priorities and Targets:

In response to the Trust results, the Trust has committed to the following priority areas for 2026 under “Together We Will”.

The Trust aims to continue improving workforce experience and the quality of its services by focusing on these key areas led by an Executive colleague.

The Trust commitments are also underpinned by Divisional commitments

The Trust also continues to ensure that it engages with colleagues more meaningfully through one-to-one interactions with its teams, ensuring that everyone's voice is heard, including those who choose not to participate in the survey. The Trust wants to ensure that for the National Staff Survey in 2026, its response rates improve by reaching those voices.

Actions and Monitoring

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

The reports are analysed, including a review of the anonymous comments that were captured in the free text, as these provide further important context. Analysis is also undertaken by staff groups, divisions, departments, and sites. The People Cabinet will consider the themes and comments in detail and maintain oversight of Trust cultural improvements, with regular updates to the Trust's People Committee.

Divisional and Departmental leads are sent a copy of the Trust report, their divisional results and the free-text anonymous comments. They then actively explore the themes further with their teams and develop improvement initiatives pertinent to their division to address areas of concern. This also applies to corporate areas. The Trust will undertake engagement sessions with divisional triumvirate leadership teams for them to present their reflections on their findings and to identify what support they need to improve the culture within their divisions.

The results are triangulated with other data sources such as the quarterly pulse surveys, workforce Key Performance Indicators (KPIs) and Speaking Up concerns. This enables more targeted actions and interventions to be identified and supported by People Directorate teams. This year we have designed an in-house Business Intelligence dashboard hosted on the intranet to allow any leader or individual in the organisation to review their own area's results which has again been updated with 2025/26 results.

The diversity and inclusivity results will be explored by the Trust staff networks and appropriate actions incorporated into their work programmes. The performance of the programme is reported through to the People Committee. Such performance and activity is also reviewed in line with key priorities associated with the Trust's requirements under the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) for example.

Equality Reporting

During 2025/26, the Trust has continued to deliver against its Equality, Diversity and Inclusion (EDI) Improvement Plan, aligned to the NHS EDI Improvement Plan published in June 2023. This three-year programme set out targeted actions to address inequalities, discrimination and structural barriers affecting staff across the NHS workforce, with a focus on improving culture, behaviours, policies and practices.

The Trust has maintained a strong focus on embedding an inclusive culture and ensuring that EDI considerations are integral to workforce planning, leadership and organisational development. Progress against the national High Impact Actions has been monitored throughout the year, with a formal self-assessment completed in January 2025 and externally assured by NHS England (Midlands) in March 2025.

The Trust received a positive assurance outcome, being recognised as a high-performing organisation within the Nottingham and Nottinghamshire Integrated Care System and among the stronger performing trusts across the Midlands region. The assurance review highlighted:

- strong and consistent progress across all High Impact Actions
- an effective and well-evidenced approach to recruitment and talent management, including meaningful community engagement
- a clear and embedded commitment to anti-racism, supported by a zero-tolerance approach to discrimination.

The Trust received particular recognition for its delivery of High Impact Action 2 (recruitment and talent management). As a result, the Trust was invited to share its approach at a regional NHS England EDI Improvement Plan webinar in July 2025, providing an opportunity to contribute to system-wide learning and improvement.

During 2025/26, the Trust has also contributed to the national development of future EDI priorities. In February 2026, representatives attended a national workshop hosted by NHS England to inform the next phase of the EDI Improvement Plan. The Trust will continue to build on progress to date and remains committed to advancing equality, diversity and inclusion across the organisation.

Mandatory equality reporting (2025/26)

The Trust has met its statutory and national reporting obligations in relation to workforce equality, including:

- Gender Pay Gap reporting
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES).

The data from these reports is reviewed regularly to identify areas of disparity and inform targeted action plans. Progress against these plans is monitored through established governance structures to support continuous improvement.

The Trust has fulfilled its obligations under the Equality Act 2010 (Gender Pay Gap Information) Regulations, with the 2025/26 Gender Pay Gap report providing transparency on pay differentials between male and female employees. Gender Pay Gap Report 2026

The annual WRES and WDES reports provide detailed analysis of workforce representation, experience and progression, supporting the Trust to identify and address inequalities across the workforce.

WRES: Workforce Race Equality Standard (WRES) Report 2025-2026

WDES: Workforce Disability Equality Standard (WDES) Report 2025-2026

The Trust has also met its obligations under the Public Sector Equality Duty through the publication of its annual Equality, Diversity and Inclusion (EDI) Activity Report, which outlines progress against equality objectives and actions taken to eliminate discrimination, advance equality of opportunity and foster good relations. People Equality, Diversity, and Inclusion Annual Report 2024-2025

All reports are published on the Trust's website in line with national requirements and inform ongoing improvement activity and governance oversight of equality, diversity and inclusion.

Culture, inclusion and respect (2025/26)

The Trust is committed to creating a safe, inclusive and respectful working environment for all colleagues. During 2025/26, significant progress has been made in strengthening the Trust's approach to tackling discrimination, promoting inclusion and preventing unacceptable behaviours.

Broadening our approach to inclusion: #NoHateHere

During the year, the Trust undertook a review of its Anti-Racism Strategy, originally launched in 2022. This review drew on a range of data sources, including National Staff Survey results, local staff experience surveys, incident reporting data and the lived experiences of colleagues shared through Freedom to Speak Up and staff networks.
While improvements were identified in some areas, the review confirmed that racism and other forms of discrimination continue to impact colleagues. It also highlighted the disproportionate experiences of some groups, including colleagues from ethnic minority backgrounds, the LGBTQ+ community and those with disabilities.

In response, the Trust has broadened its focus from a singular anti-racism strategy to a more inclusive and action-oriented approach addressing all forms of discrimination. This has led to the development of the #NoHateHere initiative, building on the Trust's existing Expect Respect Not Abuse programme.

The initiative was developed collaboratively with staff networks, the People Wellbeing and Belonging sub-cabinet and the Violence Prevention and Reduction Working Group. It focuses on:

- providing appropriate wellbeing and practical support for colleagues who experience discrimination
- ensuring consistent and proportionate responses to unacceptable behaviour
- equipping staff with the skills and confidence to respond to incidents.

#NoHateHere was launched internally during National Hate Crime Awareness Week in October 2025 and externally in December 2025, supporting increased awareness and engagement across the organisation and wider community.

Violence prevention and sexual safety

Aligned to this broader cultural approach, the Trust has continued to strengthen its work to prevent violence, aggression and inappropriate behaviour, including sexual misconduct.

Building on the introduction of the Expect Respect Not Abuse campaign and the Trust's commitment to the NHS Sexual Safety Charter, activity during 2025/26 has focused on prevention, reporting and support. This has included the development of a Violence Prevention Plan, delivery of targeted training (including Sexual Safety Investigation Training), and the promotion of a culture where staff feel safe to speak up about their experiences.

Additional support has been introduced for colleagues affected by incidents, alongside initiatives to improve awareness and engagement. These have included a Sexual Safety Schwartz Round in February 2025, providing a safe space for colleagues to share lived experiences, and a Trust-wide Sexual Safety and Violence Prevention conference in May 2025. Feedback from these events highlighted the value of open dialogue and shared learning in supporting cultural change.

During the latter part of the year, governance arrangements for this work were reviewed. Following a pilot combined approach, it was agreed that dedicated working groups for violence prevention and sexual safety would provide greater focus and support more effective delivery of priorities.

Active bystander culture

The Trust has also continued to develop an active bystander culture, empowering staff to challenge inappropriate behaviours safely and constructively.
Active Bystander training was introduced during 2025/26, with 326 staff participating between June and November 2025. The programme has supported increased awareness, confidence and capability among staff to respond to discrimination and unacceptable behaviour, contributing to a more inclusive and respectful workplace.

Staff networks and engagement

Staff networks continue to play a key role in supporting inclusion, engagement and the co-production of EDI initiatives. During the year, new Chairs and co-Chairs were appointed across several networks, strengthening leadership and representation. Executive sponsorship arrangements have also been refreshed to ensure continued alignment with organisational priorities.

The Trust has continued to support a range of staff-led initiatives and engagement activities, including awareness events and campaigns to promote inclusion, celebrate diversity and support staff wellbeing.

Wider EDI progress

During 2025/26, the Trust has continued to strengthen its EDI infrastructure and capability. This has included the introduction of a revised Equality Impact Assessment process and supporting guidance, alongside training and assurance arrangements to support consistent application across the organisation.

The Trust has also delivered a programme of awareness and engagement activities throughout the year, supporting greater understanding of equality, diversity and inclusion across the workforce. There has been a continued focus on improving workforce data quality, including an increase in disability declaration rates, supporting better insight and targeted action.

Recognition of individual and organisational contributions to EDI has continued through internal awards and external engagement, reinforcing the importance of inclusive behaviours and leadership.

Looking ahead

During 2026/27, the Trust will continue to build on this work through:

- delivery of the #NoHateHere action plan
- continued implementation of the Violence Prevention Plan and Sexual Safety Work plan
- further expansion of Active Bystander training, including targeted delivery informed by workforce data.

This integrated approach supports the Trust's ongoing commitment to fostering a culture where all colleagues feel safe, valued and respected.

Staff Networks

In May 2024, the Trust relaunched its Staff Networks with a new structure including individual network Safe Spaces, an all-networks support group and an all-networks action group.
The new structure enables members to use their protected time for the network activity that matters most to them.

By bringing all the networks together for the support and action groups the Trust is achieving greater allyship across all networks and has been able to consolidate actions from all networks into one action plan.

Throughout the year, the Trust has recruited to vacant Chair and Co-Chair positions, so all networks now have both a Chair and Co-Chair.

Modern Slavery

Trust Responsibilities Under the Modern Slavery Act 2015

This section sets out the Trust's responsibilities and actions under Section 54 of the Modern Slavery Act 2015, detailing the measures in place to prevent modern slavery and human trafficking across all Trust operations and within its supply chain.
Modern slavery includes slavery, servitude, human trafficking, and forced labour. SFHFT recognises the critical role the NHS plays in identifying, preventing, and responding to these crimes, as well as supporting those affected. The Trust remains fully committed to the government's objective of eradicating modern slavery and upholding the highest standards of ethical conduct, integrity, and transparency. To support this commitment, the Trust maintains robust systems and controls designed to prevent exploitation in any form.
The Trust also provides assurance on its public website that it does not commission services associated with modern slavery and actively participates in local and national reviews involving individuals who may have experienced exploitation.
Every member of staff has a personal responsibility to help prevent modern slavery and human trafficking. The Procurement Department holds lead responsibility for ensuring compliance and due diligence within the supply chain.
Throughout 2025/26, the Procurement Team and the Trust Safeguarding Team continued to work collaboratively to ensure all procurement staff understand the risks associated with modern slavery and the actions required when concerns arise.

Policies on Slavery and Human Trafficking

Ethical Standards and Supply Chain Responsibilities

The Trust recognises its obligations to patients, caregivers, employees, and the wider community, and expects all suppliers to uphold the same ethical standards. The Trust's supply chain includes agency staffing, medical services, consumables, facilities maintenance, utilities, and waste management. The Trust is committed to ensuring that modern slavery and human trafficking are absent from all aspects of its operations and supply chain. Internal policies reflect this commitment to ethical conduct and integrity.

All contracted suppliers must agree to the Trust's terms and conditions, which include explicit provisions requiring them to prevent slavery and human trafficking within their own supply chains and to operate in accordance with Trust policies.
To ensure ethical and transparent business practices, the Trust has implemented a range of internal policies, including:

Recruitment Policy
The Trust maintains a comprehensive recruitment policy and undertakes due diligence to identify and mitigate risks of modern slavery and human trafficking by:

- Pre-employment checks to verify identity and right to work in the UK.
- Ensuring recruitment agencies are part of NHS England's approved frameworks and subject to audits confirming all required clearances for agency personnel.
- Adhering to NHS Agenda for Change Terms and Conditions to ensure fair pay and contractual arrangements.
- Engaging with Trade Unions on any proposed changes to employment terms and conditions.

Equal Opportunities
The Trust implements measures to protect employees from exploitation and ensure compliance with legal and regulatory standards. These include fair employment terms, mandatory Equality, Diversity and Inclusion training, and access to further training and professional development.

Safeguarding Policies (Including Managing Allegations Policy)
The Trust follows the principles set out in its Think Family, Safeguarding Adults, and Safeguarding Children policies. These align with Nottinghamshire's multi-agency safeguarding arrangements and provide clear guidance for staff on responding to concerns about the treatment of colleagues, service users, or practices within the Trust or its supply chain.

Speaking Up Policy: The Trust operates a Speaking Up Policy to empower all employees to voice their concerns regarding the treatment of colleagues or individuals utilising its services, as well as any practices within its organisation or supply chain, without the fear of retaliation.

Employment Policies
Employment policies - including those covering DBS checks, employment records, professional registration, and induction - set out the Trust's procedures for vetting and barring. These include verifying eligibility to work in the UK and ensuring compliance with national NHS employment standards. These standards include guidance on identifying and supporting potential victims of modern slavery and the requirement to notify the Home Office where appropriate.

Working With Suppliers

The Trust is committed to identifying and addressing risks of slavery and human trafficking within its supply chain. Contractual provisions ensure that suppliers uphold the same standards as the Trust.

Key measures include:

- Vetting all suppliers through a Selection Questionnaire before appointment to a framework agreement.
- Issuing all contracts under NHS Terms and Conditions, which allow termination for breaches of labour laws.
- Applying NHS Terms and Conditions for non-clinical purchases and the NHS Standard Contract for clinical services, both of which require compliance with relevant legislation.
- Requiring staff to engage with the Procurement Department before establishing relationships with new suppliers to ensure appropriate checks are completed.

If a subcontractor is found to have breached child labour laws or engaged in human trafficking, they will be excluded under Regulation 57 of the Public Contracts Regulations 2015, and the main contractor will be required to replace them with a compliant subcontractor.
The Procurement Team adheres to the CIPS (Chartered Institute of Procurement & Supply) Code of Professional Conduct, ensuring professional, ethical, and transparent procurement practices.

Training
The Trust ensures that staff receive clear guidance and training on modern slavery and human trafficking through its mandatory safeguarding programmes for adults and children. This training is supported by the Trust Safeguarding Team and reinforced through safeguarding policies and procedures. The topic is also covered during the mandatory safeguarding induction day for all new employees, ensuring that awareness begins at the point of entry into the organisation.
The Trust remains committed to increasing organisational awareness and strengthening understanding of the risks associated with modern slavery and human trafficking within both its supply chains and wider business operations. Ongoing education helps ensure that staff are equipped to identify concerns and take appropriate action in line with Trust procedures.

Performance Indicators
The Trust evaluates the effectiveness of its actions to prevent modern slavery and human trafficking within its operations and supply chain through the following indicators:

- Absence of internal or external reports — no concerns raised by employees, members of the public, or law enforcement indicating that modern slavery may be occurring within the Trust.
- Monitoring referrals to Social Care — tracking referrals and proactively reporting any cases identified during service delivery where service users may be victims of modern slavery within the community.

In addition, the Trust produces quarterly and annual safeguarding reports that detail any concerns raised, along with emerging trends and themes.

These reports support continuous improvement and help ensure that the Trust maintains strong oversight of safeguarding risks, including those related to modern slavery.

Sustainability

Task force on climate-related financial disclosures (TCFD)

During 2025/26, Sherwood Forest Hospitals NHS Foundation Trust (SFH) progressed to **Phase 3** of the NHS England Task Force on Climate-related Financial Disclosures (TCFD) implementation framework. Phase 3 introduces the **Strategy** pillar, completing the four mandatory areas of disclosure set out by TCFD: Governance, Strategy, Risk Management, and Metrics and Targets.
The Trust successfully met Phase 2 requirements in earlier years, which focused on Governance, Risk Management and Metrics and Targets. This report therefore represents a transition from compliance-led reporting towards a more strategic integration of climate-related risks and opportunities into long-term planning, financial decision-making and organisational resilience.

Trust Board oversight of climate-related issues

Oversight of climate-related risks and opportunities is embedded within the Trust's formal governance framework. Climate change is recorded on the **Board Assurance Framework** as **Principal Risk 8 (PR8): Failure to deliver sustainable reductions in the Trust's impact on climate change**. This designation reflects the potential for climate-related impacts to affect service delivery, financial performance, regulatory compliance and organisational reputation.
The **Finance and Performance Committee** holds delegated responsibility for oversight of PR8. Progress against this principal risk is reviewed on a monthly basis, with formal updates provided to the Trust Board three times per year. This ensures that climate-related matters are subject to the same level of scrutiny and assurance as other significant organisational risks.

Strategic oversight is provided by the **Sustainable Development Strategy Group (SDSG)**, chaired by the Chief Financial Officer. The SDSG provides assurance that sustainability considerations are appropriately reflected in corporate strategy, capital planning and major investment decisions.

Management responsibilities

Operational responsibility for delivering climate-related actions sits with the **Sustainable Development Operational Group (SDOG)**. This group coordinates activity across the Trust's Greener People, Greener Estates and Greener Care programmes and ensures alignment between estates, procurement, clinical services and corporate functions.
Named leads within sustainability, estates and clinical services support delivery at divisional level. These arrangements ensure climate considerations are embedded within day-to-day operational management and support consistent implementation across the organisation. The Trust considers its governance and management structures to be fully aligned with TCFD Governance requirements.

4. Strategy

3.1 Climate-related risks and opportunities across time horizons

As part of Phase 3 implementation, SFH has assessed climate-related risks and opportunities across the short, medium and long term, aligned to established planning and investment cycles.

In the **short term**, climate considerations are addressed through annual operational planning, divisional and service-level business continuity arrangements and the Trust-wide Adverse Weather Plan. These measures ensure preparedness for immediate climate-related disruptions, including extreme weather events and associated impacts on staff, patients and infrastructure.

Over the **medium term**, climate risk and opportunity assessment informs financial planning, estates strategy development, infrastructure investment programmes and digital transformation. Key priorities within this timeframe include delivery of the Trust's Green Plan, development of heat decarbonisation measures, infrastructure resilience and adaptation planning.

In the **long term**, climate considerations are embedded within the delivery of the Estates Strategy and long-term financial planning, with a focus on resilience, decarbonisation and alignment with NHS Net Zero targets for 2040 (direct emissions) and 2045 (supply chain emissions).

3.1.1 Physical risks

The primary physical climate risks identified for the Trust include increased frequency and intensity of extreme heat, flooding, storms and unseasonal weather events. These risks have the potential to disrupt service delivery, damage infrastructure and affect patient and staff safety.

Mitigation measures include the Trust-wide Adverse Weather Plan, local business continuity plans across all divisions and the Business Continuity Management System. These arrangements are reviewed regularly to ensure they remain effective as climate risks evolve.

3.1.2 Transition risks

Transition risks arise from changes in regulation, national NHS policy, technological developments and market expectations linked to decarbonisation. These risks are managed through the Trust's Green Plan, Procurement Strategy and estates investment programmes.

Environmental and social value considerations now account for 10 per cent of quality scoring within procurement processes, supporting reductions in supply chain emissions. Digital transformation initiatives, including electronic patient records, ambient artificial intelligence technologies and reductions in paper use, also contribute to emissions reduction while improving service efficiency.

3.1.3 Opportunities

The Trust has actively pursued opportunities associated with the transition to a low-carbon healthcare system.

External funding has been secured to support energy efficiency and decarbonisation initiatives, including £3 million from the NHS Energy Efficiency Fund (NEEF3) in 2024 and additional funding for enhanced energy sub-metering in 2025.
Technical support from Midlands Net Zero is supporting the development of a Heat Decarbonisation Plan, scheduled for completion in 2026. These initiatives are expected to reduce energy consumption, strengthen estate resilience and mitigate long-term financial exposure to energy and carbon costs.

3.2 Determining materiality

Climate-related risks are assessed in line with the Trust's **Risk Management and Assurance Policy**, which sets out criteria for determining significance and prioritisation. Given its designation as a principal risk, climate change receives Board-level oversight rather than being managed solely at an operational level.

3.3 Impact on strategy and financial planning

Climate considerations influence a range of strategic and financial decisions, including estates upgrades, energy efficiency investments, emergency preparedness and long-term resilience planning. The Trust maintains a comprehensive Business Continuity Plan, supported by service-level continuity arrangements and oversight through the Resilience Assurance Committee. External engagement through the Integrated Care Board Emergency Preparedness, Resilience and Response arrangements further strengthens system-wide coordination.

4. Risk Management

Climate-related risks are identified through routine risk reporting, analysis of incident trends, service-level intelligence and engagement with national and regional intelligence. The Trust aligns its assessment with the National Risk Register and Community Risk Register via the Local Resilience Forum.
Once identified, climate risks are assessed and managed using the same processes as all other organisational risks. They are reviewed quarterly by the Risk Management Committee and escalated through SDOG, SDSG and relevant Board committees as required. The Trust recognises that climate-related risks are likely to increase in severity over time and continues to review controls and mitigation measures accordingly.

5. Metrics and Targets

5.1 Metrics

The Trust monitors a defined set of sustainability metrics, including total energy consumption, energy use per square metre, cost trends, progress against Green Plan actions and carbon emissions reported through the NHS England Greener NHS Dashboard using a 2020/21 baseline.

5.2 Performance

Recent estates investment, including a Trust-wide LED lighting upgrade, is expected to reduce energy consumption from 2025/26 onwards.

However, planned estate expansion, including the Kings Mill MRI building and Mansfield Community Diagnostics Centre opening in 2026, is expected to influence overall energy demand.

Substantial reductions in nitrous oxide emissions have been achieved following the transition to local cylinder supply on anaesthetic trolleys and the decommissioning of manifold systems in 2025. These changes have significantly reduced associated carbon emissions.

5.3 Internal carbon pricing

The Trust does not currently apply internal carbon pricing. This position will be reviewed as national policy, regulatory expectations and NHS guidance continue to develop.

Conclusion

Sherwood Forest Hospitals NHS Foundation Trust has established mature governance, strategy, risk management and performance monitoring arrangements for climate-related risks and opportunities. Completion of Phase 3 of the TCFD framework confirms that climate change is now fully embedded within strategic planning, financial oversight and operational delivery.

The Trust remains committed to investing in sustainable infrastructure, strengthening resilience to climate impacts and supporting the NHS ambition to achieve Net Zero, while continuing to work collaboratively with system and regional partners.

Valuing our Members

Changes to the Trust's membership in 2025/26

Changes in the Trust's Constitution during the year have better aligned its constituency boundaries to the core communities the Trust serves, with existing constituencies renamed to make them more meaningful to local communities and encourage better engagement from Trust members and governors.

The changes to the Constitution also created a new 'Rest of England' constituency to represent the views of patients from outside of the local area, with the introduction of that constituency also supporting the Trust to recruit the highest calibre of Non-Executive Directors, Associate Non-Executive Directors and Governors from outside the communities nearest to the Trust's hospitals.

The changes in the Constitution have also created a 'digital only' election model which has supported the Trust in its efforts to improve its financial position by significantly reducing the cost of running Council of Governor elections.

The changes resulted in all nine vacancies on the Trust's Council of Governors being filled at its latest Council of Governor elections in April 2025.

Further elections will commence in May 2026 for eight seats on the Trust's Council of Governors.

Membership information following the most recent election in April 2025

Public breakdown by constituency

Mansfield, Ashfield and surrounding wards	2,829	77.38%
Newark, Sherwood and surrounding wards	474	12.96%
Rest of England	353	9.66%

Public membership breakdown

	Membership profile	Population profile
Age (years)		
0-16	0.00%	19.59%
17-21	2.05%	6.04%
22-29	3.17%	9.90%
30-39	8.62%	12.50%
40-49	8.42%	11.81%
50-59	12.25%	13.91%
60-74	27.13%	16.69%
75+	28.01%	9.56%
Not stated	10.34%	N/A
Ethnicity		
White	80.17%	82.06%
Mixed	0.66%	1.75%
Asian	2.16%	5.93%
Black	1.50%	1.65%
Other	0.16%	0.52%
Not stated	15.34%	8.09%
Gender		
Male	38.40%	49.51%
Female	58.75%	50.49%
Transgender	0.03%	Unknown
Not stated	2.82%	N/A

Membership activity, events, and communication

As in previous years, the Governors' Membership and Engagement Committee has continued to focus on how best to engage with members. The Trust has continued to issue a regular e-newsletter, *Trust Matters*, to maintain communication with its members.

A refreshed approach to how governors engage with the members they serve has also seen the introduction of new 'hot topics' to the existing programme of 'Meet your governor' activities, helping to provide greater focus to membership engagement and generating more specific, actionable insights to the Trust.

Annual General Meeting / Annual Members' Meeting

The AGM was held at the King's Mill Hospital site on 16th September 2025.

The Trust continues to work closely with its members to help it to be truly accountable for the quality of the services it provides to the local communities.

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

Valuing our Governors

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

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

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

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

The full Council of Governors met four times during the year (see table). The meetings were well attended, with debate across areas of interest.

One of the key roles of the Governors is engagement with their constituencies to gain feedback and report to the Council and subsequently the Board of Directors. Governors achieve this by holding regular 'Meet Your Governor' events across all three hospital sites and in the community. At these events new members are recruited and patients, visitors and staff can discuss their views of the services provided. These events have been well supported by governors throughout the year.

The Governors continue to observe Board Committees to fulfil their statutory duty of holding the Non-Executive Directors to account. This enables the governors to gain assurance regarding how the Non-Executive Directors hold the executive to account and how strategic objectives are progressed and implemented. The observers then report their findings from the meetings back to the quarterly Council of Governors meetings.

The results of the latest governor elections were announced on 29th April 2025 for six seats in the Mansfield, Ashfield and surrounding Wards public constituency, two in the Newark and Sherwood public constituency and one in the Rest of England, plus two staff governors. The next governor election process commenced in May 2026 with a timetable that will see the results declared in July 2026. A total of eight seats are up for election: three in both the Mansfield, Ashfield and surrounding Wards public constituency and the Newark and Sherwood public constituency, one in the Rest of England and one staff governor.

External development is offered to Governors and undertaken by them through an expression of interest process where the Governors who attend share their learning with other Governors. Further regular internal development is undertaken through quarterly workshops, the topics of which are suggested and agreed by the Governors.

Attendance at Council of Governor meetings

There have been four full general Council of Governors meetings and three extraordinary meetings during the year. The following tables details the Governors, the constituency they represent, their attendance, the date they were elected/appointed and the date their current term of office ends.

Attendance at Full COG (scheduled meetings)

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			13/05/2025	12/08/2025	11/11/2025	10/02/2026			
Angie Jackson	Mansfield District Council	Appointed	A	P	P	A	4	23/05/23	31/05/27
Ann Gray	Newark & Sherwood	Public	P	P	A	P	3	01/05/25	30/04/28
David Walters	Ashfield District Council	Appointed	P	P	A	P	1	23/04/20	31/05/25
Dean Wilson	Rest of England	Public	A	P	A	P	3	06/07/23	31/10/26
Iain Peel	Mansfield & Ashfield	Public	P	P	P	P	3	01/05/25	30/04/28
Jane Stubbings	Mansfield & Ashfield	Public	P	A	P	P	3	01/05/25	30/04/28
John Doddy	Nottinghamshire County Council	Appointed		P	X	X	4	11/07/25	31/05/29
John Dove	Mansfield & Ashfield	Public	P	P	P	P	3	07/07/23	06/07/26
Julie Kirkby	Mansfield & Ashfield	Public	P	P	A	P	3	01/05/25	30/04/28
Justin Wyatt	Staff	Staff	P	P	A	A	3	01/05/25	30/04/28
Kevin Stewart	Volunteers	Appointed	P	P	P	A	3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	P	P	P	A	1	15/07/21	31/05/25
Liz Barrett	Mansfield & Ashfield	Public	P	P	P	P	3	01/05/25	30/04/28
Mitchel Speed	Staff	Staff	P	P	P	A	3	01/05/25	30/04/28
Nabeel Khan	Mansfield & Ashfield	Public	P	P	P	A	3	01/05/25	30/04/28

Neal Cooper	Mansfield & Ashfield	Public	**P**	**P**	**P**	**P**	3	01/05/25	30/04/28
Nikki Slack	Vision West Notts College	Appointed	**P**	**X**	**P**	**P**	N/A	17/07/19	N/A
Pam Kirby	Mansfield & Ashfield	Public	**P**	**P**	**P**	**A**	3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	**P**	**P**	**P**	**P**	3	07/07/23	06/07/26
Sam Musson	Staff	Staff	**P**	**P**	**P**	**P**	3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public	**A**	**P**	**A**	**P**	3	07/07/23	06/07/26
Tracy Burton	Mansfield & Ashfield	Public	**A**	**A**	**P**	**A**	3	07/07/23	06/07/26

P = Present
A = Apologies
X = Absent

Attendance at Extraordinary COG meetings

NAME	AREA COVERED	CONSTITUENCY	EO COG			TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			11/06/2025	18/7/2025	26/03/2026			
Angie Jackson	Mansfield District Council	Appointed	**P**	**A**	**P**	4	23/05/23	31/05/27
Ann Gray	Newark & Sherwood	Public	**P**	**P**	**A**	3	01/05/25	30/04/28
David Walters	Ashfield District Council	Appointed	**A**	**P**	**X**	1	23/04/20	31/05/25
Dean Wilson	Rest of England	Public	**P**	**P**	**P**	3	06/07/23	31/10/26
Iain Peel	Mansfield & Ashfield	Public	**A**	**P**	**P**	3	01/05/25	30/04/28
Jane Stubbings	Mansfield & Ashfield	Public	**P**	**P**	**X**	3	01/05/25	30/04/28
John Doddy	Nottinghamshire County Council	Appointed			**P**	4	11/07/25	31/05/29
John Dove	Mansfield & Ashfield	Public	**A**	**X**	**A**	3	07/07/23	06/07/26

Julie Kirkby	Mansfield & Ashfield	Public	**P**	**A**	**A**	3	01/05/25	30/04/28
Julie Scarle	Volunteers	Appointed			**P**	3	01/03/26	28/02/29
Justin Wyatt	Staff	Staff	**P**	**P**	**A**	3	01/05/25	30/04/28
Kevin Stewart	Volunteers	Appointed	**A**	**P**		3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	**P**	**P**	**A**	1	15/07/21	31/05/25
Liz Barrett	Mansfield & Ashfield	Public	**P**	**P**	**P**	3	01/05/25	30/04/28
Mitchel Speed	Staff	Staff	**A**	**P**	**P**	3	01/05/25	30/04/28
Nabeel Khan	Mansfield & Ashfield	Public	**P**	**A**	**P**	3	01/05/25	30/04/28
Neal Cooper	Mansfield & Ashfield	Public	**A**	**P**	**P**	3	01/05/25	30/04/28
Nikki Slack	Vision West Notts	Appointed	**A**	**X**	**P**	N/A	17/07/19	N/A
Pam Kirby	Mansfield & Ashfield	Public	**P**	**P**	**P**	3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	**A**	**P**	**P**	3	07/07/23	06/07/26
Sam Musson	Staff	Staff	**P**	**P**	**P**	3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public	**A**	**X**	**P**	3	07/07/23	06/07/26
Tracy Burton	Mansfield & Ashfield	Public	**X**	**A**	**A**	3	07/07/23	06/07/26

P = Present
A = Apologies
X = Absent

Non-Executive Director Attendance at Council of Governors

NAME	FULL COG MEETING DATES			
	13/05/2025	**12/08/2025**	**11/11/2025**	**10/02/2026**
Graham Ward	**P**	**P**	**P**	**P**
Barbara Brady	**A**	**P**	**A**	**A**
Manjeet Gill	**P**	**A**	**P**	**A**
Steve Banks	**P**	**A**	**P**	**P**
Andrew Rose-Britton	**P**	**A**	**A**	**P**
Neil McDonald	**P**	**A**	**P**	**P**

Lisa Maclean	**A**	**A**	**A**	**A**
Richard Cotton	**A**	**P**	**P**	**A**

P = Present
A = Apologies
X = Absent

Lead Governor annual report 2025/26

It has been another busy year for the governors at Sherwood Forest Hospitals, as efforts have continued to improve how we engage with the members we serve across the Mid-Nottinghamshire area and beyond year-on-year.

The Trust's Council of Governors remain well-engaged and passionate about making the patient voice well-heard in the running of their local hospitals – a commitment that has been reflected in their work throughout the past year.

As a team of governors, we have continued to routinely engage in the fabulous '15 Steps' initiative which enables us to work alongside the executive team to 'temperature check' different wards and areas across the Trust's hospitals.

The 15 Steps process also enables us to learn more about the Trust and to spend time with patients and staff to understand what matters most to them. It also allows us to triangulate information presented in meetings by the Trust, as well as to relay positives and identify areas for improvement to the Trust's leadership team.

Governors also actively participate in 'Meet your governor' engagement sessions on a regular basis, which is another important way for patients and members to feedback issues, concerns and praise.

One of the biggest developments over the past year has been observing the changing NHS landscape unfold, with a number of changes signaled by the publication of *The 10 Year Health Plan for England* in July 2025.

That plan will see a change in the future role of governors under proposals to introduce new 'Advanced Foundation Trusts' and we look forward to learning more about what this change will mean in practice – including to re-imagine how trusts remain accountable to the local communities they serve.

One of the primary ways that governors have helped to shape the direction of the Trust over the past year has been through their involvement in a number of key recruitment drives. That activity has helped to bring further stability to the Trust's leadership in welcoming the appointment of a substantive Chief Executive, Jon Melbourne, and a new substantive Trust Chair, Rukshana Kapasi OBE, to Sherwood.

Their leadership will be vital in preparing the Trust for those national changes – and we look forward to seeing what the next 12 months bring under their guidance.

Liz Barrett OBE, Lead Governor

Code of Governance for NHS Provider Trusts

Sherwood Forest Hospitals NHS Foundation Trust has applied the principles of The Code of Governance for NHS Provider Trusts on a comply or explain basis.

Part of Schedule A	*Code section*	Summary of requirement	Reference Page numbers
Disclose	A.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	Pages 24 - 31
Disclose	A.2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	Pages 32 – 56 Pages 78 - 86
Disclose	A.2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should	Pages 6 – 16 Pages 107 - 115

		set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	
Disclose	B.2.6	The board of directors should identify in the annual report each non-executive director, it considers to be independent. Circumstances which are likely to impair, or could appear to impair a non-executive director's independence include, but are not limited to, whether a director: • has been an employee of the Trust within the last two years • has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust • has received or receives remuneration from the trust apart from a director's fee, participates in the Trust's performance-related pay scheme or is a member of the Trust's pension scheme • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date of their first appointment • is an appointed representative of the trust's university medical or dental school. Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.	Pages 24 - 31
Disclose	B.2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	Pages 24 – 31
Disclose	B.2.17	For foundation Trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also	Pages 107 - 115

		describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	
Disclose	C.2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	Pages 24 - 31
Disclose	C.2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	Pages 24 - 31
Disclose	C.4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	Pages 24 - 31
Disclose	C.4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	Pages 24 - 31
Disclose	C.4.13	The annual report should describe the work of the nominations committee(s), including: • the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline • how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition	Pages 24 - 31

		• the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives • the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the Trust's workforce and communities served • the gender balance of senior management and their direct reports.	
Disclose	C.5.15	Foundation Trust governors should canvas the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS Foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Pages 107 - 115
Disclose	D.2.4	The annual report should include: • the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed • an explanation of how the audit committee (and/or auditor panel for an NHS Trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans • where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit • an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.	Page 13 Onwards
Disclose	D.2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that	Pages 134 - 136

		They consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	
Disclose	D.2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	Pages 136 - 163
Disclose	D.2.8	The board of directors should monitor the Trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	Pages 136 - 163
Disclose	D.2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual which explains that this assessment should be based on whether a Trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	Pages 17 - 23
Disclose	E.2.3	Where a Trust releases an executive director, e.g. to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	Pages 57 - 77
Disclose	Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual	Pages 107 - 115

		report should also identify the nominated lead governor.	
Disclose	Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS Foundation Trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS Foundation Trust's website and in the annual report.	Pages 107 - 115
Disclose	Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS Foundation Trust, e.g. through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Pages 6 – 16 Pages 107 - 115
Disclose	Additional requirement of FT ARM resulting from legislation	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the Foundation Trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151 (6) of the	Pages 107 - 115

The Trust's Board of Directors is focused on achieving long-term success for the organisation and its vision of becoming an outstanding organisation, through the application of sound business strategies and the maintenance of high standards in corporate governance and corporate responsibility.

The Trust commissioned Grant Thornton UK LLP to undertake a Developmental Well Led Governance Review in the context of the CQC's updated assessment framework, that delivered its final report in January 2025 and built on the initial external Well led review of the organisation, that reported in March 2022.

The final report made a total of 33 recommendations for development across five areas: Leadership, Improvement, Strategy, Partnerships and Freedom to Speak Up. The Board received regular progress updates with the final responses to the Action Plan signed off at its meeting held in public on 2nd April 2026. On-going development and collation of supporting evidence continues to ensure action outcomes are embedded.
The Board agreed to consider the commissioning of a follow-on review in 2027/28.

The following statements explain the Trust's governance policies and practices and provide insight into how the Board and management run the Trust for the benefit of patients, carers, the community, and its membership.

The Trust's Board of Directors brings a range of experience and expertise to its stewardship of the organisation and continues to demonstrate the vision, oversight and encouragement required to enable the organisation to thrive and improve on a continuous basis. During the past year a new executive member has been welcomed to the Board, bringing excellent skills and expertise to the organisation and providing crucial stable leadership.

At the end of the reporting year the Board comprised eight Non-Executive Directors including the Chair (holding majority voting rights), six Executive Directors (voting), including the Chief Executive, one corporate Executive Director (non-voting), and one Associate Non-Executive Director (non-voting).

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

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

The Chair, with the support of the Director of Corporate Affairs, ensures the Directors and Governors receive accurate, timely and clear information.

Directors are encouraged to update their skills, knowledge, and familiarity with the Trust's business
through their induction, on-going participation at Board and committee meetings, attendance and participation at development events and through meetings with Governors.

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

The Non-Executive Directors offer a wide range of skills and experience and bring an independent perspective on issues of strategy, performance, and risk through their contribution at Board and committee meetings. The Board considers that, throughout the year, each Non-Executive Director has been independent in character and judgement and met the independence criteria set out within the Code of Governance for NHS Provider Trusts. Non-Executive Directors have ensured they have sufficient time to carry out their duties. During the year, time has been spent with Governors to help understand external views of the Trust and its strategies, and all Non-Executive Directors and the Chief Executive attend the Council of Governors meetings.

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

The Board committees report annually on their effectiveness and review their terms of references and work plans to ensure alignment with the Trust's priorities and the Board work schedule.

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

Counter fraud

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

Functional Standard Summary:

The Trust is required to self-assess against the 13 requirements of the Counter Fraud Functional Standard (CFFS) annually by completing and submitting the Trust's Counter Fraud Functional Standard Return (CFFSR). The assessment for 2025/26 is expected to be a 'Green' rating in all 13 requirements.

The table below shows how the Trust scored itself for each component as part of the 2025/26 CFFSR, and the projection for the 2026/27 CFFSR.

Functional Standard Requirement	Completed 2025/26 CFFSR	Projected 2626/27 CFFSR
Component 1A: Accountable individual	**Green**	**Green**
Component 1B: Accountable individual	**Green**	**Green**
Component 2: Counter fraud, bribery and corruption strategy	**Green**	**Green**
Component 3: Fraud, bribery and corruption risk assessment	**Green**	**Green**
Component 4: Policy and response plan	**Green**	**Green**
Component 5: Annual action plan	**Green**	**Green**
Component 6: Outcome-based metrics	**Green**	**Green**
Component 7: Reporting routes for staff, contractors and public	**Green**	**Green**
Component 8: Report identified loss	**Green**	**Green**
Component 9: Access to trained investigators	**Green**	**Green**
Component 10: Undertake detection activity	**Green**	**Green**
Component 11: Access to and completion of training	**Green**	**Green**
Component 12: Policies and registers for gifts and hospitality and COI	**Green**	**Green**

The Trust has a nominated Counter Fraud Specialist (CFS) in place. The CFS is responsible for carrying out a range of activities in compliance with the above standards that are overseen by the Chief Finance Officer and the Audit and Assurance Committee.

Colleagues have access to counter fraud awareness training which forms part of employee induction training, and several bulletins were issued during the year to

highlight how colleagues should raise concerns and suspicions.

The CFS has also developed a range of role specific training sides which are available to all staff.

The Trust continues to work to maintain an anti-fraud culture and has a range of policies and procedures in place to minimise risk in this area. This includes the Fraud, Bribery and Corruption Policy, most recently updated in February 2026, that is designed to make all staff aware of their responsibilities, should they suspect offences are being committed.

NHS Resolution

The Trust's Clinical Negligence Scheme for Trusts (CNST) premium decreased by £1.19m in 2025/26 (£15.77m to £14.58m).

Committees of the Board

All committees of the Board are chaired by a Non-Executive Director. In 2025/26 these committees included:

- The Audit and Assurance Committee, the principal purpose of which is to enhance confidence in the integrity of the Trust's processes and procedures relating to internal control and corporate reporting.
- The Quality Committee, which enables the Board to obtain assurance regarding standards of care and to ensure that adequate and appropriate clinical governance structures, processes and controls are in place.
- The Finance and Performance Committee, which oversees the development and implementation of the strategic financial plan and the management of the principal risks to achieving that plan.
- The People Committee whose principal purpose is to provide scrutiny and assurance of the development, delivery and impact of the Trust's workforce strategy and plan, together with providing assurance concerning organisational development activity undertaken to promote and embed an effective organisational culture.
- The Remuneration and Nomination Committee ensures the remuneration packages are sufficient to attract, retain and motivate Executives and senior officers (Directors) of the highest quality.
- The Partnerships and Communities Committee, which reports on System wide activities in order to give assurance to the Board that the Trust is fulfilling its role as an anchor organisation and to assess the priorities and benefits from strategic partnerships.

Audit and Assurance Committee

The Audit and Assurance Committee has been chaired by Non-Executive Director Manjeet Gill throughout the reporting year. Manjeet has extensive experience from both the NHS and other sectors, especially in relation to wider system working. Andrew Rose-Britton is the Vice Chair and also meets the requirement in the Committee's terms of reference that one or other of the Chair and Vice Chair should have recent relevant financial experience. The terms of Reference also make it clear that the membership exclusively comprises Non-Executive Directors, with executives and others considered being 'in attendance'.

Attendance of non-executive members at meetings is detailed below:

Manjeet Gill	5/7
Steve Banks	6/7
Andrew Rose-Britton	7/7
Neil McDonald	1/1
Richard Cotton	1/1

In assessing the quality of the control environment, the Committee received reports during the year from the external auditors, KPMG, and the internal auditors, 360 Assurance, on the work they had undertaken in reviewing and auditing the control environment.

The Committee works with the Local Counter Fraud Service and Trust colleagues to actively promote, raise awareness, and encourage people to raise concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The Local Counter Fraud Service has a standing invitation to all meetings, with relevant policies readily available on the intranet. The Audit and Assurance Committee routinely receives financial information, including cash and liquidity and the ongoing concern status of the organisation, as well as operational information.

Principal review areas

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

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

The Committee has reviewed relevant disclosure statements, in particular the Annual Governance Statement (AGS) together with the Head of Internal Audit Opinion, External Audit opinions (Financial and Quality Accounts) and other appropriate independent assurances and consider that the AGS is consistent with the Committee's view on the Trust's system of internal control.

The Committee has received update reports on Information Governance including the Data Security Protection Toolkit. The internal auditors provided their overall assessment on compliance with the toolkit as low risk assurance rating and a high confidence level in the veracity of the Trust's self-assessment.

2. Internal audit

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

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

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

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

- Worked with colleagues internally and externally to maintain and improve performance regarding the provision of evidence and the achievement of internal audit actions.

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

3. Counter Fraud Service

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

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

4. External audit

The Committee reviewed and agreed the external audit annual plan, noting that the Trust's significant risks remain: Fraud risk – expenditure recognition and

Management override of controls, with a higher assessed risk relating to the Valuation of Land & Buildings.

The Committee reviews and comments on reports prepared by external audit and welcomes their advice on areas of specific expertise.

5. Management

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

Standards of business conduct

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

Internal audit (360 Assurance)

The Internal Audit Plan for 2025/26 was developed in line with the mandatory requirements of the Public Sector Internal Audit Standards. 360 Assurance, an external service, has worked with the Trust to ensure the plan was aligned to the risk environment. In accordance with the internal audit work plan, full scope audits of the adequacy and effectiveness of the control framework in place are either complete or under way. All audits with Limited or Moderate Assurance are reported directly to the Audit and Assurance Committee and the lead director is asked to present the findings and confirm agreement of the actions and timescales. Audits with Significant Assurance are reported directly to the most appropriate Board committee with the Audit and Assurance Committee then receiving a report stating which reports have been reported to other committees. Outstanding recommendations from internal audit are reported to the Risk Committee and then to the Audit and Assurance Committee. This ensures all recommendations are sustainably implemented within the Trust. Where owners of recommendations have not completed the actions by the implementation date they are invited to Audit and Assurance Committee to report on progress.

External Audit Service

The Trust spent £194k net of VAT for audit service fees in relation to the statutory audit of the accounts for the 12-month period to 31 March 2026 (£190k net of VAT for the period to 31 March 2025). Non-audit services amounted to £Nil net of VAT (£Nil net of VAT for the period to 31 March 2025) in respect of the Quality Report.

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

Remuneration and Nomination Committee

As of 31 March 2026, membership of the Remuneration and Nominations Committee comprises Barbara Brady as Chair, Manjeet Gill, Steve Banks and Richard Cotton, all Non-Executive Directors who have served throughout the reporting year. The attendance of Non- Executive Directors is detailed within the Remuneration Report.

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

Remuneration and Nomination Committee of the Council of Governors

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

Compliance with the Code of Governance for NHS Provider Trusts

The purpose of the Code of Governance (that replaced the former NHS foundation trust code of governance on 1st April 2023) is to set out a common overarching framework for the corporate governance of trusts, reflecting developments in UK corporate governance and the development of integrated care systems. Trusts must comply with each of the provisions of the Code or, where appropriate, explain in each case why the trust has departed from the code.

The Board of Directors is committed to high standards of corporate governance. Throughout the year ending 31 March 2026, the Board considers that it was compliant with the Code of Governance for NHS Provider Trusts.

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

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

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

The Chair, the Chairs of all Board Committees and the Chief Executive are invited to attend all public meetings of the Council of Governors with other Executive Directors invited to attend as appropriate to specific agenda items. Internal assurance visits (called “15 steps”) for all Governors and Non-Executive Directors took place regularly during the year. These visits to clinical and non-clinical areas provide triangulation of assurance for the participants.

As Sherwood Forest Hospitals is an NHS Foundation Trust, the authority for appointing and dismissing the Chair rests with the Council of Governors. The appraisal of the Chair is therefore carried out for and on behalf of the Council of Governors by the Senior Independent Director, supported by the lead Governor. Together they review the Chair’s performance against agreed objectives and discuss any development needs before reporting the outcome of the appraisal to the Remuneration and

Nominations Committee of the Council of Governors. This Committee in turn reports to the Council of Governors.

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

NHS England's Oversight Framework 2025/26

NHS England's NHS Oversight Framework 2025/26 is the framework for assessing health systems including providers. It promotes transparency, improvement, and helps identify potential support or intervention needs. NHS organisations are allocated to one of five 'segments'.

Segmentation indicates performance and whether improvement is required, from high-performing across all domains (segment 1) to low performance across a range of domains (segment 4). An organisation assessed as segment 4 combined with a low capability to improve is allocated to segment 5.

NHS England's oversight response to an organisation is based on:

a) Its segment derived from scored metrics under five performance domains (being access to services, effectiveness and experience of care, patient safety, people and workforce, and finance and productivity)
b) considering financial override which may limit a segment to be no better than 3
c) contextual metrics which are not scored (for example those under sixth domain of improving health and reducing inequality) and
d) capability assessments which consider the organisation's leadership and governance.

Segmentation

The latest information published on the NHS England's website places Sherwood Forest Hospitals Foundation Trust in segment 3 which is driven by the financial override as the Trust was in receipt of deficit support.

Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: NOF Acute Dashboard - NHS England public data gateway

This segmentation information is the trust's position as at 29th May 2026.

Foundation Trust Licence

There are no additional conditions on the Trust's Foundation Trust Licence.

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

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS England.
NHS England has given Accounts Directions which require Sherwood Forest Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Sherwood Forest Hospitals NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

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

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

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

are aware of that information.

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

Jon Melbourne
Chief Executive Officer **22nd June 2026**

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Sherwood Forest Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Sherwood Forest Hospitals NHS Foundation Trust for the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.

Capacity to handle risk & prepare for emergencies

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

to continuously balance and enhance risk treatment. The Resilience Assurance Committee oversees the resilience against disruptive incidents and ensures there are plans in place to deal with emergencies. Its work is regularly reviewed by the Risk Committee.

The Trust also prepares an annual submission relating to its level of compliance with the sixty plus NHSE Core Standards for Emergency Preparedness. Its current rating is "Substantial" compliance of 97% against the standards (91% in 2024/2025).

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

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

All significant risk exposures are reported to the Board of Directors and at each Risk Committee meeting. All new significant risks are subject to validation by the Risk Committee and are escalated to the Executive Team. The residual risk score determines the escalation of risk, and this is clearly established and embedded.

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

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

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

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

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

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

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

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

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

The most significant strategic risks facing the Trust are: (i) Significant deterioration in standards of safety and care (ii) Demand that overwhelms capacity (iii) Critical shortage of workforce capacity and capability; (iv) Insufficient financial resources available to support the delivery of services; (v) Major disruptive incident. These risks are inter-related and incorporated into the Board Assurance Framework (BAF). Should one or more of these risks materialise, or any other risk captured in the BAF, it may trigger a compound effect upon the safety/quality of care and/or financial sustainability. The Board of Directors has focused throughout the year on delivering sustainable improvements in the quality and safety of clinical services, and strengthening the Trust's ability to meet demand, supported by refreshed recruitment and retention strategies and prudent financial management.

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

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

Clinical, Operational and Financial Sustainability Risks

Potential Risk	How the risk might arise	How the risk is being mitigated	How are the outcomes assessed
Significant deterioration in standards of safety and care.	This may arise if safety-critical controls are not complied with, there are shortfalls in staffing to meet patient need, demand exceeds capacity for a prolonged period, or there is a loss of organisational focus on safety and quality in the governance of Sherwood Forest Hospitals.	Maintaining a strong emphasis and focus on safety, clinical outcomes and patient experience as part of the Trust's governance and performance management framework; striving for excellence and challenging unsatisfactory performance regarding organisational control; delivering training, complying with safety-critical organisation policies and procedures and learning from adverse events are ways we are currently mitigating this risk.	Progress and outcomes are monitored through the Quality Committee, supported by the Patient Safety Committee and other sub-groups. This includes safety and quality indicators, incident investigations and key performance indicators.

Demand that overwhelms capacity.	This risk may arise if growth in demand for care exceeds planning assumptions and capacity in secondary care; primary care is unable to provide the service required or there is a significant failure of a neighbouring acute provider. The risk may also arise if there are unexpected surges in demand, such as those created	Managing patient flow, developing and maintaining effective working relationships with primary and social care teams, working collaboratively across the wider health system to reduce avoidable admissions to hospital are some of the risk treatment strategies that will feature in how we mitigate this risk going forward.	Progress and outcomes are monitored through the Quality Committee, supported by the Patient Safety Committee. This includes safety and quality indicators, incident investigations and key performance indicators.
A critical shortage of workforce capacity and capability.	Due to workforce gaps across key areas such as Medical, Nursing, AHP and Maternity, the availability of newly qualified practitioners, and increasing competition for the clinical workforce, we anticipate the staffing challenges continue to be significant.	The People Strategy is specifically designed to help mitigate this risk. By focusing on attracting and retaining high calibre practitioners, building and sustaining high-performing teams, by engaging and developing clinical teams, and adapting to meet the needs of a changing workforce, we aim to make Sherwood Forest Hospitals the employer of choice.	Progress and outcomes are monitored through the People Committee, supported by the People Cabinet. This includes vacancy levels, training and development progress.

Insufficient financial resources available to support the delivery of services.	Financial funding allocated to and generated by the Trust does not cover the costs of services provided. This risk may arise if the trust is not able to secure sufficient funds to meet planned expenditure, maintain or replace vital assets, and/or is not able to reduce expenditure in line with system wide control totals.	Local and system-wide Financial Plans are specifically designed to address the financial challenge and deliver financial outturn in accordance with agreed control totals, gradually progressing towards break-even (no surplus or deficit at the year-end). To safeguard quality, proposals to reduce expenditure are subject to Quality Impact Assessment – overseen by the Chief Medical Officer and Chief Nurse.	Frequent assessment of performance and forecast trajectories is monitored through the Finance and Performance Committee.

Inability to initiate and implement evidence-based improvement and innovation.	This risk may arise if there is a lack of capacity, capability and agility to optimise strategic and operational opportunities to improve patient care.	Maintaining a strong emphasis and focus on safety, clinical outcomes and patient experience as part of the Trust's improvement agenda; striving for excellence and challenging unsatisfactory performance regarding organisational development; delivering training, complying with safety-critical organisation policies and procedures, and learning from adverse events are ways we are currently mitigating this risk.	In addition to the Trust's Improvement Strategy, frequent correspondence and discussions with partners and commissioners to ensure focus is maintained on quality and systems improvement, whilst maintaining compliance with regulatory requirements.
Working more closely with local health and care partners does not fully deliver the Improving Lives strategic objectives.	This risk, which is currently being mitigated, may arise where strategic partners are unable to balance competing demands and/or work collaboratively across the whole health and social care system.	Active participation and engagement with all ICS stakeholders to ensure effective planning, implementation and governance at a system level. We continue to play a leading role in the Integrated Care System.	Frequent review of progress through ICS and Place Based Partnership engagement to monitor the effectiveness of system planning and project implementation.
A major disruptive incident.	This risk may arise where there is an expected or unexpected event which could lead to rapid operational instability and put safety and quality at risk. Such events include fire, cyber security and prolonged loss of utility (water, gas, electricity supplies).	This risk is mitigated through planned preventative maintenance, proactive inspection, regular testing of business continuity arrangements and horizon scanning.	This is monitored through the Risk Committee, supported by various sub-groups. Includes reporting of emerging risks and events to ensure effective management and mitigation.

Failure to deliver sustainable reductions in the Trust's impact on climate change.	This risk may arise if the Trust's vision to further embed sustainability, through actions outlined in its Green Plan, are not achieved.	This risk is mitigated through management of the action plan, engagement and awareness campaigns (internal/external stakeholders) and Environmental Sustainability Impact Assessments built into project implementation processes.	This is monitored through the Finance and Performance Committee, supported by various sub-groups. It includes reporting of progress and emerging risks to ensure effective management.

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

Workforce and Supporting Strategies
People Strategy, workforce performance and assurance (2025/26)

The Trust's People Strategy for 2025–2029 was refreshed and launched in May 2025, aligning with the NHS People Plan and People Promise. The strategy sets out the Trust's ambition to develop an engaged, healthy, skilled and inclusive workforce capable of delivering high-quality patient care.
Delivery of the People Strategy is supported through the Strategic People Plan and annual priorities, ensuring that long-term objectives are translated into measurable actions. Workforce performance, progress against delivery plans and key workforce metrics are monitored through the Integrated Performance Report (IPR) and reported regularly to the Board and People Committee.
The Trust's vision for its people remains:
"Empower and support our people to be the best they can be."

Strategic priorities and workforce delivery
The People Strategy is structured around four core delivery pillars:

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

These priorities are underpinned by workforce planning, organisational development and wellbeing initiatives, with delivery monitored through defined performance indicators and programme management arrangements.

Workforce performance and planning

Workforce planning is undertaken in partnership between People, Operational and Finance teams to ensure that workforce capacity is aligned to activity levels and remains affordable and sustainable over the short, medium and longer term. This includes a “bottom-up” approach to establishment setting, supported by executive oversight through the People Cabinet.

Performance is monitored through key workforce indicators reported via the IPR, including staffing levels, vacancy rates, turnover, sickness absence and temporary staffing usage. The Trust continues to focus on improving workforce efficiency, reducing agency expenditure and ensuring staffing models are aligned to patient acuity and service demand.

Digital workforce systems, including e-rostering, e-job planning and clinical activity management tools, support improved workforce deployment and productivity.

Staff experience and engagement

Staff experience remains a key performance measure within the IPR and a central component of the Trusts approach to workforce improvement.

In the 2025 NHS Staff Survey, the Trust achieved a response rate of 58%, which remains above the national average and reflects continued strong engagement from colleagues, although slightly reduced from the previous year.

The Trust’s results indicate some deterioration across a number of indicators compared to 2024, consistent with the wider national picture of increasing operational pressures impacting staff wellbeing, morale and experience across the NHS.

Despite this, the Trust continues to demonstrate areas of strength, including positive levels of staff engagement and advocacy. Survey findings, alongside other workforce intelligence such as pulse surveys, Freedom to Speak Up data and workforce metrics, are triangulated to provide a comprehensive understanding of staff experience.

These insights are used to inform targeted improvement plans at Trust, divisional and departmental level. Progress against these plans is monitored through the IPR and overseen by the People Committee, providing assurance to the Board on delivery and impact.

Delivery and key workforce initiatives

During 2025/26, delivery of the People Strategy has supported improvements across a number of areas, including:

- workforce wellbeing and occupational health provision
- recruitment and workforce supply through careers engagement and partnerships
- appraisal, performance development and leadership capability
- flexible working and workforce modernisation
- staff safety, including violence prevention and sexual safety initiatives
- inclusive workforce practices supported through staff networks and EDI programmes

Progress against these initiatives is monitored through the People Directorate delivery programme and reported through established governance routes, including the People Committee.

Governance, risk and assurance

Workforce risks are monitored through the Board Assurance Framework (BAF), with Principal Risk 3: Workforce capacity and capability providing the primary mechanism for Board-level oversight. This risk captures the potential impact of workforce shortages, retention challenges and reduced workforce productivity on the Trust's ability to deliver safe and effective care.

The People Committee receives regular updates on workforce performance, delivery of the People Strategy and progress against risk mitigation actions. Workforce metrics reported through the IPR provide supporting evidence to demonstrate progress and inform decision-making.

Operational workforce risks are managed through the Trust's risk management systems and recorded on the DATIX risk register, with regular review by the People Directorate and escalation through the Risk Committee where appropriate.

The Trust also maintains compliance with statutory and regulatory requirements, including NHS Pension Scheme regulations, equality legislation and NHS England Workforce Safeguards. Assurance is provided through established governance structures, including the People Committee.

People Strategy priorities for 2026/27

To ensure responsiveness to the evolving healthcare environment, the Trust has established annual People Strategy priorities for 2026/27, informed by workforce data, national policy and colleague feedback.

Key areas of focus include:

- strengthening staff health, safety and wellbeing, including targeted support and reduction in sickness absence
- enhancing inclusive culture, leadership and staff engagement
- developing leadership capability, talent management and career pathways
- improving workforce productivity and efficiency through workforce planning and digital innovation

Progress against these priorities will be measured through a combination of workforce metrics, NHS Staff Survey outcomes and operational indicators, with quarterly reporting to the People Committee.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission. During 2025/26 the Trust was registered to provide healthcare on the following hospital sites – King's Mill Hospital, Newark Hospital, Mansfield Community Hospital, Sherwood Community Unit and Ashfield Health Village.

NHS foundation trusts are no longer required to self-certify under the General Condition 6 (G6) and Corporate Governance Statement (FT4) conditions, following recent NHS Provider Licence updates. However, as a provider providing Commissioner Requested Services Sherwood Forest Hospitals NHS Foundation must continue to self- certify against the Continuity of Services Condition 7 (CoS7) regarding availability of resources.

At its meeting on 2nd April 2026 the Board agreed to make a self-certification as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate in version (a) of the prescribed form of this certification that states:

- After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

In making its certification the Board described the main factors it considered that were recorded in the April 2026 public Board paper.
The foundation trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the 'Managing Conflicts of Interest in the NHS' guidance.
As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.
Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.
The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

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

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

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

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

The Finance and Performance Committee is supported by two key financial groups:

Financial Recovery Cabinet meets monthly to receive assurance and provide appropriate support on the delivery of all aspects of the Trusts Financial position, including the Financial Efficiency Programme whilst ensuring quality and patient safety considerations underpin all decisions taken.

To Review, where appropriate, action plans, risk logs and issue logs (including the assumptions and dependencies that are detailed in each) and help to resolve and/or 'unblock' issues which are impacting on delivery and also consider, and where required, approve new saving opportunities, determine viability, and approve resourcing recommendations.

Finance Resource Oversight Group meets monthly to review each of the three key areas of Finance; Financial Services (Financial Risk, Cash, Capital, Accounts Receivable, Accounts Payable, Payroll and Charity), Financial Management (Divisional Financial Performance and Trust wide forecast outturn reporting) and Financial Business Intelligence (Costing, Income & Contracts, Systems and Financial Strategy).

Capital Resources Oversight Group meets monthly to provide governance to the delivery of the Trusts capital programme; capital leads present on the progress against achieving the objectives of the annual capital plan and prioritisation of capital resources are agreed.

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

Trust Board - the Board receives assurance from its committees mentioned above. The main element of performance reporting is the Integrated Performance Report which provides the Trust Board provides the Board with assurance regarding the performance of the Trust in respect of the indicators allocated under the following domains: Quality of Care, People and Culture, Timely Care and Best Value Care. Key activity metrics are provided as context to support all domains.

Financial Recovery Cabinet - the Cabinet leads on the delivery of Financial Improvement and Productivity on behalf of the Trust Board with a nominated executive lead supporting respective programme leads. The cabinet meets monthly to review the Trust's Financial Efficiency Programme and is chaired by the Chief Executive.

People Cabinet - the People Cabinet provides scrutiny and assurance of the development, delivery and impact of the Trust's People Strategy and plan.

This includes the review of associated BAF risks, to provide assurance that those risks are being effectively mitigated or managed in a controlled way, and to provide assurance that suitable structures, systems and processes are in place and functioning to support colleagues to deliver high-quality patient care.

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

Throughout the financial year 2025/26, income and expenditure has been received on an actuals basis and changes to run rate are reviewed and explained as part of the monthly reporting process.

The Trust ended the year with an adjusted financial performance deficit of £28.99m after adjusting for reversal of asset impairments, donations and the impact of the PFI on a UK GAAP basis. This value is aligned with the forecast outturn agreed between the Nottinghamshire ICS and NHSE for the financial year 2025/26. Details relating to this position are included elsewhere in this report. Although the financial outturn is consistent with the agreed position, the Trust remains in a financially challenged position with a significant underlying deficit.

During 2025/26 the Trust has accessed capital support of £32.30m which was agreed with NHSE and drawn down in the form of Public Dividend Capital.

The Trust continues to work on its planned reduction in agency expenditure but incurred costs of £8.95m in 2025/26 against a plan of £9.67m. There is a target reduction for 2026/27 with a planned spend of £5.41m. The Trust has also reduced its bank spend in year but incurred costs of £23.47m against a plan of £27.31m which has in part mitigated the need and cost of agency expenditure. Both agency and bank outturn was in line with the target set by NHSE. The Trust remains committed to reductions in all variable pay including bank workers in line with NHSE targets.

In 2025/26, the Trust delivered £36.28m of efficiencies against a target of £45.83m. Delivery was achieved through the Financial Improvement Programme (FIP), drawing on a combination of divisional and corporate actions, supported by strengthened financial controls and portfolio-level oversight during the year.

In-year efficiency delivery was generated from:

- Divisional delivery, primarily through pay and service-level cost control actions across portfolios. Divisional pay efficiencies delivered £14.03m in-year against a full-year target of £18.75m.
- Corporate delivery, including trust-wide financial controls, central oversight of discretionary expenditure and centrally managed cost actions, which formed a

material component of overall efficiency delivery

- Non-pay controls and portfolio actions, including procurement activity, medicines optimisation, management of high-cost spend areas and continued grip on discretionary non-pay expenditure.

Efficiency delivery across the year therefore reflects the combined impact of divisional schemes and corporate-led controls, supported by progressively strengthened governance and reporting arrangements.

During 2025/26, there has been an increased internal and external focus, including from NHS England, on implied productivity as a measure of the Trust's underlying efficiency and sustainability. This approach complements traditional efficiency reporting by assessing how effectively the Trust converts its cost base into patient activity.

Implied productivity growth is calculated by comparing output growth (measured as cost-weighted activity) with input growth (based on adjusted operating expenditure) against a baseline period.

The latest Model Hospital productivity analysis, based on data to November 2025, indicates that:

- Implied productivity has increased by 6% year-to-date compared with the prior year
- Real-terms operating costs have reduced by 3.1% year-to-date, reflecting tighter control of expenditure
- Cost-weighted activity has increased by 2.7% year-to-date, demonstrating higher levels of output delivered from the Trust's cost base.

Taken together, these measures demonstrate that alongside formal efficiency delivery, the Trust is making progress in improving productivity, delivering increased activity while reducing costs in real terms.

During 2025/26, the Trust maintained a focus on supporting system financial sustainability through its participation in system-level DLN cluster arrangements, including engagement with the System Financial Recovery Group (FRG) and the DLN System Provider Recovery Assurance Group (PRAG).

Information governance

Information Governance (IG) is the responsibility of both the Director of Corporate Affairs, who is also the Senior Information Risk Owner (SIRO) and the Chief Medical Officer who is the Caldicott Guardian. The SIRO is supported by the Chief Digital Information Officer together with a network of information asset owners, who ensure the integrity of, and monitor access to, the systems for which they are responsible. The Director of Corporate Affairs chaired the IG Committee during the reporting year during which the committee's remit was expanded under updated terms of reference as the Data Protection and Cyber Security Committee. A working group also operates as part of the IG governance structure.

The reporting and management of risks relating to data and security are safeguarded by ensuring all employees are reminded of their data security responsibilities through education, at induction and through mandatory training requirements. More than 4,000 colleagues received mandatory IG training in 2025/26, and regular reminders are shared via internal communications. Near misses and lessons learned are used to inform the training programme, ensuring the programme remains dynamic and reflects current and meaningful issues to facilitate greater employee engagement and ownership of IG processes.

Work continues to raise the profile of IG using a variety of mediums to ensure incidents and lessons learned are brought to the attention of all employees.
Reports are shared at appropriate divisional and corporate meetings and colleagues are notified about updates to policies and guidelines via the Trust Bulletin as soon as they are published on the intranet.

Risk Management and Assurance
As part of ensuring continued compliance with the IG agenda, the Data Protection and Cyber Security Committee will review its terms of reference on at least an annual basis. The Committee ensures effective policies, processes and management arrangements are in place covering all aspects of information governance, including:

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

The strategically focused Committee meets on a bi-monthly basis and is supported by the IG Working Group, which reviews Data Impact Assessments, as part of the wider stakeholder engagement. This is to assess the level of risk and consider both the likelihood and the severity of any impact on individuals' rights and freedoms. The working group also reviews national guidance to inform both strategy and policy development together with implementation plans and processes.

The Data Protection and Cyber Security Committee monitors the completion of the Data Security and Protection Toolkit (DSPT) submission, data flow mapping, and information asset registers. We submitted a DSPT as standards met.
The SIRO and Caldicott Guardian received formal training on their statutory responsibilities during 2025/26 to refresh skills and ensure awareness of legislative changes.

Data Flow Mapping

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

The SIRO is responsible for the development and implementation of the organisation's Information Risk agenda. During 2025/26 an annual review of information flow mapping has been carried out to ensure the Trust can be assured information flows into and out of the organisation are identified, risk assessed and addressed. This is then expanded to ensure there is assurance that all information is stored securely and appropriately and any partners in delivery of either shared care or information storage achieve the same high levels of information governance assurance.

Serious Incidents Requiring Investigation (SIRI)

As part of the Annual Governance Statement, the Trust is required to report on any Serious Incidents (SIRIs) or Cyber Incidents which are notified on the DSPT, reported through to either the Information Commissioner's Office (ICO) or NHS Digital.
There have been no (0) incidents reported to the ICO in 2025/26.

Information Sharing

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

Freedom of Information (FOI)

During 2025/26 the Trust processed a total of 668 FOI requests. This function is managed by the Data Protection Team, and the activity is demonstrated in the table below.

Total	Breached timeframe of 20 days	Escalated to ICO
668	214	0

The breaches in the 20-working day statutory response timeframe are due to complex requests that require input from multiple teams. The high volume of FOIs consistently being received within the department along with the impact of operational pressures continues to affect compliance rates; several of the FOIs are assigned to departments who are inundated with work within these areas, such as the finance team and information services.

Of the requests, 478 are completed, 11 are on hold awaiting further information, 28 have been rejected due to details not being provided or were duplicate requests, 69 have ceased due to either clarification not being received or from our task of contacting the requesters of overdue requests to seek closure, and 82 are still in progress.

Of the requests completed 263 have been completed within 20 days which show a compliance rate of 55% (263/478).

Subject Access Requests (SARs)

The Trust has received 4,589 requests for access to patient records. Cases are processed in line with national guidance. Some of these cases represent hundreds of pages of information and require methodical attention to detail to ensure information is released appropriately.

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

The Trust has also received 61 requests for access to staff employment records.
The table below shows the requests processed by the Access to Health Record Team in 2025/26:

April 2025 to March 2026		**Completed in 30 days**	**Completed in more than 30 days**
Patient records	4589	4201	388
Staff employment records	61	48	13

Horizon Scanning

During the year, the Trust has continued to undertake horizon scanning activities as part of its Information Governance (IG) arrangements. This work supports early identification of emerging risks, legislative change and developments in digital and data-driven technologies that may impact the Trust's handling of information.

The Trust has monitored relevant national developments in data protection legislation, including the introduction of The Data (Use and Access) Act (DUAA) which received Royal Assent in June 2025. Changes place greater scrutiny on IT suppliers and to the lawful basis around public task and data sharing with public bodies.

National guidance regarding the use of AI in health and care has been developed collaboratively with the Information Commissioner's Office (ICO) and the National Data Guardian and is continually updated in response to the rapid advancement of artificial intelligence (AI) adoption.

As part of wider digital transformation, the Trust has recognised the growing use of advanced digital technologies, including automation and AI, within healthcare. Therefore, there will be a greater focus on the information governance implications of such technologies, including data protection, transparency, human oversight, and patient trust.

Horizon scanning will continue to form part of the Trust's Information Governance approach, supporting compliance, risk management and Board-level assurance

Data quality and governance

SOP – Quality Assurance and sign off process

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

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

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

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

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

- **Validation** – in response to known areas of data quality concern (as identified through reporting or operational processes), we will:

- Actively validate data sets to ensure decision making is based on accurate information.
- Ensure operational/clinical teams are informed to enable necessary action to be taken in cases where patient care is affected.

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

- **Reporting** – use of key performance indicators (KPIs) to:

- Monitor levels of data quality
- Identify improvements or deterioration in data quality.
- Identify areas for validation, corrections, training, process improvements or ad hoc audits.

- **Auditing** – delivery of an audit programme to:

- Systematically check for data quality issues across the Trust, through sampling of records and providing appropriate feedback
- Allow for adhoc audits in response to suspected Data Quality weaknesses.

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

- Audit
- Reporting
- Operational issues

- **Process improvements –** where necessary, we systematically change operational processes to maximise data quality. Any such process changes are:

- Clinically and operationally owned, designed and supported.
- Underpinned by procedural documents.
- Not be to the detriment of patient care.
- Reviewed once implemented.

Freedom to Speak Up

During the year 2025/2026, 134 cases were raised to the FTSU Guardian.

Most concerns were raised openly – meaning the majority of concern raisers are open to progression of their concerns with their identity known, which in turn allows a more supportive approach, with a higher chance of a resolution. Supporting the FTSUG, and creating visibility across SFH, there are 32 trained FTSU Champions.

The main themes raised in 2025/2026 were:

Reporting Category	Number of Concerns	Percentage of total concerns
Worker Safety or Wellbeing	81	61%
Patient Safety and/or Quality	19	14%
Other Inappropriate Attitudes or Behaviours	18	13%
Bullying and/or Harassment	15	11%
Detriment - as a result of speaking up	1	0.7%
	134 concerns	

During 2025/2026 there was an increase in concerns relating to Patient Safety & Quality, from previous years. Worker Safety & Wellbeing category remains the most prevalent theme of concerns raised.

Common themes were:

1. Handling of concerns in initial stages and lack of resolution and ownership to commit to bringing to resolution
2. Lack of experience and skill in handling concerns
3. Leadership style and behaviour impacting negatively
4. Lack of support, care and “person-centred approach” in dealing with situations or people processes
5. Timely response to concerns is an issue – citing leadership visibility and capacity.

Interventions to support learning and improvement for concerns handling and themes raised have been implemented –

- FTSU Process & Timescale Guidance has been implemented since September 2025, to assist managers handling FTSU concerns in a timely way. In April 2026, following trust

approval, this has now been separated into two guidance documents – one for managers and one for staff. This was found to be beneficial to support concern raisers better and for managers to understand their responsibilities in handling concerns.

- Leadership training in handling concerns is now required to all line managers Band 6 and above and is being monitored via the People Development team.
- Learning from themes is reported through the divisional triumvirates meetings with the FTSU Guardian, the People Committee and its subgroups, regular and direct communication with the Executive Team and the FTSU Guardian involvement in People Development Programmes to support upskilling leaders and future leaders using FTSU cases.

The above actions now implemented were part of the Grant Thornton LLP developmental Well-Led Review recommendations for FTSU 2025/26. All 11 actions from this review are now complete and were signed off at the Trust Board meeting in April 2026.

Quality

A review of the Trust's performance from 1st April 2025 to 31st March 2026 indicates there are appropriate controls in place. These controls include:

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

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

Ockenden Report and Three-Year Delivery Plan - Perinatal Services at Sherwood Forest Hospitals NHS Trust

As the NHS England (NHSE) Three-Year Delivery Plan for Maternity and Neonatal (Perinatal) Services reaches its conclusion, Sherwood Forest Hospitals NHS Foundation Trust (SFH) is able to demonstrate substantial progress against the ambitions set out within the Ockenden and Kirkup reports. Throughout the life of the programme, Perinatal Services has strengthened governance, safety oversight, workforce planning, service user engagement and quality improvement arrangements, ensuring that the principles of personalised, safe and equitable care are embedded throughout Perinatal Services. Progress has been routinely evidenced through local governance structures including the Perinatal Services Oversight Group (PSOG), Perinatal Assurance Committee (PAC), Divisional Governance processes and system-wide Local Maternity and Neonatal System (LMNS) and Integrated Care Board (ICB) assurance arrangements.

Key achievements have included the establishment of robust service user voice arrangements through close partnership working with the Maternity and Neonatal Voices Partnership (MNVP), Patient Safety Partners, Lead Advocate and service user representatives; the introduction of strengthened mechanisms for triangulating learning from Friends and Family Test feedback, complaints, PALS contacts, patient stories, safety intelligence and national survey findings; continued investment in workforce planning and leadership development; implementation of Birthrate Plus® recommendations; enhanced workforce assurance and escalation processes; alongside the development of the Maternity Triage Service.

A strong focus has also been maintained on reducing inequalities and improving equity of access, experience and outcomes for women, birthing individuals and their families. Equity considerations are embedded within service development, quality improvement activity and governance processes, supported by analysis of local population data and targeted work with underserved and seldom-heard groups.

Examples of this include improvements in timely access to antenatal care, with increasing numbers of women and birthing individuals accessing their booking appointment by 10 weeks of pregnancy; significant improvements in maternal vaccination uptake across key programmes; continued development of the Phoenix Team's smoking cessation pathway, supporting women and birthing individuals to stop smoking during pregnancy and reduce associated health inequalities; expansion of specialist services including the Preterm Birth Service and Fetal Medicine pathways to improve outcomes for women, birthing individuals and their babies with complex clinical needs; sustained investment in antenatal education to improve informed choice and preparation for parenthood; and continued support for choice and personalised care through the home birth service.

Perinatal Services has also strengthened its service-wide approach to infant feeding through the Lime Green Infant Feeding Team, supporting families across the perinatal pathway and contributing to improvements in breastfeeding support and infant feeding outcomes. The integration of maternity and neonatal services under a single Perinatal

Services model has strengthened collaborative working, improved continuity across care pathways and enhanced oversight of the whole family journey from pregnancy through to the neonatal period.

These improvements have been supported through close collaboration with system partners across the LMNS and ICB and demonstrate the Trust's commitment to addressing health inequalities, improving outcomes and ensuring that all women, birthing individuals, babies and families receive equitable access to high-quality care regardless of background or circumstance
.
Whilst the formal Three-Year Delivery Plan has concluded, its principles remain firmly embedded within the Service's approach to care. The focus now shifts to delivery of the NHS 10-Year Health Plan and implementation of the national Maternity Care Bundle (MCB), which aims to reduce avoidable maternal morbidity and mortality through five evidence-based improvement programmes: Venous Thromboembolism (VTE), Maternal Mental Health, Epilepsy in Pregnancy, Obstetric Haemorrhage, and Pre-Hospital and Acute Maternal Deterioration.

During 2026/27, the Trust has committed to fully engaging with the national MCB programme, including attendance at all five NHSE technical implementation seminars, participation in regional and system learning events, completion of gap analysis and assurance processes, and the development of local implementation plans to support delivery by March 2027.

The Trust also recognises that Perinatal Services continue to evolve in response to emerging national learning. Alongside delivery of the MCB, Perinatal Services will continue to respond to recommendations arising from future national reviews, including the anticipated Ockenden Report update, the Amos Review and the National Home Birth Review. These will be incorporated into existing governance, quality improvement and assurance frameworks to ensure learning is rapidly translated into practice.

Through strong governance, compassionate leadership, meaningful co-production with women, birthing individuals and families, and robust oversight through PAC, PSOG, LMNS and ICB assurance structures, Perinatal Services remains committed to delivering safe, personalised and equitable care and to maintaining the highest standards of maternity and neonatal services for the communities it serves.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee, risk committee and quality committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through an annual programme of internal audit work. The Head of Internal Audit has provided me with an opinion for 2025/26:

I am providing an opinion of significant assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and controls are generally being applied consistently.

In 2025/26, two reviews were issued with limited assurance opinions. One of these reported high risk issues; four high risk actions agreed with the Trust were not implemented by the due date and three remain outstanding. There is a further high risk action outstanding from the prior year (2024/25).

The first follow up rate for high and medium risk actions was 65% (68% in 2024/25) although the overall implementation rate was 86%. The Trust needs to improve the timely implementation of high and medium risk actions by their original deadlines. This was also reported in our 2024/25 opinion.

In forming this opinion, I have reflected on third party assurances which indicate wider organisational issues impacting the overall control environment.

There have been 10 internal audit assignments completed during the year, The opinions are as follows:

Audit *	**Assurance level**
Board Assurance Framework	Significant
Risk Management	Significant
Financial Ledger and Reporting	Significant
Cash Management	Significant
Learning from Deaths	Limited
Tissue Viability	Significant
Medical Staffing (agency locum staff)	Limited
Absence Management	Significant
E-Rostering	Significant
Workforce Planning	Significant
Data Security and Protection Toolkit	Low level risk assurance/high level confidence (NHSE opinion level)

In relation to the Limited Assurance opinion reports issued in 2025/26, progress in implementing the agreed actions is as follows:

Internal Audit Report 2025/26	**High Risk Actions**	**Medium Risk Actions**	**Low Risk Actions**	**Current Progress**
Learning from deaths	0	5	2	Two medium risk actions and two low risk actions have been implemented. The remaining three medium risk actions are due by 30/6/26.
Medical staffing	4	2	0	One high risk action and two medium risk actions have been implemented. The three remaining outstanding high risk actions were not implemented by the due date.

The internal audit reports providing Limited Assurance have been presented to the Audit and Assurance Committee by the executive lead.

All internal audit reports are presented to the most appropriate committee, where the implementation of actions is also monitored.

Any actions which become overdue are reported back to the Audit and Assurance Committee and the action owners are invited to attend to discuss progress.

The Audit and Assurance Committee has maintained good oversight of the position and

challenges throughout the year, and the Trust continues to enhance its internal processes for monitoring the implementation of actions to ensure managers are supported in achieving the deadlines agreed in the individual internal audit reports.

Managers and Executive Directors provide me with assurance through regular Board and management reports, all which evidence areas of effective internal control and risk management. The Audit and Assurance Committee and the Risk Committee ensure effective operation of risk management and focus on the establishment and maintenance of controls designed to give assurance that assets are safeguarded, waste and inefficiency are avoided, reliable information is produced and value for money is sought continuously.

Clinical Audit 2025/26

At the start of the 2025/26 financial year, a number of key clinical audit priorities were established, and the main highlights from the year are summarised below:

- **Delivery and Compliance**
  The Trust achieved a high completion rate for national clinical audits, with the majority submitted within required deadlines. Delivery of local audits also improved, evidenced by a reduction in overdue projects and more effective forward planning. In addition, NICE compliance audits demonstrated positive progress across several high-risk pathways, including sepsis, stroke, and antimicrobial stewardship.

- **Quality Improvement Impact**
  A greater proportion of audits resulted in clear, measurable action plans, supported by improved follow-up through divisional governance structures. Several audits also led to tangible service improvements, including reduced time to antibiotic administration in sepsis, improved VTE documentation, and greater consistency in perioperative care processes. In addition, increased adoption of Quality Improvement (QI) methodologies has supported more sustainable and embedded change.

- **Clinical Engagement**
  Engagement has strengthened across most specialties, with broader multidisciplinary team (MDT) involvement and increased ownership of audit outcomes.

- **Governance and Assurance**
  Audit findings are now more consistently escalated to divisional and Trust-level committees, enhancing the visibility of risk and strengthening assurance processes. The annual audit programme is also more closely aligned with key organisational priorities, including CQC domains, patient safety incident themes, and Trust strategic risks. In addition, reporting dashboards have been refined to improve the clarity, accessibility, and usability of audit outcomes.

National Clinical Audits 2025/26

During 2025/26, the Trust participated in 50 out of 54 (93%) eligible national clinical audits and 100% of national confidential enquiries. The clinical audits included within the 2025/26 Audit Plan were as follows:

- Total number of audits: 402
- Local/other audits: 341
- National audits (including NCEPOD): 61
- Audits fully completed: 199

Key Learning from National Audits 2025/26

- **National Diabetes Footcare Audit (NDFA) 2024-25** - Performance improved across all metrics, with the most notable improvement seen in the proportion of patients reviewed within 0–13 days, increasing from 16% to 73%. Timely foot care is critical for patients with diabetes, as complications such as neuropathy and peripheral arterial disease significantly increase the risk of rapid deterioration. This improvement is expected to contribute to a reduction in complications, supporting better long-term outcomes and reducing associated healthcare costs.

- **National Emergency Laparotomy Audit (NELA)** - The report published in October 2025 demonstrates strong performance in risk assessment processes. The proportion of patients with documented preoperative and postoperative risk assessments was 91.7%, compared to a national average of 66.7%. In addition, 92.7% of high-risk patients were admitted directly to critical care postoperatively, exceeding the national average of 77.6%. These results reflect a strong commitment to evidence-based, patient-centred care and are associated with improved patient outcomes.

- **National Respiratory Audit Programme - Adult Asthma** - The latest report indicates that 75% of patients admitted with an asthma attack were reviewed by a respiratory specialist within 24 hours, significantly above the national average of 48%. This demonstrates effective pathways to ensure timely specialist input and high-quality care.

- **National Audit of Dementia** - Findings highlight excellent patient and carer experience, with 100% of carers rating care as '*Excellent*' or '*Very Good*'. Pain assessments were also completed in 100% of cases. Given the complexity of needs in patients with dementia, these results demonstrate a strong commitment to compassionate, person-centred care.

- **National Hip Fracture Database (NHFD)** - The proportion of patients receiving a perioperative medical assessment within 72 hours was 92%, representing a 4.5% improvement from the previous year and exceeding the national average of 90%. This assessment supports timely, effective care and helps minimise unnecessary length of stay and deconditioning.

In addition, 98% of patients were recorded as not developing a pressure ulcer, compared to a national average of 92%, reflecting high standards of care and effective prevention of avoidable harm.

2025/26 Annual Plan and forward look

As we close our annual plan, I would also like to acknowledge that our plan and delivery has also been informed and supported by:

- Regular executive reporting to Board and escalation processes through the Board Committees
- Assessment of financial reports submitted to NHS England
- NHS Oversight Framework segmentation for providers – the segmentation score for the Trust is 3.
- NHSE Provider Board Self-Assessment rating of Amber-Green
- Other appropriate committees and governance structures

2025 National Staff Survey

The National Staff Survey is of significant importance for us as an organisation. This year has been a challenging one for the wider NHS and Sherwood Forest Hospitals - and we have seen that impact certain areas of our staff survey, for example we saw a decrease in the proportion of people who would recommend Sherwood Forest as a place to work. We also recognise that there remains much to be proud of and build upon in the survey.

Our focus on being a great place to work is fundamental to everyone we want to achieve as a Trust, and this is reinforced with this being one of our strategic priorities. In response to feedback from colleagues we have launched our collective commitment of "Together, We Will", and we will ensure that we work together to ensure Sherwood Forest has a culture to be proud of.

Looking Forward to 2026/27

In 2026/27, the Trust will focus on improving care through:

- **Strengthening the Quality of Patient Care** – We will ensure clinical practice is consistently aligned with national standards, NICE guidance, and local policies through the effective use of clinical audit, while also supporting teams to identify and address unwarranted variation in care, with a focus on improving patient safety and outcomes.

- **Driving Meaningful Quality Improvement** – We will support the translation of audit findings into clear, actionable improvement plans that deliver measurable and sustained change, while also enabling clinical teams to embed continuous improvement methodologies and move beyond one-off audit cycles.

- **Enhancing Clinical Engagement** – We will increase participation from clinicians, nurses, allied health professionals (AHPs), and operational teams across all stages of the audit cycle, including design, data collection, and action planning, while also promoting a culture in which clinical audit is recognised as a collaborative and supportive tool for improvement rather than solely a compliance exercise.

- **Improving Data Quality and Insight** – We will strengthen the use of audit data to generate clear, accessible insights that inform clinical governance, decision-making, and strategic priorities.

- **Supporting Assurance and Accountability** – We will provide robust evidence to the Trust Board, Quality Committee, and external regulators to demonstrate compliance with required standards, while ensuring audit activity is aligned with organisational risks, CQC domains, specialty priorities, and patient safety themes through the development of a targeted audit plan.

- **Building Capability Across the Organisation** – We will deliver training, coaching, and resources to enhance understanding of audit methodology and quality improvement principles, while also developing a confident and capable workforce equipped to lead and sustain audit-driven improvements.

To deliver our objectives, including our quality, workforce, access and financial plans, we will:

- Improve through change
- Drive best practice
- Be a great place to work

There is much to be proud of at Sherwood Forest Hospitals, and we also recognise we must drive improvement for our patients, colleagues and communities.

Conclusion

As shown through this report, to the best of my knowledge there are no significant control issues at Sherwood Forest Hospitals, and I am satisfied the organisation has a sound system of internal control supported by a robust governance structure. As a Trust we are committed to the continuous improvement of the processes of internal control and assurance.

Thank you for taking the time to read our annual report.

Jon Melbourne
Chief Executive Officer **22nd June 2026**

Sherwood Forest Hospitals NHS Foundation Trust

Annual accounts for the year ended 31 March 2026

Foreword to the accounts

Sherwood Forest Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2026, have been prepared by Sherwood Forest Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Name **Jon Melbourne**
Job title **Chief Executive Officer**
Date **22 June 2026**

Statement of Comprehensive Income

	Note	2025/26 £000	2024/25 £000
Operating income from patient care activities	3	522,969	517,090
Other operating income	4	52,531	64,983
Operating expenses	7,9	(577,004)	(558,988)
Operating surplus/(deficit) from continuing operations		**(1,504)**	**23,085**
Finance income	11	1,592	1,388
Finance expenses	12	(24,361)	(29,055)
PDC dividends payable		-	-
Net finance costs		**(22,769)**	**(27,667)**
Other gains / (losses)	13	(356)	(195)
Surplus / (deficit) for the year from continuing operations		**(24,629)**	**(4,777)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	15	-	-
Surplus / (deficit) for the year		**(24,629)**	**(4,777)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	-	1,126
Revaluations	18	1,428	-
Total comprehensive income / (expense) for the period		**(23,201)**	**(3,651)**

Statement of Financial Position

	Note	31 March 2026 £000	31 March 2025 £000
Non-current assets			
Intangible assets	15	3,094	2,967
Property, plant and equipment	16	380,596	350,114
Right of use assets	19	6,983	5,948
Receivables	21	1,123	531
Other assets	23	-	-
Total non-current assets		**391,795**	**359,559**
Current assets			
Inventories	20	6,733	6,356
Receivables	21	35,568	32,912
Cash and cash equivalents	22	16,073	26,528
Total current assets		**58,374**	**65,796**
Current liabilities			
Trade and other payables	23	(72,357)	(52,177)
Borrowings	25	(23,252)	(21,108)
Other financial liabilities	26	-	-
Provisions	26	(74)	(299)
Other liabilities	24	(621)	-
Liabilities in disposal groups	24.2	-	-
Total current liabilities		**(96,304)**	**(73,584)**
Total assets less current liabilities		**353,865**	**351,771**
Non-current liabilities			
Trade and other payables	23	-	-
Borrowings	25	(396,575)	(403,681)
Other financial liabilities	26	-	-
Provisions	26	(846)	(743)
Other liabilities	24	-	-
Total non-current liabilitie		**(397,421)**	**(404,424)**
Total assets employed		**(43,556)**	**(52,653)**
Financed by			
Public dividend capital		570,540	538,242
Revaluation reserve		16,463	15,375
Income and expenditure reserve		(630,559)	(606,270)
Total taxpayers' equity		**(43,556)**	**(52,653)**

The notes on pages 171 to 209 form part of these accounts.

Name Jon Melbourne
Position Chief Executive Officer
Date 22 June 2026

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2025 - brought forward	**538,242**	**15,375**	**(606,270)**	**(52,653)**
Withdrawal of revaluation model for intangible assets on 1 April 2025	-	-	-	**-**
Surplus/(deficit) for the year	-	-	(24,629)	**(24,629)**
Other transfers between reserves	-	(28)	28	**-**
Impairments	-	-	-	**-**
Revaluations	-	1,428	-	**1,428**
Public dividend capital received	32,298	-	-	**32,298**
Other reserve movements	-	(312)	312	**-**
Taxpayers' equity at 31 March 2026	**570,540**	**16,463**	**(630,559)**	**(43,556)**

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2024 - brought forward	**496,313**	**14,548**	**(601,792)**	**(90,931)**
Surplus/(deficit) for the year	-	-	(4,777)	**(4,777)**
Other transfers between reserves	-	(25)	25	**-**
Impairments	-	1,126	-	**1,126**
Revaluations	-	-	-	**-**
Public dividend capital received	41,929	-	-	**41,929**
Other reserve movements	-	(274)	274	**-**
Taxpayers' equity at 31 March 2025	**538,242**	**15,375**	**(606,270)**	**(52,653)**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2025/26 £000	2024/25 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(1,504)	23,085
Non-cash income and expense:			
Depreciation and amortisation	7.1	15,961	15,549
Net impairments	8	926	3,557
Income recognised in respect of capital donations	4	(333)	(114)
(Increase) / decrease in receivables and other assets		(3,300)	(915)
(Increase) / decrease in inventories		(377)	(195)
Increase / (decrease) in payables and other liabilities		10,371	2,510
Increase / (decrease) in provisions		(122)	45
Other movements in operating cash flows		1	1
Net cash flows from / (used in) operating activities		**21,623**	**43,523**
Cash flows from investing activities			
Interest received		1,640	1,318
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(969)	(635)
Sales of intangible assets		-	-
Purchase of PPE and investment property		(33,310)	(34,516)
Sales of PPE and investment property		-	88
Receipt of cash donations to purchase assets		98	-
Net cash flows from / (used in) investing activities		**(32,541)**	**(33,745)**
Cash flows from financing activities			
Public dividend capital received		32,298	41,929
Capital element of lease rental payments		(1,442)	(1,085)
Capital element of PFI, LIFT and other service concession payments		(20,309)	(18,727)
Other interest		(2)	(1)
Interest paid on lease liability repayments		(287)	(194)
Interest paid on PFI, LIFT and other service concession obligations		(9,795)	(9,908)
Net cash flows from / (used in) financing activities		**463**	**12,014**
Increase / (decrease) in cash and cash equivalents		**(10,455)**	**21,792**
Cash and cash equivalents at 1 April - brought forward		**26,528**	**4,736**
Cash and cash equivalents transferred under absorption accounting	35	-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	22.1	**16,073**	**26,528**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2025/26 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case. The Trust has a negative statement of financial position however, this is not a concern as the organisation is a government body.

Note 1.3 Interests in other entities

The Trust is the Corporate Trustee of Sherwood Forest Hospitals General Charitable Fund. The Charity is not consolidated as the balances are not deemed material, however, the revenue and capital grants are reflected in the accounts. Non consolidated balances as at 31 March 2023 were £1.79m. This decision is ratified by the Board on an annual basis.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Standard credit terms apply to invoiced revenue with all NHS debt due for payment within 14 days and all non NHS receivables due within 30 days of the invoice date. Invoices are not raised where revenue is recognised on performance of a contractual obligation until this has been met.

Revenue from NHS contracts
The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.
Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

The Trust also receives income from commissioners under the Best Practice Tariff (BPT) scheme. Delivery under the scheme is part of how care is provided to patients. As such BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income
The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other income
Income from various sources including items such as pharmacy sales and on site creche services.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of the Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of the Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations.

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.
Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current value in existing use is defined as market value except where a building is so specialised in nature no active market exists from which to draw satisfactory transactional evidence. In this case a valuer will adopt a depreciated replacement cost (DRC) model on a modern equivalent asset (MEA) basis.

A DRC model estimates current value in existing use as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.
For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.
Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.
IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.
An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Lifecycle replacement costs are reviewed and charged to revenue or capital when they meet the capital definition and are then accounted for as part of the annual valuation assessment." In 2024/25 all lifecycle replacement costs were capitalised in line with the PFI model.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	1	57
Dwellings	1	57
Plant & machinery	5	15
Transport equipment	-	-
Information technology	5	8
Furniture & fittings	5	10

Note 1.10 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset where it meets recognition criteria.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. From 1 April 2025, subsequent measurement of intangible assets is at cost less amortisation.
Prior to 1 April 2025, intangible assets were held under a revaluation approach reflecting current value in existing use. Revaluation gains and losses and impairments were treated in the same manner as for property, plant and equipment. On 1 April 2025, the carrying value of these assets was carried forward as 'deemed cost' and any related revaluation surpluses in the revaluation reserve were transferred to the I&E reserve.
Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	5	10

Note 1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.12 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Note 1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.14 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure.

Financial liabilities classified as subsequently measured at amortised cost fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).
For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.15 Leases
A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.
The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.81% applied to new leases commencing in 2025 and 5.32% to new leases commencing in 2026. The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.
The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2026:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.64%	4.03%
Medium-term	After 5 years up to 10 years	4.22%	4.07%
Long-term	After 10 years up to 40 years	5.32%	4.81%
Very long-term	Exceeding 40 years	5.07%	4.55%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2026:

	Inflation rate	Prior year rate
Year 1	2.5%	2.60%
Year 2	2.0%	2.30%
Into perpetuity	2.0%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.95% in real terms (prior year: 2.40%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 26.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets,but are disclosed in Note 27 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised,but are disclosed in Note 27.
Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.18 Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.
This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.
In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.19 Value added tax
Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.20 Climate change levy
Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.21 Foreign exchange
The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.22 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.23 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.24 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2025/26.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

Other standards, amendments and interpretations

Financial year for which the change first applies	Standard
Not EU-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.	IFRS 14 Regulatory Deferral Accounts
Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK-endorsed and not yet adopted by the FReM. Early adoption is not permitted.	IFRS 18 Presentation and Disclosure in Financial Statements
Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK-endorsed and not yet adopted by the FReM. Early adoption is not permitted.	IFRS 19 Subsidiaries without Public Accountability: Disclosures

The following future changes to adaptations and interpretations of IAS 16 for the public sector are also not yet adopted:

Changes to valuation of property, plant and equipment (PPE) assets – The DHSC GAM for 2026/27 and associated consultation response document confirms future changes which will impact on the financial statements.

From 2026/27 NHS bodies' valuation methodology will be a mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years. The requirement in IAS 16 to revalue an asset when its fair value differs materially from its carrying value is being withdrawn for the public sector

Note 1.27 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:
In applying the Trust's accounting policies management are required to make judgements, estimates and assumptions concerning the carrying amounts of assets and liabilities that are not readily apparent from other sources. Estimates and assumptions are based on historical experience and any other factors that are deemed relevant. Actual results may differ from these estimates and are continually reviewed to ensure validity remains appropriate. These revisions are recognised in the period in which they occur or the current and future periods, as appropriate. In relation to buildings a 2% change in value would equate to £5.1m.

Assumptions have been made regarding the treatment of Lifecycle costs which have all been capitalised in year, £5.39m based on the PFI model.

External Valuation where reliance has been placed on the valuation report as at 31 March 2026, as this represents the best available evidence of current value. Further details are included in note 1.9, and note 17.

Assumptions regarding sums due in regard to the PFI and ongoing discussions around an agreed settlement position.

Note 2 Operating Segments

No segmental analysis is shown as Sherwood Forest Hospitals NHS Foundation Trust acts solely in the UK and operates as a segment providing healthcare. The "Chief Operating Decision Maker" is deemed to be the Trust Board.

The Board currently receives only high level financial information and does not therefore review information or allocate resources in any way that could be perceived to represent operating segments.

The Trust is split into 5 clinical divisions, Urgent and Emergency Care, Medicine, Surgery, Women's and Children's and Clinical Support Therapies & Outpatients. In addition there is a supporting corporate function. All of these divisions are engaged directly in the provision of healthcare and hence are reported as one segment."

A detailed analysis of all income is disclosed in note 3 to these accounts.

Note 3 Operating income from patient care activities
All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	**2025/26 £000**	**2024/25 £000**
Acute services		
Income from commissioners under API contracts - variable element*	111,713	97,832
Income from commissioners under API contracts - fixed element*	349,430	356,690
High cost drugs income from commissioners	20,264	20,691
Other NHS clinical income	-	-
Community services		
Income from commissioners under API contracts*	19,220	18,338
Income from other sources (e.g. local authorities)	-	1,619
All services		
Private patient income	31	123
National pay award central funding***		1,020
Additional pension contribution central funding**	21,205	19,669
Other clinical income	1,106	1,108
Total income from activities	**522,969**	**517,090**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2025/26 NHS Payment Scheme documentation.

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.38% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%) and related NHS England funding (9.4%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 for implementing the backdated element of pay awards where government offers were finalised after the end of the 2023/24 financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	**2025/26 £000**	**2024/25 £000**
NHS England	33,440	46,799
Integrated care boards	485,518	465,655
Department of Health and Social Care	-	-
Other NHS providers	2,727	1,786
NHS other	-	-
Local authorities	147	1,619
Non-NHS: private patients	31	123
Non-NHS: overseas patients (chargeable to patient)	90	10
Injury cost recovery scheme	1,016	1,098

Non NHS: other	-	-
Total income from activities	**522,969**	**517,090**
Of which:		
Related to continuing operations	522,969	517,090
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2025/26	2024/25
	£000	£000
Income recognised this year	90	10
Cash payments received in-year	49	26
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	83	39

Note 4 Other operating income

	2025/26			2024/25		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	1,032	-	**1,032**	947	-	**947**
Education and training	18,822	882	**19,704**	15,483	934	**16,417**
Non-patient care services to other bodies	26,512		**26,512**	41,901		**41,901**
Income in respect of employee benefits accounted on a gross basis	275		**275**	281		**281**
Receipt of capital grants and donations and peppercorn leases		333	**333**		114	**114**
Charitable and other contributions to expenditure		471	**471**		367	**367**
Revenue from operating leases		863	**863**		827	**827**
Amortisation of PFI deferred income / credits		-	**-**		-	**-**
Other income	3,341	-	**3,341**	4,129	-	**4,129**
Total other operating income	**49,982**	**2,549**	**52,531**	**62,741**	**2,242**	**64,983**
Of which:						
Related to continuing operations			52,531			64,983
Related to discontinued operations			-			-

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2025/26	2024/25
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end		

Note 5.2 Income from activities arising from commissioner requested services

The trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2025/26	2024/25
	£000	£000
Income from services designated as commissioner requested services	521,832	514,839
Income from services not designated as commissioner requested services	1,137	2,251
Total	**522,969**	**517,090**

Note 5.3 Profits and losses on disposal of property, plant and equipment

No land and buildings assets used in the provision of commissioner requested services have been disposed of during the year.

Note 6 Operating leases - Sherwood Forest Hospitals NHS Foundation Trust as lessor

This note discloses income generated in operating lease agreements where Sherwood Forest Hospitals NHS Foundation Trust is the lessor.

Note 6.1 Operating lease income

	2025/26	2024/25
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	863	827
Variable lease receipts / contingent rents	-	-
Total in-year operating lease income	**863**	**827**

Note 6.2 Future lease receipts

	31 March 2026	31 March 2025
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	876	890
- later than one year and not later than two years	858	870
- later than two years and not later than three years	745	748
- later than three years and not later than four years	734	561
- later than four years and not later than five years	562	561
- later than five years	374	375
Total	**4,149**	**4,005**

Note 7.1 Operating expenses

	2025/26	2024/25
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,791	2,030
Purchase of healthcare from non-NHS and non-DHSC bodies	5,472	5,997
Purchase of social care	-	-
Staff and executive directors costs	381,193	363,483
Remuneration of non-executive directors	176	156
Supplies and services - clinical (excluding drugs costs)	45,890	43,234
Supplies and services - general	4,462	5,589
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	33,763	34,079
Inventories written down	-	-
Consultancy costs	141	593
Establishment	2,998	3,323
Premises	26,668	25,957
Transport (including patient travel)	475	631
Depreciation on property, plant and equipment	15,109	14,738
Amortisation on intangible assets	852	811
Net impairments	926	3,557
Movement in credit loss allowance: contract receivables / contract assets	59	134
Movement in credit loss allowance: all other receivables and investments	-	-
Increase/(decrease) in other provisions	44	115
Change in provisions discount rate(s)	(25)	(2)
Fees payable to the external auditor		
audit services- statutory audit	194	190
other auditor remuneration (external auditor only)	-	-
Internal audit costs	137	162
Clinical negligence	14,583	15,772
Legal fees	257	126
Insurance (as a policy holder)	-	-
Research and development	56	-
Education and training	1,852	2,082
Expenditure on short term leases	1,184	1,698
Expenditure on low value leases	-	-
Variable lease payments not included in the liability	-	-
Early retirements	52	36
Redundancy	1,289	308
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	32,613	31,696
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	210	155
Car parking & security	-	-
Hospitality	336	420
Losses, ex gratia & special payments	-	9
Other	4,247	1,909
Total	**577,004**	**558,988**
Of which:		
Related to continuing operations	577,004	558,988
Related to discontinued operations	-	-

Note 7.2 Other auditor remuneration

	2025/26 £000	2024/25 £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	-	-
Total	**-**	**-**

Note 7.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1,000k (2024/25: £1,000k).

Note 8 Impairment of assets

	2025/26 £000	2024/25 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	926	3,557
Other	-	-
Total net impairments charged to operating surplus / deficit	**926**	**3,557**
Impairments charged to the revaluation reserve	-	(1,126)
Total net impairments	**926**	**2,431**

The Valuer has undertaken a desktop exercise in year (walk round review of the Trust estate in 2023/24). This takes account of numerous factors contributing to an overall assessment of each building asset on a modern equivalent basis: these include functional and external obsolescence, investment into the property since the previous valuation and any changes of use.

Note 9 Employee benefits

	2025/26 Total £000	2024/25 Total £000
Salaries and wages	282,418	270,118
Social security costs	37,724	30,016
Apprenticeship levy	1,407	1,379
Employer's contributions to NHS pensions	53,691	49,775
Pension cost - other	21	74
Temporary staff (including agency)	8,952	13,699
Total gross staff costs	**384,213**	**365,061**
Recoveries in respect of seconded staff	-	-
Total staff costs	**384,213**	**365,061**
Of which		
Costs capitalised as part of assets	1,679	1,234

Note 9.1 Retirements due to ill-health

During 2025/26 there were 5 early retirements from the trust agreed on the grounds of ill-health (10 in the year ended 31 March 2025). The estimated additional pension liabilities of these ill-health retirements is £349k (£776k in 2024/25).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period,and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 at 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027

National Employment Savings Trust (NEST)

The National Employment Savings Trust (NEST) Corporation is the Trustee of the NEST occupational pension scheme. The scheme, which is run on a not-for-profit basis, ensures that all employers have access to suitable, low-charge pension provision. The Trust is required to comply with workplace pension legislation and to auto enrol employees into a pension scheme. Where employees are ineligible to join the NHS Pension Scheme the Trust enrols the employee into NEST. NEST is a defined contribution scheme.

As at 31 March 2026 there were 8,521 members of the NHS Pension Scheme, of which 369 are enrolled within NEST and 4,956 are not currently contributing through a workplace pension scheme.

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2025/26	2024/25
	£000	£000
Interest on bank accounts	1,592	1,388
Total finance income	**1,592**	**1,388**

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2025/26	2024/25
	£000	£000
Interest expense:		
Interest on lease obligations	287	191
Interest on late payment of commercial debt	2	1
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	9,795	9,908
Remeasurement of the liability resulting from change in index or rate	14,277	18,953
Total interest expense	**24,361**	**29,053**
Unwinding of discount on provisions	-	2
Other finance costs	-	-
Total finance costs	**24,361**	**29,055**

Note 12.2 The late payment of commercial debts (interest) Act 1998

	2025/26	2024/25
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	2	1

Note 13 Other gains / (losses)

	2025/26	2024/25
	£000	£000
Gains on disposal of assets	-	88
Losses on disposal of assets	(356)	(283)
Total gains / (losses) on disposal of assets	**(356)**	**(195)**

Note Discontinued operations

	2025/26	2024/25
	£000	£000
Operating income of discontinued operations	-	-
Operating expenses of discontinued operations	-	-
Gain on disposal of discontinued operations	-	-
(Loss) on disposal of discontinued operations	-	-
Total	**-**	**-**

Note 15.1 Intangible assets - 2025/26	2025/26	2024/25
	Software licences	**Software licences**
	£000	**£000**
Cost at 1 April 2025 - brought forward *	**12,237**	**11,673**
Transfers by absorption	-	**-**
Additions	969	**646**
Reclassifications	-	**-**
Other Adjustments	10	**(49)**
Transfers to / from assets held for sale	-	**-**
Disposals / derecognition	(570)	**(33)**
Cost at 31 March 2026	**12,646**	**12,237**
Amortisation at 1 April 2025 - brought forward	**9,270**	**8,488**
Transfers by absorption	-	**-**
Provided during the year	852	**811**
Impairments	-	**-**
Reversals of impairments	-	**-**
Reclassifications	-	**-**
Transfers to / from assets held for sale	-	**-**
Disposals / derecognition	(570)	**(29)**
Amortisation at 31 March 2026	**9,552**	**9,270**
Net book value at 31 March 2026	**3,094**	**3,094**
Net book value at 1 April 2025	**2,967**	**2,967**

* From 1 April 2025, the option to apply the revaluation model in IAS 38 to intangible assets has been withdrawn prospectively. Where assets were previously revalued, the carrying value at the transition date was carried forward as 'deemed cost'.

Note 16.1 Property, plant and equipment - 2025/26

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2025 - brought forward	**15,475**	**259,349**	**3,190**	**22,073**	**62,223**	**41,216**	**393**	**403,918**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	10,585	223	16,921	4,088	12,162	-	**43,979**
Impairments	-	(806)	-	-	-	-	-	**(806)**
Reversals of impairments	65	6,564	-	-	-	-	-	**6,629**
Revaluations	-	1,428	-	-	-	-	-	**1,428**
Reclassification	-	-	-	-	-	-	-	**-**
Other Adjustments	-	16	-	5,111	(6,649)	1,543	(31)	**(10)**
Disposals / derecognition	-	-	-	-	(8,517)	(11,154)	(26)	**(19,697)**
Valuation/gross cost at 31 March 2026	**15,540**	**277,136**	**3,413**	**44,105**	**51,145**	**43,767**	**336**	**435,441**
Accumulated depreciation at 1 April 2025 - brought forward	**-**	**-**	**-**	**-**	**31,238**	**22,291**	**276**	**53,805**
Provided during the year	-	6,631	-	-	3,924	3,052	25	**13,632**
Impairments	-	6,749	-	-	-	-	-	**6,749**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(8,163)	(11,151)	(26)	**(19,340)**
Accumulated depreciation at 31 March 2026	**-**	**13,380**	**-**	**-**	**26,999**	**14,192**	**275**	**54,846**
Net book value at 31 March 2026	**15,540**	**263,756**	**3,413**	**44,105**	**24,146**	**29,575**	**61**	**380,596**
Net book value at 1 April 2025	**15,475**	**259,349**	**3,190**	**22,073**	**30,985**	**18,925**	**117**	**350,114**

Note 16.2 Property, plant and equipment - 2024/25

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**15,475**	**252,284**	**2,975**	**15,569**	**60,323**	**38,763**	**614**	**386,002**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	13,798	215	8,894	4,324	3,418	64	**30,713**
Impairments	-	(8,864)	-	-	-	-	-	**(8,864)**
Reversals of impairments	-	6,499	-	(66)	-	-	-	**6,433**
Revaluations	-	(6,481)	-	-	-	-	-	**(6,481)**
Reclassification	-	-	-	-	-	-	-	**-**
Other Adjustments	-	2,113	-	(2,324)	388	(137)	9	**49**
Disposals / derecognition	-	-	-	-	(2,812)	(828)	(294)	**(3,934)**
Valuation/gross cost at 31 March 2025	**15,475**	**259,349**	**3,190**	**22,073**	**62,223**	**41,216**	**393**	**403,918**
Accumulated depreciation at 1 April 2024 - as previously stated	**-**	**-**	**-**	**-**	**28,749**	**21,011**	**545**	**50,305**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	6,481	-	-	5,045	2,085	24	**13,635**
Impairments	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	(6,481)	-	-	-	-	-	**(6,481)**
Reclassification	-	-	-	-	-	-	-	**-**
Other Adjustments	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(2,556)	(805)	(293)	**(3,654)**
Accumulated depreciation at 31 March 2025	**-**	**-**	**-**	**-**	**31,238**	**22,291**	**276**	**53,805**

Net book value at 31 March 2025	**15,475**	**259,349**	**3,190**	**22,073**	**30,985**	**18,925**	**117**	**350,114**	
Net book value at 1 April 2024	**15,475**	**252,284**	**2,975**	**15,569**	**31,574**	**17,752**	**69**	**335,698**	

Note 16.3 Property, plant and equipment financing - 31 March 2026

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	15,540	13,701	(0)	44,105	23,065	-	29,575	27	**126,013**
On-SoFP PFI contracts and other service concession arrangements	-	249,064	-	-	-	-	-	-	**249,064**
Off-SoFP PFI residual interests	-	-	3,413	-	-	-	-	-	**3,413**
Owned - donated/granted	-	991	-	-	1,081	-	-	34	**2,106**
Total net book value at 31 March 2026	**15,540**	**263,756**	**3,413**	**44,105**	**24,146**	**-**	**29,575**	**61**	**380,596**

Note 16.4 Property, plant and equipment financing - 31 March 2025

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	15,475	11,732	(0)	21,917	30,059	-	18,924	76	**98,183**
On-SoFP PFI contracts and other service concession arrangements	-	246,588	-	156	-	-	-	-	**246,744**
Off-SoFP PFI residual interests	-	-	3,190	-	-	-	-	-	**3,190**
Owned - donated/granted	-	1,029	-	-	926	-	1	41	**1,997**

Total net book value at 31 March 2025	**15,475**	**259,349**	**3,190**	**22,073**	**30,985**	**-**	**18,925**	**117**	**350,114**

Note 17 Donations of property, plant and equipment

The Trust received donations during the year of £720k. (2024/25 £426k). No restrictions were placed on these donations of which333k funded the purchase of tangible capital assets.

Note 18 Revaluations of property, plant and equipment

An independent revaluation was undertaken of the Trust's buildings by the Clark Weightman with an effective date of 31st March 2026. The review was performed by Rob Mapletoft, (MRICS), RICS registered valuer.

Assets in existing use:

For specialised properties (i.e. those for which no active market exists), depreciated replacement cost has been used and is considered to be a satisfactory approximation of current value in existing use.

Within this methodology, consistent with previous years, a Modern Equivalent Asset (MEA) approach was undertaken referenced to National Indices acceptable to the RICS. Consideration was given to improvements carried out during the year and where appropriate asset lives were adjusted accordingly based on the remaining useful life advised by the District Valuer. This had minimal effect on remaining lives. Modern Equivalent Asset (MEA) concept is applied: the “replacement cost” being based on the cost of a modern replacement asset that has the same productive capacity as the property being valued.

The Trust has no assets identified as no longer in operational use and therefore ' surplus' or any assets held for sale.

The carrying value of land building and dwellings valued on an open market valuation basis at 31 March 2025 is detailed in note 15.1.
The useful economic asset lives for intangibles and plant and equipment are initially assessed when an asset is first recognised. Periodically the Trust does review these lives to identify and adjust for any assets impaired or where the useful economic life requires adjustment. This exercise was undertaken in 2019/20 for I.T assets.

The asset lives for individual buildings and dwellings are in accordance with the latest valuation report prepared by the external valuer.
The valuer has utilised assumptions with the valuation report to determine the conclusion, but responsibility over challenging the assumptions used is management’s responsibility.
The following assumptions have been utilised in the report:
1. Index – This is used as part of desktop review which is undertaken annually between full valuations. Utilising BCIS indexation figures to consider for inflation in building trade i.e., additional inflation cost for building a new build This is a consistent method used and is industry standard in line with RIC’s and accounting standards. Therefore, we have no issue in the index used in the valuation. There are no alternatives to compare with, therefore current indexation method the most appropriate.
2. Building Cost Information Service (BCIS) Rates – the valuation reflects construction cost increases this year in view of evidence coming through from industry data produced by the RICS Building Cost Information Service (BCIS).
3. Depreciation - Essentially the valuation has resulted in depreciation being one year less than last year, which is line with expectations. Continue to apply design and remaining lives elements of each building where they are present. No change has occurred from previous year’s calculations, therefore, applies a consistent approach and we would not expect a change in depreciation methodology as there has been neither change in guidance from RICS nor any change in accounting standards to facilitate any change in depreciation calculation. The depreciation has not adjusted the residual values.
4. Land - It is difficult to prove the price for commercial land, as it is commercially sensitive and not advertised publicly to be able to test exactly what land is going for currently. Therefore, it is reasonable to use the information the valuer provides, particularly as they are involved in selling and valuing of commercial land so understand the market.

Based on the valuation report if there was a 5% positive or negative movement in the valuation of buildings this would have resulted in a movement of £12.83m in the value of assets. This movement would have been reflected in either the revaluation reserve or income and expenditure as a revaluation adjustment as appropriate, however, it would have had no impact of the depreciation charge in year or the underlying reported position.

Note 19 Leases - Sherwood Forest Hospitals NHS Foundation Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust has entered into a number of leases as per IFRS16. These relate solely to equipment and buildings. The only material lease relates to wards at Mansfield Community Hospital

Note 19.1 Right of use assets - 2025/26

	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2025 - brought forward	**6,655**	**2,359**	**9,014**	**274**
Additions	1,854	-	**1,854**	-
Remeasurements of the lease liability	658	-	**658**	-
Reclassifications	83	(83)	**-**	-
Valuation/gross cost at 31 March 2026	**9,250**	**2,276**	**11,526**	**274**
Accumulated depreciation at 1 April 2025 - brought forward	**2,571**	**495**	**3,066**	**69**
At start of period for new FTs	**-**	**-**	**-**	**-**
Provided during the year	1,242	235	**1,477**	69
Reclassifications	-	-	**-**	-
Accumulated depreciation at 31 March 2026	**3,813**	**730**	**4,543**	**138**
Net book value at 31 March 2026	**5,437**	**1,546**	**6,983**	**136**
Net book value at 1 April 2025	**4,084**	**1,864**	**5,948**	**205**

Net book value of right of use assets leased from other NHS providers	-
Net book value of right of use assets leased from other DHSC group bodies	136

Note 19.2 Right of use assets - 2024/25

	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**6,169**	**606**	**6,775**	**274**
Transfers by absorption	-	-	**-**	-
Additions	254	1,753	**2,007**	-
Remeasurements of the lease liability	232	-	**232**	-
Valuation/gross cost at 31 March 2025	**6,655**	**2,359**	**9,014**	**274**
Accumulated depreciation at 1 April 2024 - brought forward	1,468	495	**1,963**	-
Transfers by absorption	-	-	**-**	-
Provided during the year	1,103	-	**1,103**	69
Accumulated depreciation at 31 March 2025	**2,571**	**495**	**3,066**	**69**

Net book value at 31 March 2025	**4,084**	**1,864**	**5,948**	**205**
Net book value at 1 April 2024	**4,701**	**111**	**4,812**	**274**

Net book value of right of use assets leased from other NHS providers	-
Net book value of right of use assets leased from other DHSC group bodies	205

Note 19.3 Revaluations of right of use assets

No external valuations have been made in year relating to building or PPE.

Note 19.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 25.1.

	2025/26	2024/25
	£000	£000
Carrying value at 1 April	**6,029**	**4,878**
Transfers by absorption	-	-
Lease additions	1,854	2,007
Lease liability remeasurements	658	232
Interest charge arising in year	287	191
Early terminations	-	-
Lease payments (cash outflows)	(1,729)	(1,279)
Other changes	-	-
Carrying value at 31 March	**7,099**	**6,029**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 19.5 Maturity analysis of future lease payments

	Total 31 March 2026 £000	Of which leased from DHSC group bodies: 31 March 2026 £000	Total 31 March 2025 £000	Of which leased from DHSC group bodies: 31 March 2025 £000
Undiscounted future lease payments payable in:				
- not later than one year;	2,487	62	1,467	62
- later than one year and not later than five years;	3,850	62	3,439	123
- later than five years.	1,834	-	2,174	-
Total gross future lease payments	**8,171**	**124**	**7,080**	**185**
Finance charges allocated to future periods	(1,072)	-	(1,051)	-
Net lease liabilities at 31 March 2026	**7,099**	**124**	**6,029**	**185**
Of which:				

Leased from other NHS providers	-	-
Leased from other DHSC group bodies	124	185

Note 20 Inventories

	31 March 2026 £000	31 March 2025 £000
Drugs	2,091	2,018
Work In progress	-	-
Consumables	4,396	4,131
Energy	246	207
Other	-	-
Total inventories	**6,733**	**6,356**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £35,852k (2024/25: £27,532k). Write-down of inventories recognised as expenses for the year were £0k (2024/25: £0k).

Note 21.1 Receivables

	31 March 2026 £000	31 March 2025 £000
Current		
Contract receivables	26,333	29,195
Allowance for impaired contract receivables / assets	(280)	(282)
Prepayments (non-PFI)	4,840	1,731
Interest receivable	145	193
VAT receivable	4,507	2,052
Other receivables	23	23
Total current receivables	**35,568**	**32,912**
Non-current		
Contract receivables	1,464	897
Allowance for impaired contract receivables / assets	(808)	(897)
PFI lifecycle prepayments	32	36
Other receivables	435	495
Total non-current receivables	**1,123**	**531**
Of which receivable from NHS and DHSC group bodies:		
Current	14,745	13,681
Non-current	435	495

Note 21.2 Allowances for credit losses

	2025/26		2024/25	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**1,179**	**-**	**2,158**	**-**
New allowances arising	321	-	354	-
Changes in existing allowances	-	-	-	-
Reversals of allowances	(262)	-	(220)	-
Utilisation of allowances (write offs)	(150)	-	(1,113)	-
Allowances as at 31 Mar 2026	**1,088**	**-**	**1,179**	**-**

Note 21.3 Exposure to credit risk

The majority of carrying debt relates to NHS organisations, therefore no significant credit risk is assumed in non-impaired receivables.

Note 22.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2025/26	2024/25
	£000	£000
At 1 April	**26,528**	**4,736**
Transfers by absorption	-	-
Net change in year	(10,455)	21,792
At 31 March	**16,073**	**26,528**
Broken down into:		
Cash at commercial banks and in hand	5	6
Cash with the Government Banking Service	16,068	26,522
Total cash and cash equivalents as in SoFP	**16,073**	**26,528**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**16,073**	**26,528**

Note 22.2 Third party assets held by the trust

Sherwood Forest Hospitals NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2026	31 March 2025
	£000	£000
Bank balances	-	-
Monies on deposit	3	3
Total third party assets	**3**	**3**

Note 23.1 Trade and other payables

	31 March 2026 £000	31 March 2025 £000
Current		
Trade payables	9,195	10,779
Capital payables	24,178	13,748
Accruals	22,618	11,450
Receipts in advance and payments on account	31	238
Social security costs	3,866	3,285
VAT payables	-	-
Other taxes payable	4,143	3,912
PDC dividend payable	-	-
Pension contributions payable	4,429	4,146
Other payables	3,897	4,619
Total current trade and other payables	**72,357**	**52,177**
Non-current		
Other payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	13,761	3,712
Non-current	-	-

Note 23.2 Early retirements in NHS payables above

The payables note above does not include any liabilities in relation to early retirements.

Note 24 Other liabilities

	31 March 2026 £000	31 March 2025 £000
Current		
Deferred income: contract liabilities	621	-
Total other current liabilities	**621**	**-**
Non-current		
Deferred income: contract liabilities	-	-
Total other non-current liabilities	**-**	**-**

Note 25.1 Borrowings

	31 March 2026 £000	31 March 2025 £000
Current		
Lease liabilities	2,487	1,467
Obligations under PFI, LIFT or other service concession contracts	20,765	19,641
Total current borrowings	**23,252**	**21,108**
Non-current		
Lease liabilities	4,612	4,562
Obligations under PFI, LIFT or other service concession contracts	391,963	399,119
Total non-current borrowings	**396,575**	**403,681**

Note 25.2 Reconciliation of liabilities arising from financing activities

	Lease Liabilities £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2025	**6,029**	**418,760**	**424,789**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,442)	(20,309)	**(21,751)**
Financing cash flows - payments of interest	(287)	(9,795)	**(10,082)**
Non-cash movements:			
Transfers by absorption	-	-	**-**
Additions	1,854	-	**1,854**
Lease liability remeasurements	658	-	**658**
Remeasurement of PFI / other service concession liability resulting from change in index or rate		14,277	**14,277**
Application of effective interest rate	287	9,795	**10,082**
Change in effective interest rate	-	-	**-**
Changes in fair value	-	-	**-**
Early terminations	-	-	**-**
Other changes	-	-	**-**
Carrying value at 31 March 2026	**7,099**	**412,728**	**419,827**

	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2024	**4,878**	**418,534**	**423,412**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,085)	(18,727)	**(19,812)**
Financing cash flows - payments of interest	(194)	(9,908)	**(10,102)**
Non-cash movements:			
Transfers by absorption	-	-	**-**
Additions	2,007	-	**2,007**
Lease liability remeasurements	232	-	**232**
Remeasurement of PFI / other service concession liability resulting from change in index or rate		18,953	**18,953**
Application of effective interest rate	191	9,908	**10,099**
Carrying value at 31 March 2025	**6,029**	**418,760**	**424,789**

Note 26.1 Provisions for liabilities and charges analysis

	Pensions : early departure costs	Pensions : injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2025	**250**	**56**	**218**	**518**	**1,042**
Transfers by absorption	-	-	-	-	**-**
Change in the discount rate	(22)	(3)	-	(35)	**(60)**
Arising during the year	67	10	81	-	**158**
Utilised during the year	(45)	(7)	(29)	(23)	**(104)**
Reclassified to liabilities held in disposal groups	-	-	-	-	**-**
Reversed unused	(68)	-	(46)	(31)	**(145)**
Unwinding of discount	-	-	-	29	**29**
At 31 March 2026	**182**	**56**	**224**	**458**	**920**
Expected timing of cash flows:					
- not later than one year;	44	7	-	23	**74**
- later than one year and not later than five years;	138	26	-	78	**242**
- later than five years.	-	23	224	357	**604**
Total	**182**	**56**	**224**	**458**	**920**

Pensions relate to liabilities for employees who retired pre 1994 for whom the Trust retains responsibility for the payments being made.

Other relates to pension tax liability where there is an offsetting accounts receivable balance held with the DoHSC.

Note 26.2 Clinical negligence liabilities

At 31 March 2026, £150,262k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Sherwood Forest Hospitals NHS Foundation Trust (31 March 2025: £144,773k).

Note 27 Contingent assets and liabilities

	31 March 2026 £000	31 March 2025 £000
Value of contingent liabilities		
NHS Resolution legal claims	(117)	(125)
Other*	-	(560)
Gross value of contingent liabilities	**(117)**	**(685)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(117)**	**(685)**
Net value of contingent assets	**-**	**-**

* Relates to band 2 to 3 arrears.

Note 28 Contractual capital commitments

	31 March 2026 £000	31 March 2025 £000
Property, plant and equipment	9,899	25,642
Intangible assets	-	-
Total	**9,899**	**25,642**

Note 29 Other financial commitments

The trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	31 March 2026 £000	31 March 2025 £000
not later than 1 year	-	-
after 1 year and not later than 5 years	-	-
paid thereafter	-	-
Total	**-**	**-**

Note 30 On-SoFP PFI, LIFT or other service concession arrangements

The Trust is currently committed to two on-statement of financial position PFI schemes as the transaction meets the IFRIC 12 definition of a service concession, as interpreted in the Government Accounting Manual. The Trust is required to account for the PFI scheme 'on-statement of financial position' and therefore the Trust treats the assets as if it were assets of the Trust.

The Trust has entered into private finance initiative contracts with:

a) Central Nottinghamshire Hospitals plc to construct and refurbish the Trust's buildings on the King's Mill and Newark hospital sites and then to operate them (estates, facilities management and life cycle replacement) for the Trust for the period to 2043. The contract requires that throughout the contract they are maintained to category B building standards. This PFI is known as the Modernisation of Acute Services (MAS). The MAS PFI scheme was completed and all assets were brought into use by 31 March 2012, with an estimated capital value of £366.5m.
b) Leicester Housing Association (LHA)*, to construct a day nursery and out of hours facility, on the King's Mill hospital site. All assets were brought into use by 2002, with a capital value of £1.3m. Throughout the term of the agreement there is a requirement to keep the premises clean, tidy and in good order and to keep in good and substantial repair and condition in accordance with the Operating Agreement.

In respect of both PFI schemes the Trust has the rights to use the specified assets for the length of the Project Agreements. At the end of the Project Agreements the assets of both schemes will transfer to the Trust's ownership for no additional consideration.

The annual charge relating to the MAS scheme is subject to an annual inflation uplift based on RPI. The LHA schemes are a fixed charge over the life of the contract. All liquidity and associated market and financing risks for both schemes rests with Central Nottinghamshire plc and Leicester Housing Association respectively.

* Leicester Housing Association is now known as Paragon Asra Housing (PA Housing).

Note 30.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2026 £000	31 March 2025 £000
Gross PFI, LIFT or other service concession liabilities	**500,678**	**513,279**
Of which liabilities are due		
- not later than one year;	30,090	29,110
- later than one year and not later than five years;	116,994	113,577
- later than five years.	353,594	370,592
Finance charges allocated to future periods	(87,950)	(94,519)
Net PFI, LIFT or other service concession arrangement obligation	**412,728**	**418,760**
- not later than one year;	20,765	19,641
- later than one year and not later than five years;	84,440	80,252
- later than five years.	307,523	318,867

Note 30.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2026 £000	31 March 2025 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**1,162,515**	**1,190,350**
Of which payments are due:		
- not later than one year;	68,414	66,169
- later than one year and not later than five years;	273,525	264,538
- later than five years.	820,576	859,643

Note 30.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2025/26 £000	2024/25 £000
Unitary payment payable to service concession operator	**69,465**	**66,051**
Consisting of:		
- Interest charge	9,795	9,908
- Repayment of balance sheet obligation	20,309	18,727
- Service element and other charges to operating expenditure	32,612	31,695
- Capital lifecycle maintenance	6,749	5,721
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	1	1
Total amount paid to service concession operator	**69,466**	**66,052**

Note 31 Off-SoFP PFI, LIFT and other service concession arrangements

Sherwood Forest Hospitals NHS Foundation Trust incurred the following charges in respect of off-Statement of Financial Position PFI and LIFT arrangements:

	31 March 2026 £000	31 March 2025 £000
Charge in respect of the off SoFP PFI, LIFT or other service concession arrangement for the period	**210**	**155**
Commitments in respect of off-SoFP PFI, LIFT or other service concession arrangements:		
- not later than one year;	435	435
- later than one year and not later than five years;	1,944	1,897
- later than five years.	2,146	3,249
Total	**4,525**	**5,581**

Note 31 Financial instruments

A financial instrument is a contract that gives rise to a financial asset in one entity and a financial liability or equity instrument in another entity. The nature of the Trust's activities means that exposure to risk, although not eliminated, is substantially reduced.

Note 31.1 Financial risk management

Because of the continuing service provider relationship that the Trust has with Integrated Care Boards (ICB's) and the way those ICB's are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Finance Committee.

Note 31.2 Currency Risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Note 31.3 Market (Interest Rate) Risk

All of the Trust financial assets and all of its financial liabilities carry nil or fixed rates of interest. The Trust is not therefore, exposed to significant interest rate risk.

Note 31.4 Liquidity Risk

The Trust's net operating costs are incurred under annual service agreements with Integrated Care Boards (ICB's) and NHS England, which are financed from resources voted annually by Parliament. The Trust ensures that it has sufficient cash to meet all its commitments when they fall due. This is regulated by the Trust's compliance with the 'Use of Resources Risk Rating' system created by NHSI, the Independent Regulator.

The Board continues to monitor its monthly and future cash position and has governance arrangements in place to manage cash requirements throughout the year. The Trust is not, therefore, exposed to significant liquidity risks.

Note 31.5 Fair Values

All of the financial assets and all of the financial liabilities of the Trust are measured at fair value on recognition and subsequently amortised cost.

The fair values recognised in these accounts do not differ materially from the carrying amounts.

Note 31.6 Credit Risk

The majority of the Trust's income comes from contracts with other public sector bodies, resulting in low exposure to credit risk. The Trust mitigates its exposure to credit risk relating to receivables from customers through regular review of debtor balances and by calculating an expected allowance for credit losses at the end of the year.

Note 31.7 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2026	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non-financial assets	27,312	-	-	**27,312**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	16,073	-	-	**16,073**
Total at 31 March 2026	**43,385**	**-**	**-**	**43,385**

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non-financial assets	29,624	-	-	**29,624**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	26,528	-	-	**26,528**
Total at 31 March 2025	**56,152**	**-**	**-**	**56,152**

Note 31.8 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2026	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under leases	7,099	-	**7,099**
Obligations under PFI, LIFT and other service concession contracts	412,728	-	**412,728**
Other borrowings	-	-	**-**
Trade and other payables excluding non-financial liabilities	59,566	-	**59,566**
Other financial liabilities	-	-	**-**
Provisions under contract	920	-	**920**
Total at 31 March 2026	**480,313**	**-**	**480,313**

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under leases	6,029	-	**6,029**
Obligations under PFI, LIFT and other service concession contracts	418,760	-	**418,760**
Other borrowings	-	-	**-**
Trade and other payables excluding non-financial liabilities	40,038	-	**40,038**

Other financial liabilities	-	-	-
Provisions under contract	1,042	-	**1,042**
Total at 31 March 2025	**465,869**	**-**	**465,869**

Note 31.9 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2026	31 March 2025
	£000	£000
In one year or less	92,217	70,914
In more than one year but not more than five years	121,086	117,308
In more than five years	356,032	373,217
Total	**569,335**	**561,439**

Note 32 Losses and special payments

	2025/26		2024/25	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	11	19	14	9
Bad debts and claims abandoned	40	308	35	40
Stores losses and damage to property	6	34	4	95
Total losses	**57**	**361**	**53**	**144**
Special payments				
Compensation under court order or legally binding arbitration award	3	27	1	6
Extra-contractual payments	-	-	-	-
Ex-gratia payments	18	198	26	373
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**21**	**225**	**27**	**379**
Total losses and special payments	**78**	**586**	**80**	**523**

Note 33 Related parties

The Trust undertakes a large number of related party transactions with other Government bodies. Related parties include but are not limited to

Department of Health and Social Care ministers
The Department of Health and Social Care
Board members of the Trust
Nottingham University Hospitals NHS Trust
University Hospitals of Leicester NHS Trust
Chesterfield Royal Hospital NHS Foundation Trust
Nottinghamshire Healthcare NHS Foundation Trust
Northampton General Hospital NHS Trust
University Hospitals of Derby and Burton NHS Foundation Trust
Leeds Teaching Hospitals NHS Foundation Trust
NHS Lincolnshire ICB
NHS Derby and Derbyshire ICB
NHS Nottingham and Nottinghamshire ICB
NHS England
Health Education England
NHS Resolution
NHS Property Services
NHS Providers
Department of Health and Social Care
HM Revenue & Customs
NHS Pension Scheme
NHS Blood and Transplant
Criminal Injuries Compensation Authority
Nottinghamshire County Council
NHS charitable funds (where not consolidated)

The Trust as Corporate Trustee also has a relationship with Sherwood Forest Hospitals General Charitable Fund. Charitable Income of £720k (2024/25 £312k) has been recognised in these accounts all of which relates to Sherwood Forest Hospitals General Charitable Fund. In addition a recharge of £56k (2024/24 £53k) has been made to Sherwood Forest Hospitals General Charitable Fund in relation to management / staff costs.
The accounts are not consolidated on the basis of materiality as approved by the Trustees subject to annual review and approval.

The Trust made no payments to related parties for whom the Chair, Non-Executive or Executive Directors are named Directors.

Note 34 Prior period adjustments

No prior period adjustments have been recognised in this accounting period.

Note 34 Events after the reporting date

There are non-events after the reporting date that impact on theses financial statements and disclosures.

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Sherwood Forest Hospitals NHS Foundation Trust ("the Trust") for the year ended 31 March 2026 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2026 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in February 2026 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2025/26; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or

conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit and Assurance Committee and internal audit and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance because of the need to achieve financial performance targets delegated to the Trust by NHS England
- Reading Board and Audit and Assurance Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reading the Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We also identified a fraud risk related to non-pay expenditure recognition, in relation to year-end accruals, in response to the pressure to meet a specific control total.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included journal entries with unusual characteristics compared to the total journal population and year-end journals reducing the accruals and expenditure balances.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Inspecting cash payments and purchase invoices in the period prior to and following the 31 March 2026 to verify expenditure had been recognised in the correct account period.
- Inspecting accruals raised at year-end to assess whether the accrual exists and had been accurately recorded.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Accounting Officer (as required by auditing standards), and discussed with the Accounting Officer the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for

instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, employment law, recognising the nature of the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Accounting Officer and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2025/26.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page [X], the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an

auditor's report. Reasonable assurance is a high level of assurance,but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page [X], the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We are also not required to satisfy ourselves that the Trust has achieved value for money during the year.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- we issue a report in the public interest under paragraph 3 of Schedule 10 of the National Health Service Act 2006; or
- we make a referral to the Regulator under paragraph 6 of Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful, or is about to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to

state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

DELAY IN CERTIFICATION OF COMPLETION OF THE AUDIT

As at the date of this audit report, we are unable to confirm that we have completed our work in respect of the trust accounts consolidation pack of the Trust for the year ended 31 March 2026 because we have not received confirmation from the NAO that the NAO's audit of the Department of Health and Social Care accounts is complete.

Until we have completed this work, we are unable to certify that we have completed the audit of Sherwood Forest Hospitals NHS Foundation Trust for the year ended 31 March 2026 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the NAO Code of Audit Practice.

Richard Walton

for and on behalf of KPMG LLP

Chartered Accountants

EastWest

Tollhouse Hill

NG1 5FS

23 June 2026

Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Council of Governors - Cover Sheet

Subject:	Non-Executive Directors Appraisal outcome 2025/2026 and objectives 2026/2027	**Date:**	6th August 2026
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs		
Approved By:	Rukshana Kapasi, Trust Chair		
Presented By:	Rukshana Kapasi, Trust Chair		

Purpose		
To approve the recommendations of the former Trust Chair in respect of the Non-Executive Directors' appraisals he conducted prior to the recent expiry of his final term of office.	**Approval**	**X**
	Assurance	
	Update	
	Consider	

Recommendation

That the Council of Governors acknowledges the completion of the annual Non-Executive Directors' appraisal process, notes its positive outcomes, and approves the completion of the process for 2025/26 including the general and individual objectives agreed for 2026/27.

Strategic Objectives

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
X	**X**	**X**	**X**		

Principal Risk

PR1	Significant deterioration in standards of safety and care	**X**
PR2	Demand that overwhelms capacity	**X**
PR3	Critical shortage of workforce capacity and capability	**X**
PR4	Insufficient financial resources available to support the delivery of services	**X**
PR5	Inability to initiate and implement evidence-based Improvement and innovation	**X**
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	**X**
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Not applicable.

Acronyms

NED – Non-Executive Director
SID – Senior Independent Director
QIA – Quality Impact Assessment
FIP – Financial Improvement Programme
FTSU – Freedom to Speak Up

Executive Summary

Prior to the expiry of his final term of office on 25th May 2026, Graham Ward, the Trust Chair, conducted appraisals with all NEDs, including the Associate NED, for the period 2025-26 and gave feedback to the appraisees with the benefit of his own observations and multi-source feedback. Graham concluded he believed the Trust has a highly experienced and motivated NED

team, members of which engage above and beyond their expected contractual responsibilities.

In the reporting year there was a focus on:

- members' participation and contributions to the Board,
- holding the Executives to account through constructive challenge and seeking evidence to triangulate the views of the Executives and information presented to Board,
- supporting the Board and key executives as the new Executives and NEDs embed into the team.
- Participating in discussions and formulation of the 'Improving Future Lives' strategy development and helping shape SFH to meet that strategy,
- taking part in regular visits on all our sites and across SFHT services,
- remaining up to date and engaged in developments around the ICS and the wider NHS, and
- working with Governors through attendance at Council of Governors Meetings

During the review year Graham continued his regular dialogue with individual Committee Chairs after each meeting to enable developing themes to be taken forward to Board, as appropriate.

In the year 2026/27 Graham was clear that a priority for NEDs would continue to be how the Trust will respond to and meet the challenges facing the NHS particularly in relation to finance and funding in the face of exceptional demand for services as well as continuing to formulate strategy development and ensure that the Trust's role as an anchor organisation is at the heart of its partnership work.

Overview of NED Objectives for 2026/27

General corporate objectives were agreed with each NED as follows:

1. Participate and fully contribute to the Board
2. Hold the Executives to account through constructively challenging and seeking evidence to triangulate the views of the Executives and information presented to Board.
3. Support the Board and key executives as the new Executives and Chair embed into the team.
4. Participate in discussions and formulation of the 'Improving Future Lives' strategy development and help shape SFH to meet that strategy.
5. To take part in regular visits on all our sites and across SFH services.
6. Remain up to date and engaged in developments around the ICS and the wider NHS.
7. Work with Governors through attendance at Council Meetings
8. Provide assurance that the subcommittees sat on consistently explicitly consider health inequalities in their decision-making.
9. Champion that resource allocation, risk assessments and improvement plans demonstrate consideration of and/or actions aimed at reducing both population and workforce inequalities

In addition, the following individual objectives were agreed:

Name	NED Specific Objectives
Barbara Brady	1. To Chair Partnerships and Communities Committee and to: Support the development of this committee as it evolves further, and 2. Ensure triangulation with other committees and the Board 3. To continue as a member of Quality Committee and to:

	• Ensure triangulation with People and Finance Committees with respect to the FIP programme (especially on QIAs) • Drive ongoing quality, safety and timely delivery of our services • Ensure a focus on clinical innovation 4. To continue as a member of Charitable Funds Committee and to Chair Remuneration Committee 5. To continue role as SID and support of FTSU
Manjeet Gill	1. To continue to Chair the Audit Committee Work with new Chair to agree hand-over plan of Committee Chair by end of term of office. 2. To continue as a member of Committee in Common, Partnerships & Communities and with the agreement of the new Chair, now confirmed, to leave the Quality Committees and join the Finance and Performance Committee and to: • Help ensure triangulation across our committees • Help to develop the Partnerships & Communities Committee further • Ensure that all FIP projects and fully QIA assessed 3. Develop our relationship with NUH further and to push for transformation implementation on joint projects to improve efficiency, effectiveness and patient experience.
Steve Banks	1. To chair People Committee and to: • Continue to constructively challenge the Director of People • Push to achieve a workforce bridge that will support the delivery of the necessary financial improvements • To positively impact on the 10 promises to improve Resident Doctors experience in the Trust • Ensure triangulation with other committees and the Board 2. To continue as a member of Audit, Nomination & Remuneration and Charitable Funds Committees 3. To continue in the role as Vice-Chair including: • Agreeing with the new Chair how you can best support them in their induction and first year. • Covering the Chair role for any period after the current Chair finishes their term and the new Chair formally takes over, including keeping the new Chair appraised of any developments during any transition period. • Becoming more involved across the System 4. Support the Medical Director as the NED Lead for Resident Doctor experience, supporting the delivery and implementation of the 10-point plan
Neil McDonald	1. To continue as a member of Finance Committee; and to: • Constructively support and challenge the executives to develop, implement and deliver the FIP for 2026/27 • Help push to achieving a workforce bridge that will support the delivery of the necessary financial improvements, while maintaining quality, safety and staff commitment • Look to ensure triangulation across Finance and People Committees 2. To continue as a member of People Committee, covering the same challenges as per Finance Committee 3. To continue to act as Maternity Board Safety Champion

Andrew Rose-Britton	1. To Chair Charitable Funds Committee and to: • To work with CFC on refocusing the Charity's aims. • Actively support and push the further development of the lottery • Support the identification and realisation of other charitable funds income 2. To continue as a member of Audit and People Committees, plus, subject to agreement with the new chair, step down from Finance Committee and onto Quality Committee to bring a different voice and for his personal development; and to: 3. Push to achieving a workforce bridge that will support the delivery of the necessary financial improvements, while maintaining quality, safety and staff commitment. 4. To continue to increase contributions in Committee and Board
Lisa Maclean	1. To continue to Chair the Quality Committee; and: • Help ensure triangulation with People and Finance Committees with respect to the FIP programme (especially on QIAs) • Drive ongoing quality and safety in the delivery of our services, including providing robust assurance of quality outcomes for our population • Help to ensure focus on clinical innovation 2. To act as a member of People and Finance Committees and to help ensure triangulation Quality, People and Finance Committees and the Board 3. Continue as the lead NED for the Theatre Assurance work to improve the culture and effectiveness of theatre working practices and culture. 4. Contribute to and be involved in clinical education and innovation by supporting the Education and training of medical and nursing staff within Sherwood.
Richard Cotton	1. To continue to act as Committee Chair for Finance Committee, and to: • Constructively support and challenge the executives to develop, implement and deliver the FIP for 2025/26 • Help push to achieving a workforce bridge that will support the delivery of the necessary financial improvements, while maintaining quality, safety and staff commitment • Develop the remit of the Committee to include Performance and triangulate closely with Quality Committee • Ensure triangulation with other committees and the Board 2. To act as a member of Partnerships & Communities Committee and to support the development of the Committee as it evolves further, working closely with the Committee Chair 3. To act as a member of the Remuneration Committee
Jonathan Van Tam Associate NED	1. To work with SFH to promote and develop its Research capability and delivery. 2. To help develop SFH's AI capability and place the Trust at the forefront of developing AI within the NHS