Sherwood Forest Hospitals (SFH) 2019-2025 Strategic Objectives	Over the next five years we will.....	Ref	Second Half of the Year (H2) Priorities (October 21 - March 22)	Executive Lead	SFH Governance	Integrated Care System (ICS): H2 Priorities Plan: Recovery, Transformation, Financial, Workforce	ICS Governance	National Guidance	Measures of Success	Q3 Update
1. To provide outstanding care	Give patients, carers and families a positive experience	1.1	To introduce a new Patient and Carer Engagement Strategy	Julie Hogg	Executive Team Meeting	• ICS 'Delivering Personalised Care' Priorities • ICS Quality Programme - Maternity	• ICS Personalised Care Board • Local Maternity and Neonatal System (LMNS) Executive Partnership	• Maternity Transformation Programme - https://www.england.nhs.uk/mat-transformation/ • NHS Long Term Plan - https://www.longtermplan.nhs.uk/	• The Patient and Carer Engagement Strategy is launched and year 1 objectives have been delivered	• The strategy has been approved and the carers passport has been launched.
	Provide consistently safe and clinically effective care	1.2	Within agreed Infection, Prevention and Control (IPC) restrictions to increase patient treatment activity in line with the annual operating plan	Simon Barton	Executive Team Meeting	• ICS Accelerator Programme - Elective Recovery Fund • ICS Transformation Programme - Planned Care and Cancer • ICS Transformation Programme - Urgent and Emergency Care, Proactive Care and Self-Management	• Planned Care Transformation Board • Urgent Care Right Place First Time Board	• 2021/22 Priorities and Operational Planning Guidance https://www.england.nhs.uk/operational-planning-and-contracting/ • NHS Long Term Plan - https://www.longtermplan.nhs.uk/	• Achievement of the national activity % levels for H2.	• Please see Appendix A. Table 1 is Q3 activity including cumulative position to December 2021. Table 2 is clock stops for Q3. In every month the planning guidance target of 89% of 19/20 has been exceeded.
	Improve coordination across health and social care	1.3	To ensure we have sufficient time to be a meaningful partner in the ICS	Paul Robinson	Executive Team Meeting	• ICS Integrated Care: Establishment of Provider Collaboratives • ICS Integrated Care: Local Partnerships, Strategic Commissioning, Population Health and Digital	• Nottingham and Nottinghamshire ICS Board • Mid-Nottinghamshire Integrated Care Partnership (ICP) Board	• 'Integrating care: Next steps to building strong and effective integrated care systems across England' - https://www.england.nhs.uk/wp-content/uploads/2021/01/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems.pdf	• Maintain or improve SFH Single Oversight framework (SOF) indicators (including Accident and Emergency waiting times and numbers of long-waiters) • Evidence of strengthening relationships with ICS partners through demonstrable examples of genuine joint working that have collectively addressed health inequalities and inequity of access	• Omicron wave has introduced increased challenges for system working. • A&E waiting times have been maintained - when compared relatively across the country - although there have been instances of crowding. • The number of patients waiting for elective procedures has increased. • System working across the NHS has been effective with mutual aid agreed in respect of ambulance diverts/deflects and the elective hub. • Social care and home care sectors have experienced high-capacity loss due to workforce unavailability and closures due to covid outbreaks. This has led to an increase in the number of patients in SFH beds who are medically fit for discharge. • Improving this has been the focus of ICS workstreams, including the HSCETG (CEO Group). System wide discharge events have taken place and assistance has been provided by the NHSEI ECIST Team. It is recognised by the CEO Group that sustainable improvements and changes to the architecture are required. • Evidence of strengthening partnerships though the development of formal Provider Collaborative and Place Based Partnerships.
2. To promote and support health and wellbeing	Support people to have healthier lifestyles	2.1	To develop and introduce a sustainable approach to Support the Mental and Physical Health and Wellbeing of Colleagues	Clare Teeney	People, Culture and Improvement Committee	• ICS 'People and Culture' Priorities	• People and Culture Programme Board	• NHS People Plan - https://www.england.nhs.uk/ournhspeople/ • 2021/22 Priorities and Operational Planning Guidance https://www.england.nhs.uk/operational-planning-and-contracting/	• Rationalise and Communicate the Offer during Quarters 1 and 2 (Q1 and Q2) • Embed the offers of psychological support during quarters 1 to 4 (Q1 to Q4) • Evaluate uptake of ICS Health and Wellbeing Interventions and benchmark against similar organisations/systems by the end of Q4 2021/2022	• Introduction of dedicated People Wellbeing Lead and dedicated Physiological Support Lead. • Officially launched a dedicated Health and Wellbeing campaign under the concept and brand of "Boost". • On-going evaluation of Health and Wellbeing uptake and associated interventions including benchmark against similar organisations/systems.
	Help to improve mental wellbeing including reducing loneliness	2.2	Create and introduce a Mental Health Strategy for patients.	Julie Hogg	Executive Team Meeting	• ICS Transformation Programme - Mental Health	• Mental Health Transformation Board	• NHS Long Term Plan - https://www.longtermplan.nhs.uk/	• The Mental Health Strategy has been developed with Nottinghamshire Healthcare NHS Foundation Trust and year 1 objectives have been delivered	• The strategy has been developed and will go to Quality Committee for final approval.
	Work with partners to reduce health inequalities for those in greatest need	2.3	To build clinical relationships in our response to the National 'Levelling Up' agenda to help reduce inequitable access and improve patient experience.	David Selwyn	Quality Committee	• ICS 'Population Health Management' Priorities • ICS 'Health Inequalities' Strategy • ICS Transformation Programme	• ICS Clinical Executive Group • ICS System Transformation Group	• 2021/22 Priorities and Operational Planning Guidance https://www.england.nhs.uk/operational-planning-and-contracting/ • NHS Long Term Plan - https://www.longtermplan.nhs.uk/	• Review the enhancement of new and existing shared care pathways across ICS acute healthcare providers, and provide assurance that access and outcomes are consistent. • Utilise the Public Health England CHIME Health Inequalities Monitoring Tool to determine whether recovery and waiting list reduction initiatives are equitable in terms access; specifically looking at deprivation indicators, ethnicity, age and sex.	• A workstream establishment has commenced, and admin and project support recruited. • A planned care dashboard is now live with restricted access. • An initial comparison against the ICS HI strategy has been undertaken (but requires additional interrogation). • Clinical representation established on the ICS HI workstream. • Work is underway around pulling in maternity continuity of care, digital inequalities into the programme.
3. To maximise the potential of our workforce	Attract and retain the right people	3.1	To achieve Pathway to Excellence accreditation as designated by American Nurses Credentialing Centre	Julie Hogg	Quality Committee	• ICS 'Delivering Personalised Care' Priorities • ICS Transformation Programme - Maternity • ICS 'People and Culture' Priorities	• ICS Personalised Care Board • LMNS Executive Partnership • People and Culture Programme Board	• Maternity Transformation Programme - https://www.england.nhs.uk/mat-transformation/ • NHS Long Term Plan - https://www.longtermplan.nhs.uk/ • NHS People Plan - https://www.england.nhs.uk/ournhspeople/	• SFH is designated as a Pathway to Excellence accredited organisation	• We are on track to submit our accreditation evidence pack in June 2022.
	Have an engaged, motivated and high performing workforce	3.2	To reduce colleague experience of Violence and Aggression and to increase reporting and learning of.	Julie Hogg	Quality Committee	• ICS 'People and Culture' Priorities	• People and Culture Programme Board	• NHS People Plan - https://www.england.nhs.uk/ournhspeople/	• The Reducing Violence and Aggression standards have been implemented in full • Violence and aggression reporting is consistent with the levels reported in the staff survey • Harm associated with Violence and aggression is reduced	• Compliance with standards is progressing. • Staff survey shows top 2 most improved questions relate to reporting violence and aggression. • No SI's relating to unsafe physical restraint in 2021/22.
	Develop and nurture our teams of colleagues and volunteers	3.3	To develop and introduce a new SFH Talent Management Approach and Strategy.	Emma Challans	People, Culture and Improvement Committee	• ICS 'People and Culture' Priorities (Talent Management and Leadership Development Plan)	• People and Culture Programme Board	• NHS People Plan - https://www.england.nhs.uk/ournhspeople/	• Introduction of new approach to Talent Management by end of March 2022 • Provision of Leadership Management offer that is inclusive and based on SFH workforce plan • Demonstrate increased diversity of colleagues accessing learning/leadership development offers • Improved Staff Survey Results relating to leadership development and talent management	• A new national Talent Management approach will be launched in the summer of 2022. Currently in test form. • New Head of Learning and OD role to start 7th Feb 2022. • SFH Director of Culture and Improvement is chair of the new ICS OD & Improvement Group where the Talent Management Strategy will be developed. • NSS21 results available from late Feb 2022. • Aim to introduce an approach consistent with system.
4. To continuously learn and improve	Continue to deliver evidence based best practice	4.1	To deliver Year 1 of the SFH vision for Continuous Improvement in SFH.	Emma Challans	People, Culture and Improvement Committee	• ICS Transformation Programme • ICS 'People and Culture' Priorities	• ICS System Transformation Group • People and Culture Programme Board	• 2021/22 Priorities and Operational Planning Guidance https://www.england.nhs.uk/operational-planning-and-contracting/ • NHS Long Term Plan - https://www.longtermplan.nhs.uk/ • NHS People Plan - https://www.england.nhs.uk/ournhspeople/	• Complete Continuous Improvement Maturity Assessment (with recommendations to improve) by the end of Q4 2021/2022 • To ensure all those involved in Transformation Programmes are given time and are trained in Quality Improvement (QI) (in total 160 trained in Bronze QI and 40 trained in Silver QI by the end of quarter 4 2021/2022) • Delivery of 2021/2022 Transformation and Efficiency Programme by 31st March 2022	• Maturity assessment questionnaire sent to SLT. Completion by end Feb 2022. • SOF metrics in capability building - compliant. • All relevant Transformation Programmes in the Trust plan have QI expertise allocated. • Need to assess further QI capacity to support organisational surge and change.
	Make the best use of information and digital technology	4.2	To deliver year 2 of the digital strategy	David Selwyn	Executive Team Meeting	• ICS 'Data, Analytics, Information and Technology (DAIT) Strategy 2020-2024'	• Nottingham and Nottinghamshire ICS Board	• NHS Long Term Plan - https://www.longtermplan.nhs.uk/ Sherwood Forest Hospitals NHS Foundation Trust: Digital Strategy 2020-2025' - https://www.sfh-tr.nhs.uk/media/8804/digital-strategy-pdf.pdf	• Implement year 2 objectives of the digital strategy (including compliance with digital aspects of the Ockenden Report): a. Objective 1: To deliver Electronic Patient Records (EPR) b. Objective 2: To connect digitally with patients and partners c. Objective 3: To support our colleagues d. Objective 4: To unleash information bringing insight to our decision making e. Objective 5: To improve our digital infrastructure	• Pilot of ePMA completed and roll out date confirmed for Q1 2022-23. • External review of ePMA project stalled due to Omicron activity but refreshed for Q4. • EPR OBC in development. • Several successful bids have been submitted to the Unified Tech Fund for improving digital infrastructure and preparatory work for EPR. • External HIMMS EMRAM review completed, assessed as stage 0. • Digital exemplar bid on track for 2022-23. • Cyber security essential plus accreditation achieved for NHS. • N365 roll out in progress. • Log4j risk continues to be challenging. • Review of digital strategy and roadmap timelines in progress. • CDIO role appointed.
	Use research, innovation and improvement for the benefit of our communities	4.3	To introduce an Innovation Hub across the Mid Notts health and care partnership.	Emma Challans	Executive Team Meeting	• ICS Transformation Programme • Mid-Nottinghamshire ICP Priority	• Mid-Nottinghamshire ICP Board	• NHS People Plan - https://www.england.nhs.uk/ournhspeople/ • NHS Long Term Plan - https://www.longtermplan.nhs.uk/	• Introduction of an Innovation Hub across Mid-Nottinghamshire ICP by Q4 2021/2022 • Key principles and year 1 aspirations defined and implemented by Q4 2021/2022 (including methodology for quantifying impact on patient care)	• From April 2022, our hub will be launched as a 'virtual offer' (i.e. on line) aimed primarily at a) adopting and implementing new ideas developed in other areas of the NHS b) 'harvesting' and helping to develop new ideas and concepts internally and c) developing relationships with other organisations including the commercial sector, by way of product development. • Key partnership in place with the EMAHSN to support the hub and develop other areas inc.; patient and public engagement and learning from other Trusts who have already established innovation centres/hubs.
5. To achieve better value	Become financially sustainable	5.1	To deliver Year 1 of a 3yr SFH Transformation and Efficiency Programme.	Emma Challans	Finance Committee	• ICS Transformation Programme	• ICS System Transformation Group • ICS Strategy and Delivery Group meeting	• 2021/22 Priorities and Operational Planning Guidance https://www.england.nhs.uk/operational-planning-and-contracting/ • Maternity Transformation Programme - https://www.england.nhs.uk/mat-transformation/	• Deliver 2021/2022 financial efficiency plan (FIP) by 31st March 2022 • Ensure 2021/2022 FIP is deliverable on a recurrent basis by 31st March 2022 • Have in place a 3-year recurrent SFH Transformation Programme (2022-2025) by 31st March 2022 • Deliver Okenden Recommendations	• As at month 9 the YTD delivery is behind target by £1.07m. Mitigation work is focusing on non-medical pay underspends and 'general' underspends across all budget lines. We are also focusing on determining the impact that the SDEC unit and associated pathways have had on the Trusts underlying financial position. • First draft 2022-25 programme in place, which at present is based on a) existing programmes that will continue into 2022/23 and beyond b) new programmes that are currently being scoped (based on organisational and national planning priorities) and c) 'potential' new programmes based on the comparative and benchmarking information we now have available. • Draft Programme to be presented to the Exec/TMT team and the Finance Committee during Feb/March. On track.
	Work with our partners across Nottinghamshire to deliver efficiencies	5.2	To build on existing partnership working agreements to deliver mutual opportunities that benefit the MN community.	Rich Mills	Executive Team Meeting	• ICS Integrated Care: Establishment of Provider Collaborative	• Nottingham and Nottinghamshire ICS Board • Mid-Nottinghamshire ICP Board	• 'Working together at scale: guidance on provider collaboratives' - https://www.england.nhs.uk/wp-content/uploads/2021/06/B0754-working-together-at-scale-guidance-on-provider-collaboratives.pdf	• Develop formal work plans with partners (system wide) through provider collaboratives, place-based partnerships and other bilateral partnerships • Ensure plans to deliver recurrent efficiencies are in place across the ICS by 1st April 2022	• A workplan has been developed involving all ICS partners, which is underpinned by a system wide transformation group, to which all programme leads and provider level transformation leads are invited. The next stage is to quantify the programme to determine financial efficiency opportunities. This will be complete by the end of Q4. • The Trust continues to proactively contribute to the Place Based Partnership (PBP), at both a strategic and transformational level. The role of the PBP in terms of delivering financial efficiencies is still yet to be determined. • Collaborative work underway in respect of Payroll collaboration with Nottinghamshire Healthcare NHSFT and the development of D2A programme.
	Maximise the use of all our resources	5.3	To increase utilisation through delivery of the Estates and Flexible, Smarter Working strategies.	Rich Mills	Finance Committee	• ICS Transformation Programme - Estates • ICS Transformation Programme - Back Office	• ICS System Transformation Group	• NHS Long Term Plan - https://www.longtermplan.nhs.uk/ • NHS People Plan - https://www.england.nhs.uk/ournhspeople/	• 5% reduction in non-clinical space by end of 2021 • 10% reduction of under-utilised space by end of 2021 • 10% reduction on 2018 baseline of unwarranted variance on SFH model hospital Estates and Facilities Management benchmark position (Private Finance Intiative peer group) by end of 2021 • Ensure home/agile working embedded within organisational culture (where individual roles allow) ensuring that is consistently offered across the organisation by end of Q4 2021/2022 • Delivery of all schemes prioritised in capital expenditure plan by end of Q4 2021/2022	• Agile Working Transformation Board in place and regular communications shared to support home/agile working models. • Capital Oversight Group established to monitor and support delivery of the capital expenditure plan.

Sherwood Forest Hospitals (SFH) 2019-2025 Stragetic Objectives

Objective 1 - To provide outstanding care
Reference 1.2 - Within agreed Infection, Prevention and Control (IPC) restrictions to increase patient treatment activity in line with the annual operating plan.

Table 1 - Cumulative Position to December 2021

October

	Yr2019/20 WD's adjusted	Yr2021/22	% of Yr2019/20
OPD	37,350	36,356	97.3%
DC	3,337	3,212	96.3%
IP	383	308	80.4%
Total	**41,070**	**39,876**	**97.1%**

Cumulative position

	Yr2019/20 WD's adjusted	Yr2021/22	% of Yr2019/20
OPD	261,059	253,915	97.3%
DC	21,803	21,376	98.0%
IP	3,100	2,203	71.1%
Total	**285,962**	**277,494**	**97.0%**

November

	Yr2019/20 WD's adjusted	Yr2021/22	% of Yr2019/20
OPD	39,789	42,172	106.0%
DC	3,490	3,465	99.3%
IP	445	354	79.6%
Total	**43,724**	**45,991**	**105.2%**

	Yr2019/20 WD's adjusted	Yr2021/22	% of Yr2019/20
OPD	300,848	296,087	98.4%
DC	25,293	24,841	98.2%
IP	3,545	2,557	72.1%
Total	**329,686**	**323,485**	**98.1%**

December

	Yr2019/20 WD's adjusted	Yr2021/22	% of Yr2019/20
OPD	34,662	34,979	100.9%
DC	3,241	3,105	95.8%
IP	417	306	73.4%
Total	**38,320**	**38,390**	**100.2%**

	Yr2019/20 WD's adjusted	Yr2021/22	% of Yr2019/20
OPD	335,510	331,066	98.7%
DC	28,534	27,946	97.9%
IP	3,962	2,863	72.3%
Total	**368,006**	**361,875**	**98.3%**

Table 2 - Clock Stops for Q3

October

	Yr2019/20 WD's adjusted	H2 Plan	Yr2021/22	% of Yr2019/20	% of H2 Plan
Admitted	1258	1304	1032	82.0%	79.1%
Non Admitted	8495	8751	8495	100.0%	97.1%
Total	**9753**	**10055**	**9527**	**97.7%**	**94.7%**

Cumulative

	Yr2019/20 WD's adjusted	H2 Plan	Yr2021/22	% of Yr2019/20	% of H2 Plan
Admitted	1258	1304	1032	82.0%	79.1%
Non Admitted	8495	8751	8495	100.0%	97.1%
Total	**9753**	**10055**	**9527**	**97.7%**	**94.7%**

November

	Yr2019/20 WD's adjusted	H2 Plan	Yr2021/22	% of Yr2019/20	% of H2 Plan
Admitted	1391	1250	1256	90.3%	100.5%
Non Admitted	9045	8744	9746	107.8%	111.5%
Total	**10436**	**9994**	**11002**	**105.4%**	**110.1%**

	Yr2019/20 WD's adjusted	H2 Plan	Yr2021/22	% of Yr2019/20	% of H2 Plan
Admitted	2649	2554	2288	86.4%	89.6%
Non Admitted	17540	17495	18241	104.0%	104.3%
Total	**20189**	**20049**	**20529**	**101.7%**	**102.4%**

December

	Yr2019/20 WD's adjusted	H2 Plan	Yr2021/22	% of Yr2019/20	% of H2 Plan
Admitted	1276	1193	1042	81.7%	87.3%
Non Admitted	7401	7891	7944	107.3%	100.7%
Total	**8677**	**9084**	**8986**	**103.6%**	**98.9%**

	Yr2019/20 WD's adjusted	H2 Plan	Yr2021/22	% of Yr2019/20	% of H2 Plan
Admitted	3925	3747	3330	84.8%	88.9%
Non Admitted	24941	25386	26185	105.0%	103.1%
Total	**28866**	**29133**	**29515**	**102.2%**	**101.3%**