

# Sherwood Forest Hospitals NHS Foundation Trust (SFH) 2023/24 Strategic Priorities

## 2023/24 Quarter 4 Update and Closedown

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**Overview**

**Strategic objectives**

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

**Values**

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

Provide  
outstanding care  
in the best place  
at the right time

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

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

Improve health  
and wellbeing  
within our  
communities

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

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

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

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

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

To continuously  
learn and  
improve

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

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
































Sustainable use  
of resources  
and estate

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







Work  
collaboratively  
with partners in  
the community

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

## 1. Summary – 2023-24 Qtr. 4. ‘Position on a Page’

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

### Overall RAG Key

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

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

**Overall RAG Key**

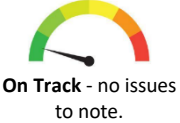

	<b>On Track</b> - no issues to note.		<b>On Track</b> – action underway to address minor issues		<b>Off Track</b> – action underway to address minor issues
	<b>Off Track</b> – action underway to address major issues		<b>Off Track</b> – issues identified no action underway		<b>Off Track</b> – issues not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


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



**Overall RAG Key**

	<b>On Track</b> - no issues to note.		<b>On Track</b> – action underway to address minor issues		<b>Off Track</b> – action underway to address minor issues
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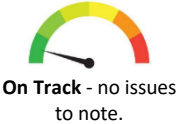
2. Detailed Quarter 4 Update

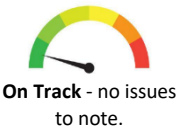
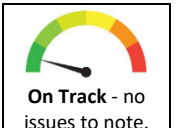
Ref	2023-24 Trust <i>Priority</i> and Deliverable	Executive Lead	SFH Governance	Measures of Success	Quarter 4 Update	2023/24 Closedown Statement
1.1a	<p><i>Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics</i></p> <p>Work with Clinical Divisions to develop Clinical Service Strategies at Specialty and Divisional level, to inform a Trust level Clinical Strategy</p>	Medical Director	<p>Executive Team Meeting</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>By the end of July 2023 the ICS Joint Forward Plan will have been made available to the Divisions.</li> <li>By end Qtr. 2. Divisional service lines will have produced a 2 year plan that describes where they are now and key issues and opportunities in the 1-2 Year and 3-5 Year time horizon ensuring that options for fragile services are fully understood.</li> <li>By the end of Qtr. 3. have in place a Trust level Clinical Services Strategy that supports longer term alignment of estates, people, technological, and financial plans.</li> </ul>	<ul style="list-style-type: none"> <li>The 2024-2029 Clinical Services Strategy has been approved by the Quality Committee and ratified by the Trust Board.</li> </ul>	<ul style="list-style-type: none"> <li>The 2023/24 measures are complete.</li> <li>The 'We Will' actions and the next steps during 2024/25 are set out in the Clinical Services Strategy and incorporated into business as usual (BAU).</li> </ul>
1.1b	<p><i>Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics</i></p> <p>'Develop high level 5yr bed requirement model</p>	Chief Operating Officer	<p>Executive Team Meeting</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>By the end of Qtr. 3 have an initial 5 year model in place that is informed by Divisional Service Line Plans</li> <li>By the end of Qtr. 4 refine bed model to reflect Trust level clinical strategy.</li> </ul>	<ul style="list-style-type: none"> <li>As reported in the Q3 update an indicative 5-year view of the adult bed model was presented to the Trust Board time out session in Nov-23. The bed model shows growing demand and capacity mismatches without mitigating actions. The Clinical Services Strategy provides a high-level ambition of areas of focus. Our 2024/25 bed model has mitigations in terms of service change that provide a degree of mitigation to the capacity shortfalls.</li> </ul>	<ul style="list-style-type: none"> <li>The 2023/24 measures are complete.</li> <li>Annual bed modelling will continue as part of business-as-usual processes to support annual and winter planning with outputs reviewed by our Winter Planning Group and Divisional Leadership Team meeting. Bed modelling outputs will also form part of the Winter Plan that is presented to Trust Board in September and October each year.</li> </ul>


1.2a	<p><i>Continue to recover our Planned Care services</i></p> <p>'Expand Day Case Surgery Services at Newark Hospital through the Transformation Investment fund (TIF)</p>	<p>Chief Operating Officer</p>	<p>Executive Team Meeting</p>  <p>On Track – action underway to address minor issues.</p>	<ul style="list-style-type: none"> <li>• Service commencement by end of June 2023</li> <li>• 90% of staff substantively in post by end of Qtr. 3.</li> <li>• By end of Qtr. 4 be achieving the monthly levels of activity required to meet the full year aspirations of the TIF submission.</li> </ul>	<ul style="list-style-type: none"> <li>- The new theatre opened at Newark hospital in Nov-23 as part of our Targeted Investment Fund (TIF) development to support our elective pathway.</li> <li>- The main constraint to fully utilise the theatre capacity at Newark is Consultant Anaesthetists where we have a 35% workforce gap across the SFH services. We mitigate these gaps through Waiting List Initiatives. There are other outstanding posts to recruit into for Newark theatres which are out to advert; however, these posts are not presently a rate limiting factor.</li> <li>- The three other elements of TIF (upgrading medical day-case unit, minor operations suite and the procedure room) are now scheduled to open in Apr-24.</li> <li>- Activity levels are lower than the NHS England agreed plan because of delays in the TIF facilities being operational. We have a revised activity plan that we are working to agree with NHS England.</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing – delivery through BAU</li> <li>- Our Planned Care Steering Group oversees key actions and data relating our outpatient, diagnostic, elective inpatient, day-case and cancer services.</li> <li>- The Planned Care Steering Group will oversee the completion of the TIF capital works and monitoring of impact which is being managed by the Surgical, Anaesthetics and Critical Care division.</li> </ul>
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1.2b	<p><i>Continue to recover our Planned Care services</i></p> <p>'Expand Diagnostic Services to Mansfield Community Hospital</p>	<p>Director of Strategy and Partnership</p>	<p>Executive Team Meeting</p>  <p><b>On Track</b> – action underway to address minor issues.</p>	<ul style="list-style-type: none"> <li>• Building works commenced by June 2023</li> <li>• Staffing model and agreed development plan in place by Qtr. 2 (Feb 25 current go live date).</li> <li>• Mobile Magnetic resonance imaging (MRI) service located on MCH site and fully operational by 1st December 2023</li> </ul>	<ul style="list-style-type: none"> <li>- The Community Diagnostic Centre (CDC) Phase 1 delivered a total of 16,588 additional tests between Oct 2023 -31st March 2024.</li> <li>- The workforce model is validated, and a mobilisation plan developed.</li> <li>- CDC Phase 1 will continue in 2024/25.</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing – delivery through BAU</li> <li>- The 2024/25 submitted activity plan to NHSE is: <ul style="list-style-type: none"> <li>o Phlebotomy - 11,180 tests</li> <li>o Ultrasound – 5,060 scans</li> <li>o Echo -3,233 scans</li> </ul> </li> <li>- Next steps: <ul style="list-style-type: none"> <li>o Demolition – to commence June 2024</li> <li>o Phase 2a – refurbishment to go live March 2025</li> <li>o Phase 2b – Main CDC – October 2025</li> <li>o Phase 3 – Andrology/x-ray winter 25/26</li> </ul> </li> </ul>
1.2c	<p><i>Continue to recover our Planned Care services</i></p> <p>'Achieve elective activity levels, backlogs and patient waiting times in line with the 2023/24 operational plan and supporting performance trajectories.</p>	<p>Chief Operating Officer</p>	<p>Executive Team Meeting</p>  <p><b>On Track</b> - no issues to note.</p>	<ul style="list-style-type: none"> <li>• Delivery of the following metrics in line with (or better than) plan: <ul style="list-style-type: none"> <li>- Activity plans (Elective, Day Case, O/P)</li> <li>- PIFU</li> <li>- 52 and 65ww</li> <li>- Number of completed RTT pathways</li> <li>- 62-day cancer backlog</li> <li>- 28-day cancer FDS</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- The ongoing instances of Industrial Action (IA) have resulted in curtailments in elective activity which adversely impacted on our elective activity, backlog, and performance metrics. Despite IA we exceeded our planned activity levels in Q4 across outpatients, diagnostics, day-case and elective inpatient services and made positive progress across the suite of planned care metrics (hence improved RAG status).</li> <li>- Patient Initiated Follow Up (PIFU) remains consistently better than the 5% target.</li> <li>- Cancer 62-day backlog position reduced in Q4 to meet our end of year target which was significantly better than the NHS England fair shares</li> </ul>	<ul style="list-style-type: none"> <li>- The 2023/24 measures are complete.</li> <li>- Our Planned Care Steering Group oversee key actions and data relating our outpatient, diagnostic, elective inpatient, day-case and cancer services.</li> <li>- Planned care performance data with associated narrative for all the metrics of success is included in the the quarterly Integrated Performance Report.</li> </ul>

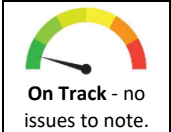



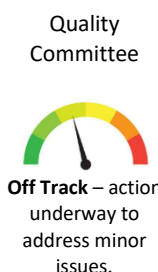
					<p>allocation.</p> <ul style="list-style-type: none"> <li>- Cancer 28-day cancer Faster Diagnostic Standard (FDS) performance remains consistently better than the national standard.</li> <li>- In Q4 we saw our Referral To Treatment (RTT) long waits (52ww and 65ww) month-end position improve with further focus planned for 24/25 in line with national planning guidance ambitions.</li> </ul>	
1.3	<p><i>Continue to work towards a sustainable model of urgent and emergency care</i></p> <ul style="list-style-type: none"> <li>- Progress with the Optimising Patient Journey (OPJ) improvement programme</li> <li>- Expand use of Same Day Emergency Care (SDEC) within Surgery</li> <li>- Embed and expand virtual wards</li> <li>- Work with the ICB and system partners to facilitate system actions to reduce the number of Medically Safe For Transfer (MSFT) Patients who should not be in an acute hospital bed</li> </ul>	Chief Operating Officer	<p>Executive Team Meeting</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>• Increase the number of patients using SDEC.</li> <li>• Increase the number of patients on a virtual ward pathway.</li> <li>• Reduce number of &gt;20 day length of stay patients.</li> <li>• MSFT patient numbers in line with ICS trajectory.</li> </ul>	<ul style="list-style-type: none"> <li>- A work programme has been agreed and is in place supported by the Improvement Faculty which supplements improvement work underway across our divisional teams.</li> <li>- Medical Same Day Emergency Care (SDEC) continues to be well utilised with our overall SDEC rate exceeding the 33% national standard. Surgical SDEC goes live in Apr-24 with the plan to expand the offering incrementally. Frailty SDEC will be delivered in new Discharge Lounge facility when it opens in Apr-24.</li> <li>- Virtual ward utilisation has increased as services expanded in Q2 with activity at strong levels.</li> <li>- MSFT and long stay patient levels typically remain lower in Q4 than in Q1 and Q2. Non-elective attendance and admission demand has been high resulting in the benefits of reduced</li> </ul>	<ul style="list-style-type: none"> <li>- The 2023/24 measures are complete.</li> <li>- The positive progress we have made in the measures of success are reflected in an improved reported RAG position. However, it is also acknowledged that further focus will continue in 24/25 and beyond to support the delivery of a sustainable model of urgent and emergency care.</li> <li>- Our Emergency Care Steering Group oversee key actions and data relating our urgent and emergency care services.</li> <li>- Urgent and emergency care performance data with associated narrative for the metrics of success is included in the the quarterly Integrated Performance Report.</li> </ul>

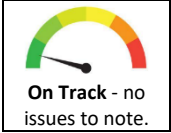
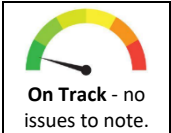
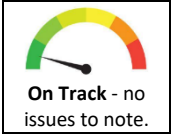
					Medically Safe for Transfer (MSFT) and long stay patients not translating into improved patient flow through our hospitals. Work continues to improve discharge process data to help identify and resolve bottlenecks in the process.	
1.4a	<p><i>Progress Workforce Transformation</i></p> <p>- Progress Medical Workforce Transformation</p>	Medical Director	<p>Finance Committee</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>• Deliver Trust and ICB/ICS Agency Task Force Group measures.</li> <li>• Specialties provide future workforce models by Qtr. 3</li> <li>• Review NHSE workforce plan and put action plan in place in place within 2 months of publication.</li> </ul>	<ul style="list-style-type: none"> <li>- Amalgamation and enhanced format of Medical Transformation Programme Board.</li> <li>- Core workstream reducing medical agency cost and agency utilisation audit.</li> <li>- Focus on activity manger, annual leave, and study leave.</li> </ul>	<ul style="list-style-type: none"> <li>- The 2023/24 measures are complete.</li> <li>- Now established within business as usual and will be closely monitored as part of delivering the Trust 2024/25 Operational Plan.</li> </ul>
1.4b	<p><i>Progress Workforce Transformation</i></p> <p>'Progress Nursing, Midwifery &amp; Allied Health Profession (NMAHP) workforce transformation</p>	Chief Nurse	<p>Finance Committee</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>• Movement to sustainable use of agency usage starting with off framework/off cap</li> <li>• Month on month reduction in agency usage</li> <li>• Reduction of vacancies focusing on Band 5 Registered Nurses</li> <li>• Develop Allied Health Professional (AHP) Job Planning by Qtr.3 to meet Carter Review recommendations.</li> <li>• Annual Establishment review against current capacity completed by end of Qtr. 3 and development of longer-term</li> </ul>	<ul style="list-style-type: none"> <li>- Sustained improvement continues with bank utilisation increasing to 81% and agency usage equating to 10 % of all requested filled. Agency provider contracts have been reviewed and updated.</li> <li>- The band 5 vacancy rate remained unchanged for Q4 at 11%. Student nurse engagement and recruitment continues, and we are looking to placed 18 qualified apprenticeship Registered Nurses into posts over the coming weeks.</li> <li>- All band 5 Allied Health professionals (AHPs) will have an electronic job plan by 31st March 2024. This equates to 28% of the AHP workforce. The</li> </ul>	<ul style="list-style-type: none"> <li>- The 2023/24 measures are complete.</li> <li>- While the 2023/24 actions set out have been completed workforce transformation will continue as a priority for 2024/25 due to the national fragility surrounding nursing workforce vacancies. Monthly divisional vacancy tracking will continue to be monitored through the NMAHP Transformation Group.</li> <li>- During 2024/25 the scope of job planning will also evolve to incorporate Clinical Nurse specialists.</li> </ul>


				review process	secondment into AHP job planning has been extended to ensure full realisation of job planning across the wider workforce.	
2.1	<p><i>Focus on Maternity Services ensuring babies have the best possible start in life</i></p> <p>Work with the Local Maternity and Neonatal Services (LMNS) to equitably transform our maternity services through delivering a single delivery plan in line with the recommendations from the Ockenden and Kirkup review and CQC inspection.</p>	Chief Nurse	<p>Quality Committee</p> 	<ul style="list-style-type: none"> <li>Implementation of the single maternity oversight framework, completion of the CQC must do and should do actions.</li> <li>Ensure smoking at time of delivery becomes part of our 'Business as Usual' through planning for 2024-25.</li> <li>Optimisation and stabilisation of the preterm infant principles introduced.</li> <li>Implementation of NHSE guidance on Equity and Equality.</li> <li>Annual Establishment review against birth rate plus completed by end of Qtr. 3 and development of longer term review process</li> </ul>	<ul style="list-style-type: none"> <li>The Single Maternity Oversight (SMO) Framework is embedded. Oversight and assurance is through peer review, working with and supporting stakeholders from MNVP/LMNS through attendance at Speciality Governance and Safety Champions meetings.</li> <li>Equity and Equality work continues into 24/25 cross system to meet the needs of our service users through embedding a robust escalation policy with a focus on mutual aid.</li> <li>Preterm Birth lead has commenced in post working collaboratively across the system.</li> </ul>	<ul style="list-style-type: none"> <li>The 2023/24 measures are complete.</li> <li>This sits in business as usual during 2024/25 with further actions to implement the three year delivery plan for maternity and neonatal services underway.</li> <li>The annual review and workforce strategy are aligned to the Local Maternity and Neonatal System (LMNS) transformation plan.</li> <li>Recurrent funding is in place for 2024/25 for key roles; further review to commence with focus on recruitment and retention for 2024/25 and development of the wider Public Health agenda, bereavement care and perinatal pelvic health.</li> </ul>
2.2	<p><i>Work with ICB partners to reduce health inequalities and prevention for those in greatest need</i></p> <p>agree our approach and programme of actions around</p>	Medical Director	<p>Quality Committee Partnership and Communities Committee</p>	<ul style="list-style-type: none"> <li>Assessment of 5 Year ICS NHS Joint Forward Plan within 2 months of publication (expected 30th June) to align areas of focus for Health Inequalities</li> <li>Commence Health Inequalities</li> </ul>	<ul style="list-style-type: none"> <li>The Deputy Medical Director is the chair of SFH Health Inequalities Steering Group (HISG) which is now meeting regularly.</li> <li>The Health Inequalities stocktake</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing – delivery through BAU</li> <li>Now established as business as usual with reporting into the Trust's newly established Partnership and Communities Committee where our</li> </ul>

	Health Inequalities and prevention as a key strategic priority for the 24-29 strategy		 <p>On Track - no issues to note.</p>	<p>reporting to Quality Committee Qtr. 3</p> <ul style="list-style-type: none"> <li>• Agree with Board our approach to Health Inequalities and prevention and identify any gaps Qtr. 3</li> <li>• Work internally and with partners to develop SFH or Joint proposals that qualify for any new Health Inequalities Investment Funding (HIIF) by January 2024</li> </ul>	<p>close to completion.</p> <ul style="list-style-type: none"> <li>- System Analysis and Intelligence Unit presentations made to the HISG and the SFH Partnerships and Community Committee (P&amp;CC).</li> <li>- ICB established Digital Inequalities Group is chaired by the SFH Medical Director.</li> </ul>	<p>approach to any gaps identified, following the completion of the Health Inequalities (HI) stocktake, will be agreed.</p>
3.1	<p><i>Support and celebrate diversity in all its forms, creating a sense of belonging.</i></p> <p>'Delivery of the "Belonging in the NHS" supporting actions in year 2 of the Trusts People Strategy 2022-2025</p>	Director of People	<p>People, Culture and Improvement Committee</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>• On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework</li> <li>• Quarterly exception reporting by the People, culture and Improvement Committee of the delivery of supporting actions</li> <li>• Evaluate impact of Staff Networks by Qtr. 3</li> <li>• Evaluate 6 high impact actions by the end of Qtr. 4</li> <li>• Deliver 'closing the gap' action plans to improve experiences for our people with protected characteristics by end of Qtr. 4.</li> </ul>	<ul style="list-style-type: none"> <li>- Culture Heat map developed and embedded across Trust. Induction, milestones events embedded. Appraisal process rolled out. Feedback asked for. Milestone process fully embedded across the Trust including long service presentation with Board. Divisional support with reward and recognition improved. Trust recognised nationally for staff engagement.</li> <li>- Review of staff networks undertaken. An Executive Pledge has been drafted to clarify the support from our Board and Executive Team. Launch: May 2024</li> <li>- Successful delivery against 8 of 14 High Impact Actions from the EDI Improvement Plan 23/24.</li> <li>- GPGR, WRES and WDES action plans reviewed and to date, 6 have been achieved, 6 remain on track.</li> </ul>	<ul style="list-style-type: none"> <li>- The 2023/24 measures are complete.</li> <li>- Continued development through BAU to include National Staff Survey 2023 results.</li> <li>- Working group established to review exit interviews and thinking of moving conversation via People Promises Manager in 2024/25.</li> </ul>



3.2	<p><i>Retain talent through recognition and development, creating more flexible and varied roles.</i></p> <p>'Delivery of the "Growing for the Future" supporting actions in year 2 of the Trusts People Strategy 2022-2025</p>	Director of People	<p>People, Culture and Improvement Committee</p> 	<ul style="list-style-type: none"> <li>On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework</li> <li>Quarterly exception reporting by the People, Culture and Improvement Committee of the delivery of the supporting actions</li> <li>Quarterly update to People Culture &amp; Improvement Committee on where we are growing a future workforce.</li> <li>Recruit 20 external apprentices by end of Qtr. 3</li> <li>Evaluate and further utilise the apprenticeship levy throughout 2023-24 (Ongoing)</li> <li>Talent Management approach / Leadership Development programme implemented by the end of Qtr. 4</li> </ul>	<ul style="list-style-type: none"> <li>We have successfully recruited 26 apprentices into the organisation since the project began up until 31st March 2024. We did this through direct engagement with department leads to identify opportunities.</li> <li>We continue to promote the use of apprenticeships across the organisation with planned activity during National Apprenticeship week in March.</li> <li>A new guidance document has been produced for managers and apprentices which also includes a new retention process which sets out support for apprentice and expectations for managers ahead of the apprenticeship end date.</li> <li>In Q3 the Sherwood Talent approach was developed outlining plans for the next 2-3 year which are split into 4 categories Attraction and Recruitment, Identification and Planning, Develop and Retain, Sharing and Learning. We also continue to work alongside the ICS to design and shape the system strategy.</li> </ul>	<ul style="list-style-type: none"> <li>The 2023/24 measures are complete</li> <li>Develop apprenticeship pathway documents aligned to staff groups e.g., Nursing, AHPs, Midwives etc.</li> <li>Work closely with our location Education Providers, particularly West Notts College and Nottingham Trent University to ensure there are local offers for the apprenticeships that we need and that learners are directed to the Trust.</li> <li>Identify further apprenticeship opportunities using intelligence data – focus on Band 2 roles that could be apprentices or trainee posts with an aligned apprenticeship for Band 5 and above.</li> <li>The implementation of the Talent approach has been added to year 3 of the People Strategy.</li> </ul>
3.3	<p><i>Support our people's health and wellbeing needs, ensuring our people have the practical and emotional support they need to do their jobs.</i></p> <p>Delivery of the "Looking after our people" supporting</p>	Director of People	<p>People, Culture and Improvement Committee</p> 	<ul style="list-style-type: none"> <li>On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework</li> <li>Quarterly exception reporting by the People, Culture and Improvement Committee of the delivery of the supporting actions</li> </ul>	<ul style="list-style-type: none"> <li>Culture Heat map developed and embedded across Trust.</li> <li>Assessment against NHSE Health &amp; Wellbeing framework complete. Health and Wellbeing (H&amp;WB) Improvement Plan created focussing on a core set of key improvements.</li> </ul>	<ul style="list-style-type: none"> <li>The 2023/24 measures are complete.</li> <li>Continued development to include National Staff Survey 2023 results.</li> <li>H&amp;WB Improvement Plan to be refreshed for 2024/2025. Key improvement actions to form part of</li> </ul>

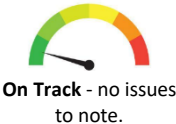
	actions in year 2 of the Trusts People Strategy 2022-2025.		issues to note.	<ul style="list-style-type: none"> <li>Develop cultural insights to support improved experiences for our people at SFH (Ongoing/by Qtr4.)</li> <li>Introduce a Health &amp; Wellbeing Strategy by Qtr. 3</li> <li>Measure the effectiveness of our Health &amp; Wellbeing offer including Vivup and Occupational Health by Qtr. 3</li> </ul>	<ul style="list-style-type: none"> <li>Effectiveness of H&amp;WB offer assessed following 360 audit in 2023/24 and initial improvement ideas identified as part of People Strategy development, for example: <ul style="list-style-type: none"> <li>Focussed communications to Clinical colleagues</li> <li>Enhanced wellbeing offer to colleagues going through an people process (Employee Relations)</li> <li>Support to colleagues who experience violence and aggression – as outlined within the Violence &amp; Aggression (V&amp;A) Improvement Plan which was drafted in Q3.</li> </ul> </li> </ul>	<p>the People Strategy 2024/2025 update.</p> <ul style="list-style-type: none"> <li>Linked to H&amp;WB Improvement Plan. Trauma Risk Management (TRiM) model to be reviewed as part of V&amp;A Improvement Plan. V&amp;A plan to be launched in May 2024, comms plan in development.</li> </ul>
4.1a	<p><i>Use new technology to improve our service offers for our people, patients and carers and the wider populations served by SFH</i></p> <p>Complete the first and commence the second stages of Electronic Prescribing implementation [1. Implementation, 2. stabilisation, 3. optimisation, 4. transformation]</p>	Medical Director	<p>Quality Committee</p>  <p>Off Track – action underway to address minor issues.</p>	<ul style="list-style-type: none"> <li>Roll out Electronic Prescribing and Medicines Administration (EPMA) to remaining areas by end of Qtr. 4</li> <li>Commence Stabilisation during Qtr2</li> </ul>	<ul style="list-style-type: none"> <li>The vacant EPR Pharmacy lead position, having been vacant for 12 months following completion of EPMA Stage 1, has now been appointed too and will be in post for Q1 24/25.</li> <li>At present the current project activities is on the delivery of EPMA to Maternity with a proposed date of delivery of June 2024.</li> <li>ED and Outpatients remain out of scope at this current time.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing – delivery through BAU</li> <li>Paediatric and Intensive Care Unit timeframes will be reviewed during Q2 2024/25 in line with the EPR procurement.</li> </ul>


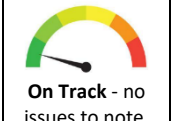
4.1b	<p><i>Use new technology to improve our service offers for our people, patients and carers and the wider populations served by SFH</i></p> <p>Develop EPR (Electronic Patient Records) business case</p>	Medical Director	<p>Quality Committee</p> 	<ul style="list-style-type: none"> <li>• Submission of business case Qtr. 2</li> <li>• Approval dependent commencement of recruitment Qtr. 3</li> </ul>	<ul style="list-style-type: none"> <li>- EPR roles progressing via Vacancy Control Panel and TRAC as per workforce timeline.</li> <li>- Planned attendance at NHSE EPR Launchpad, Board Assurance session</li> </ul>	<ul style="list-style-type: none"> <li>- The 2023/24 measures are complete.</li> <li>- EPR in final stages of national approval. Following this it will be subject to the Cabinet approval process.</li> </ul>
4.2a	<p><i>Strengthen and sustain a learning culture of continuous improvement</i></p> <p>Develop and embed the Patient safety Incident Response Framework (PSIRF)</p>	Medical Director / Chief Nurse	<p>Quality Committee</p> 	<ul style="list-style-type: none"> <li>• Develop Patient Safety Incident response Framework (PSIRF) by end of Qtr. 2</li> <li>• Implement PSIRF approach to match national patient safety framework during Qtr. 3</li> <li>• In Qtr.4 set out the plan to embed this in 2024-25</li> </ul>	<ul style="list-style-type: none"> <li>- The Patient Safety Incident Response Plan (PSIRP) has been extended until October 2024 to allow for inclusion of the data for the first year of implementation.</li> <li>- The first PSIRF Oversight group was held in Q4 looking at Q3 data. This reported into the Quality Committee providing assurance that incidents have been reviewed in line with PSIRF, and that Duty of Candour is complied with. The oversight group will continue to meet quarterly.</li> </ul>	<ul style="list-style-type: none"> <li>- The 2023/24 measures are complete.</li> <li>- The Development and implementation of PSIRF has been well received by trust staff, partners and the ICB. With its implementation we have continued to strengthen our culture of continuous improvement and support for staff.</li> <li>- The 2024 – 2026 PSIRP is underway and will outline the priorities moving forwards.</li> </ul>
4.2b	<p><i>Strengthen and sustain a learning culture of continuous improvement</i></p> <p>To embed the Improvement Faculty within the Trust whose role will be to provide a centre of excellence for transformational and improvement support.</p>	Director of Strategy and Partnership	<p>Quality Committee</p> 	<ul style="list-style-type: none"> <li>• Fortnightly matrix meetings established from early Qtr. 1, incorporating all teams for whom improvement is a component of their role.</li> <li>• By the end of Qtr. 1 all aspects of the Trusts Transformation and Efficiency Programme to have been assessed by the Improvement Faculty to determine validity and deliverability.</li> </ul>	<ul style="list-style-type: none"> <li>- The 'Improvement Advisory Group' (IAG) (matrix meeting) continues to meet monthly. IAG meetings continue to be well attended.</li> <li>- All aspects of the Trusts Transformation and Efficiency Programme have been assessed by the Improvement Faculty. Work has commenced during Qtr. 4 to determine the 2024/25 priority areas.</li> <li>- The Improvement Faculty 'Hub' is fully operational and continues to facilitate</li> </ul>	<ul style="list-style-type: none"> <li>- The 2023/24 measures are complete.</li> <li>- The improvement faculty is now fully embedded within business as usual within the Trust.</li> </ul>

				<ul style="list-style-type: none"> <li>By the end of Qtr. 2 a physical Improvement Faculty office to be created for the colocation of the Transformation and Improvement Teams plus hot desk availability for other teams involved in the Faculty's work.</li> <li>By the end of Qtr. 4 an Initial (independent) review of the Improvement Faculty's impact will have been completed and reported to the Finance Committee.</li> </ul>	<p>greater collaborative working.</p> <ul style="list-style-type: none"> <li>The Improvement Faculty has been subject to significant review during 2024/25. Regular reports on the efficacy and impact of the faculty have been presented to the Trusts Quality Committee, Finance Committee, Trust Management Team, and Executive Director Team. In addition, an Internal Audit has recently commenced, focusing specifically on the financial improvement aspect of the faculty's work plan.</li> </ul>	
5.1	<p><i>Develop a roadmap to longer-term financial sustainability</i></p> <p>Establish an underpinning financial strategy to act as the foundation for the delivery of our new 2024-29 Strategy</p>	<p>Chief Financial Officer</p>	<p>Finance Committee</p>  <p><b>On Track</b> – action underway to address minor issues.</p>	<ul style="list-style-type: none"> <li>A Financial Resources Oversight Group will be established by the end of Qtr. 1.</li> <li>Use of Resources reviews undertaken by the end of Qtr2, to better understand where and how we spend our resources.</li> <li>By the end of Qtr. 3 multi-year divisional budgets will be established.</li> <li>We will have investment plans and financial efficiency plans for 2024-25 and beyond in place by Qtr. 4.</li> <li>Establishment of a Strategic Procurement plan alongside ICS partners.</li> </ul>	<ul style="list-style-type: none"> <li>A Financial Recovery Cabinet is in operation and meeting monthly.</li> <li>A Financial Resources Oversight Group is established and meeting monthly.</li> <li>A medium-term financial plan, including stretch financial recovery targets to deliver multi-year budgets which return spending to control total limits in the medium term, is in production.</li> <li>Stretch savings targets to formulate into deliverable financial savings plans for 2024/25 have been agreed by the Trust Management Team (TMT)</li> <li>All ICS partners procurement work plans data is now on the Atamis database. Working groups have convened to analyse the data and a joint work plan has been developed.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing – delivery through BAU</li> <li>Improvement cabinet to oversee efficiencies in 2024/25.</li> <li>Financial Strategy for 2024-29 to be launched in July 2024</li> <li>The ICS partners will be jointly assessed against the Level 2 procurement standards in November 2024</li> </ul>



5.2	<p><i>Contribute to the wider societal work to mitigate the impact of climate change on the health and wellbeing of our community</i></p> <p>Establish the Sustainability Development Steering Group and progress delivery of the objectives set out in the SFH Green Plan 2021-2026</p>	Chief Financial Officer	<p>Finance Committee</p>  <p>Off Track – action underway to address minor issues.</p>	<ul style="list-style-type: none"> <li>Improvements evidenced in key metrics (including energy and water consumption, waste and carbon emissions).</li> <li>Annual Green Plan report to Board in Q3.</li> <li>BAF PR8 score maintained or reduced.</li> <li>Funding secured to progress Energy Reduction Projects.</li> </ul>	<ul style="list-style-type: none"> <li>Key metrics are reviewed through Estates &amp; Facilities Governance Group, with KPIs also shared at Risk Committee.</li> <li>BAF PR8 score has been maintained however, noted that further assurance and controls to be developed.</li> <li>A case for investment in the sustainability team has been submitted during Q4 as part of the planning round.</li> <li>Application submitted to Public Sector Low Carbon Skills Fund (Phase 5), seeking a grant to support decarbonisation initiatives on our estate.</li> <li>The Trust Sustainability Lead is engaging with all Green Plan workstream leads to refresh expectations and reporting.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing – delivery through BAU</li> <li>A report on the Green Plan progress and future steps is scheduled for a Trust Management Team discussion in July 2024.</li> </ul>
5.3	<p><i>Enhance the utilisation of the SFH estate to support the delivery of outstanding care in the best place.</i></p> <p>Complete a comprehensive space utilisation review of all Trust sites to underpin delivery of the Estates Strategy, develop a multi-year capital investment programme, and work with system partners to find</p>	Chief Financial Officer	<p>Finance Committee</p>  <p>On Track – action underway to address minor issues.</p>	<ul style="list-style-type: none"> <li>Refreshed Space Utilisation Group operational and assessment of all SFH estate completed by Qtr. 4, to identify potential solutions that support delivery of the emerging Clinical Service Strategies.</li> <li>Completion of the key capital schemes in line with planned timescales and budgets.</li> <li>Multi-year capital investment programme in place.</li> </ul>	<ul style="list-style-type: none"> <li>Space Management Utilisation Group established and meeting monthly. Space Allocation approach and process presented to Trust Management Team in March 2024.</li> <li>2023/24 Capital Programme resources fully utilised.</li> <li>Innovative Space allocation software has been rolled out for the Newark Hospital site following completion of the TIF estates scheme. Consideration</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing – delivery through BAU</li> <li>Year-end review of Estates capital programme at April Capital Oversight Group, with Communications to be shared on delivery highlights and patient benefits.</li> <li>Capital prioritisation workshop (April 2024).</li> </ul>

	solutions to long-standing estate challenges.			<ul style="list-style-type: none"> <li>Business cases prepared for future development opportunities.</li> </ul>	<p>to be sought for roll out across KMH pending funding.</p> <ul style="list-style-type: none"> <li>Early considerations for post PFI settlement investment decant options underway with Project Co.</li> </ul>	
6.1a	<p><i>We will embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.</i></p> <p>Delivery of the "New Ways of Working and delivering care" supporting actions in year 2 of the Trusts People Strategy 2022-2025</p>	Director of People	<p>People, Culture and Improvement Committee</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework.</li> <li>Quarterly exception reporting by the People, Culture and Improvement Committee of the delivery of the supporting actions</li> <li>Delivery tactical people plans by Qtr. 1</li> <li>Develop workforce transformation to deliver Newark Transformation Investment Funding (TIF) by July 23 and Mansfield Community Diagnostics Centre (CDC) by Qtr. 2</li> <li>Design and understand interfaces between People and Transformation programmes to support financial improvements by end of Qtr. 4.</li> </ul>	<ul style="list-style-type: none"> <li>Tactical people plans developed and distributed across the Trust.</li> <li>Continued to support workforce planning for Mansfield Community Diagnostics Centre (CDC). We have revalidated the CDC workforce model and will be developing a long-term workforce model/plans during Q1 2025/26.</li> <li>Delivered our initial 100-day plan aligned to the route to balance and reducing unnecessary costs, considering revisions to nursing headroom to reduced variable pay costs. Also developed annual workforce plan with triangulation to finance and activity measures.</li> <li>Progressing review on change forms looking at internal new starters and terminations.</li> </ul>	<ul style="list-style-type: none"> <li>The 2023/24 measures are complete.</li> <li>Quarterly Tactical People Plan reports to be shared with service lines as BAU throughout 2024/25.</li> <li>Development and implementation of workforce plan for CDC including operational resourcing plans and people plans for CDC modalities.</li> <li>Links to optimisation of systems we use within the People Directorate. ESR / e-Forms being considered.</li> <li>Further work to be completed including development of a mechanism to monitor actual vs plan, plus an evaluation of 2024/25 planning round for areas of learning.</li> </ul>

6.1b	<p><i>We will embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.</i></p> <p>As a Nottingham and Nottinghamshire provider collaborative we will identify and deliver opportunities to improve how we work together with colleagues and services outside of SFH.</p>	Director of Strategy and Partnership	<p>Executive Team Meeting</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>• 2023-24 Provider Collaborative at Scale (PC@S) Prospectus agreed during Qtr. 1</li> <li>• PC@S Maturity Matrix Completed and action Plan in place by Qtr. 2</li> <li>• 2023-24 PC@S areas of focus refreshed and agreed for 2024-25 by the end of December 2023</li> </ul>	<ul style="list-style-type: none"> <li>- The Nottinghamshire Provider Collaborative at Scale (PC@S) purpose, priorities and mission statement have been drafted and agreed.</li> <li>- The 2024/25 areas of focus have been agreed as People and Culture and Corporate Services. Work to fully scope this out was undertaken during Qtr.4 and will continue into early 2024/25.</li> </ul>	<ul style="list-style-type: none"> <li>- The 2023/24 measures are complete.</li> <li>- The PC@S Distributed Executive Group (DEG) continues to meet and is established within our system working Business as Usual.</li> <li>- Work to further develop the action plans to underpin our identified work programmes, 'areas of focus', continues into 2024/25 with the DEG continuing to consider how we maximise the impact of our collaboration and to ensure we are aligned and have clarity of the purpose of this work.</li> </ul>
6.2	<p><i>Develop and launch the SFH 2024-29 Strategy</i></p> <p>Through engagement with our People, Board, Council of Governors, Patient &amp; Carers, the wider community we serve and our partners we will put in place a strategy that reflects our populations needs and contributes to our social, partner and regulatory agendas.</p>	Director of Strategy and Partnership	<p>Executive Team Meeting</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> <li>• Engagement plan in place by the end of May 2023</li> <li>• Draft 'Consultation' Strategy completed for 5th October Board</li> <li>• Board Approval of Strategy - 4th Jan 24</li> <li>• Clear set of priorities and actions for Year 1 agreed with Board during Qtr. 4 (updated annually)</li> <li>• 2024-29 Strategy launched Qtr. 4 2024</li> </ul>	<ul style="list-style-type: none"> <li>- The Sherwood Forest Hospitals Trust 'Improving Lives' Strategy was launched on 7<sup>th</sup> March 2024.</li> </ul>	<ul style="list-style-type: none"> <li>- The 2023/24 measures are complete.</li> <li>- 2024/25 is year 1 of the new 5 year 'Improving Lives' strategy and work will continue to ensure that this is a 'live' document throughout the live of the strategy as part of BAU.</li> </ul>