

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	Q4 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	<ul style="list-style-type: none"> ICS 'Delivering Personalised Care' Priorities ICS Quality Programme - Maternity 	<ul style="list-style-type: none"> ICS Personalised Care Board Local Maternity and Neonatal System (LMNS) Executive Partnership 	<ul style="list-style-type: none"> Maternity Transformation Programme - https://www.england.nhs.uk/transform/program/ NHS Long Term Plan - https://www.longtermplan.nhs.uk/ 	<ul style="list-style-type: none"> The Patient and Carer Engagement Strategy is launched and year 1 objectives have been delivered 	<ul style="list-style-type: none"> The carers passport has been implemented and is now in use.
	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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Planned Care Transformation Board Urgent Care Right Place First Time Board 	<ul style="list-style-type: none"> 2022/22 Priorities and Operational Planning Guidance https://www.england.nhs.uk/operational-planning-and-outcomes/ NHS Long Term Plan - https://www.longtermplan.nhs.uk/ 	<ul style="list-style-type: none"> Achievement of the national activity % levels for H2. 	<ul style="list-style-type: none"> Activity is now reported within the SDF to Trust Board. Overall elective activity has been above 100% of 2019/20 activity during Q4 overall with a quarterly output of 135% for outpatients, 110% for inpatients, and 114% for day cases.
	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	<ul style="list-style-type: none"> ICS Integrated Care: Establishment of Provider Collaboratives ICS Integrated Care: Local Partnerships, Strategic Commissioning, Population Health and Digital 	<ul style="list-style-type: none"> Nottingham and Nottinghamshire ICS Board Mid-Nottinghamshire Integrated Care Partnership (ICP) Board 	<ul style="list-style-type: none"> Integrating care: Next steps to building strong and effective integrated care systems across England' https://www.england.nhs.uk/transform/program/ Integrating care: Next steps to building strong and effective integrated care systems across England' https://www.england.nhs.uk/transform/program/ Evidence of strengthening relationships with ICS partners through demonstrable examples of genuine joint working that have collectively addressed health inequalities and inequity of access 	<ul style="list-style-type: none"> Urgent care demand has risen to unprecedented levels creating challenges for system working. A&E waiting times have deteriorated and there has been an increase in the number of patients waiting 12 hours in department. Bed capacity has been increased and some elective activity has been cancelled to cope with urgent care pressures and 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 diversions/deficits and the elective hub. Social care and home care sectors continue to experience high capacity loss due to workforce unavailability and closures due to covid outbreaks. This has led to further increases in the number of patients in SFH beds who are medically fit for discharge. Improving this has been the focus of ICS workstreams and the pre-Easter period evidence improvements in the number of assisted discharges. It is recognised by the ICSO Group that sustainable improvements and changes to the architecture are required and a business case for 22/23 is being developed. Evidence of strengthening partnerships through 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 Teaney	People, Culture and Improvement Committee	<ul style="list-style-type: none"> ICS 'People and Culture' Priorities 	<ul style="list-style-type: none"> People and Culture Programme Board 	<ul style="list-style-type: none"> NHS People Plan - https://www.england.nhs.uk/peopleplan/ 2021/22 Priorities and Operational Planning Guidance https://www.england.nhs.uk/operational-planning-and-outcomes/ 2021/22 Priorities and Operational Planning Guidance https://www.england.nhs.uk/operational-planning-and-outcomes/ 	<ul style="list-style-type: none"> 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 update of ICS Health and Wellbeing Interventions and benchmark against similar organisations/systems by the end of Q4 2021/2022 	<ul style="list-style-type: none"> Dedicated People Wellbeing Lead and dedicated Physiological Support Lead commenced in post. Successfully delivered a dedicated Health and Wellbeing campaign under the concept and brand of 'Boost' capturing different themes. Introduction of 20 new Wellbeing Champions with varied interest from physical activity, mental health to menopause were recruited throughout the campaign. Our dedicated Wellbeing web page received more than 4,300 views across the campaign, more than one third of the total website views.
	Help to improve mental wellbeing including reducing loneliness	2.2	Create and introduce a Mental Health Strategy for patients.	Julie Hogg	Executive Team Meeting	<ul style="list-style-type: none"> ICS Transformation Programme - Mental Health 	<ul style="list-style-type: none"> Mental Health Transformation Board 	<ul style="list-style-type: none"> NHS Long Term Plan - https://www.longtermplan.nhs.uk/ 	<ul style="list-style-type: none"> The Mental Health Strategy has been developed with Nottinghamshire Healthcare NHS Foundation Trust and year 1 objectives have been delivered 	<ul style="list-style-type: none"> The Strategy has been approved and has now been published.
	Work with partners to reduce health inequalities for those in greatest need	2.3	To build clinical relationships in our response to the National 'Leveling Up' agenda to help reduce inequitable access and improve patient experience.	David Selwyn	Quality Committee	<ul style="list-style-type: none"> ICS 'Population Health Management' Priorities ICS 'Health Inequalities' Strategy ICS Transformation Programme 	<ul style="list-style-type: none"> ICS Clinical Executive Group ICS System Transformation Group 	<ul style="list-style-type: none"> 2022/22 Priorities and Operational Planning Guidance https://www.england.nhs.uk/operational-planning-and-outcomes/ NHS Long Term Plan - https://www.longtermplan.nhs.uk/ 	<ul style="list-style-type: none"> 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 CHME Health Inequalities Monitoring Tool to determine whether recovery and waiting list reduction initiatives are equitable in terms of access; specifically looking at deprivation indicators, ethnicity, age and sex. 	<ul style="list-style-type: none"> A workstream has now been established which includes administrative and project support. Work continues to ensure SFH and ICS H4 strategies remain complementary. Clinical representation established on the ICS H4 workstream. Maternity, continuity of care and digital inequalities have been included in 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	<ul style="list-style-type: none"> ICS 'Delivering Personalised Care' Priorities ICS Transformation Programme - Maternity ICS 'People and Culture' Priorities 	<ul style="list-style-type: none"> ICS Personalised Care Board LMNS Executive Partnership People and Culture Programme Board 	<ul style="list-style-type: none"> Maternity Transformation Programme - https://www.england.nhs.uk/transform/program/ NHS Long Term Plan - https://www.longtermplan.nhs.uk/ NHS People Plan - https://www.england.nhs.uk/peopleplan/ 	<ul style="list-style-type: none"> SFH is designated as a Pathway to Excellence accredited organisation 	<ul style="list-style-type: none"> The collection of evidence continues to be on track; and is almost complete. The actual submission date is yet to be finalised, although we are projecting that will be 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	<ul style="list-style-type: none"> ICS 'People and Culture' Priorities 	<ul style="list-style-type: none"> People and Culture Programme Board 	<ul style="list-style-type: none"> NHS People Plan - https://www.england.nhs.uk/peopleplan/ 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Compliance with standards continues to progress. The most recent staff survey shows that the top two most improved questions relate to 'reporting violence' and 'aggression'. DATIX concerns relating to violence and aggression against staff are however still high, this therefore remains a key focus for the Trust.
	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	<ul style="list-style-type: none"> ICS 'People and Culture' Priorities (Talent Management and Leadership Development Plan) 	<ul style="list-style-type: none"> People and Culture Programme Board 	<ul style="list-style-type: none"> NHS People Plan - https://www.england.nhs.uk/peopleplan/ 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> A new national Talent Management 'scope for growth' is due to be launched in late 2022. This is currently in test form. New Head of Learning and OD role started on 7th Feb 2022 and is leading the design and implementation of a Talent strategy for SFH and System. MS21 results and a new approach to 'NA' will support the new strategy. People Development operational sub-cabinet now established where the strategy will be developed. Trust objective to develop a Talent strategy is embedded within the new People, Culture and Improvement Strategy 2022-2025.
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	<ul style="list-style-type: none"> ICS Transformation Programme ICS 'People and Culture' Priorities 	<ul style="list-style-type: none"> ICS System Transformation Group People and Culture Programme Board 	<ul style="list-style-type: none"> 2022/22 Priorities and Operational Planning Guidance https://www.england.nhs.uk/operational-planning-and-outcomes/ NHS Long Term Plan - https://www.longtermplan.nhs.uk/ NHS People Plan - https://www.england.nhs.uk/peopleplan/ 	<ul style="list-style-type: none"> 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 150 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 	<ul style="list-style-type: none"> Maturity assessment completed and results to be presented at June SLT supported by the IMA/ISN. 2022/23 SDF metrics enhanced to reflect priority of capability and capacity. Continuous Improvement vision embedded within the Trust PCI Strategy and the Quality Strategy. Year 1 of the vision for Continuous Improvement completed with recommendations to be agreed in June/July.
	Make the best use of information and digital technology	4.2	To deliver year 2 of the digital strategy	David Selwyn	Executive Team Meeting	<ul style="list-style-type: none"> ICS 'Data, Analytics, Information and Technology (DAIT) Strategy 2020-2024' 	<ul style="list-style-type: none"> Nottingham and Nottinghamshire ICS Board 	<ul style="list-style-type: none"> NHS Long Term Plan - https://www.longtermplan.nhs.uk/ 	<ul style="list-style-type: none"> Implement year 2 objectives of the digital strategy (including compliance with digital aspects of the Glenden Report): <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> EPMA roll out has now commenced. This will continue during Q1 2022/23. External review of ePMA now completed. Lessons learnt will be fully adopted as part of all future system implementation programmes and projects. EPR FBC now complete and will be submitted to Trust Board for approval in June 2022. Engagement has also commenced with regional colleagues regarding funding opportunities. Digital exemplar bid on track for 2022/23. SBSS roll out approaching final stages. All cases of Q4 BSIS completed. Outstanding issues relate to generic logic and 'knocked' machines. Solutions in place to resolve both issues. NHS has delivered a fully accredited response to keeping the organisation (and wider system) safe from possible cyber-attacks. This has been supplemented with the delivery of training for on-call managers plus targeted and coordinated communications. Review of digital strategy and roadmap timelines continues. CDIO will start in Q1 2022/23.
	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	<ul style="list-style-type: none"> ICS Transformation Programme Mid-Nottinghamshire ICP Priority 	<ul style="list-style-type: none"> Mid-Nottinghamshire ICP Board 	<ul style="list-style-type: none"> NHS People Plan - https://www.england.nhs.uk/peopleplan/ NHS Long Term Plan - https://www.longtermplan.nhs.uk/ 	<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Although the expectation is that our hub will be launched as a 'virtual offer' (i.e. on line) during Q1 (aimed primarily at adopting and implementing new ideas developed in other areas of the NHS); the remit has been extended slightly to encompass problem solving, organisational development and culture, by way of creating an environment where innovation is encouraged. The hub will therefore now be based on the Culture and Improvement Directorate, with a single point-of-contact for anyone to use should they require help and assistance to make an innovative idea a reality. Having something separate may simply confuse the purpose of the hub. Although initially our plan was to launch this across the Mid-Nottinghamshire footprint, we will, as noted above, do this in the first instance at a Trust level. We are however, by way of securing funding, working closely with Nottinghamshire Healthcare. We have recently collaborated in a joint bid, which whilst allowing us to maintain our individual identity (and therefore full our individual objectives) does

										<p>transform into improved activity and services from the resources they currently provide an added level of opportunity by working cross-organisationally. There will be numerous opportunities to instigate and implement innovative ideas at a system level, which we hope to exploit.</p>
5. To achieve better value	Become financially sustainable	S.1	To deliver Year 1 of a 3yr SFH Transformation and Efficiency Programme.	Emma Challans	Finance Committee	<ul style="list-style-type: none"> ICS Transformation Programme 	<ul style="list-style-type: none"> ICS System Transformation Group ICS Strategy and Delivery Group meeting 	<ul style="list-style-type: none"> 2021/22 Priorities and Operational Planning Guidance https://www.nottingham.ac.uk/operational-planning-and-strategy/2021-22-priorities-and-operational-planning-guidance.aspx Maternity Transformation Programme - https://www.nottingham.ac.uk/transform/2021-22-priorities-and-operational-planning-guidance.aspx 	<ul style="list-style-type: none"> 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 Chendean Recommendations 	<ul style="list-style-type: none"> The level of FIP delivered in 2021/22 is £5.8m, which is £1.99m below the revised £7.79m target. This is due primarily to the removal of savings associated with the Same Day Emergency Care Programme (SDCC) (due to difficulties in agreeing the quantification of financial benefits) (E0.9m), the Estates and Facilities Programme (whereas the Medirest scheme has slipped into 2022/23) (E0.16m), the Procurement programme (due to a number of consumable schemes that have slipped into 2022/23) (E0.20m), the Variable Pay programme where all schemes have slipped into 2022-23 (E0.47m), under achievement of schemes such as the Cessation of Ophthalmology Outsourcing and additional FIP schemes within the W&C Division (E0.15m), schemes not identified (E0.15m) and Elective Recovery Funding under achievement (E0.23m). Corporate non-recurrent pay underpends, the Orthopaedic Prostheses project and the D&O Divisional Financial Improvement Plan have delivered above their target (E0.29m). A 3 year programme is now in place; this has been approved by the Finance Committee and has been socialised across the Trust (including, but not limited to D&Os, D&Ns, Medical Managers, Corporate Leads, Clinical Chairs and Executive Directors). The programme is fully resourced, including requisite senior ownership, programme and project support and where necessary clinical input. It includes a plan to deliver £11.7m efficiency savings in 2022/23.
	Work with our partners across Nottinghamshire to deliver efficiencies	S.2	To build on existing partnership working agreements to deliver mutual opportunities that benefit the MN community.	Rich Mills	Executive Team Meeting	<ul style="list-style-type: none"> ICS Integrated Care: Establishment of Provider Collaborative 	<ul style="list-style-type: none"> Nottingham and Nottinghamshire ICS Board Mid Nottinghamshire ICP Board 	<ul style="list-style-type: none"> 'Working together at scale: guidance on provider collaboratives' https://www.nottingham.ac.uk/transform/2021-22-priorities-and-operational-planning-guidance.aspx 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> A collegiate workplan continues to evolve and develop. Progress has been slower than anticipated due mainly to operational pressures - which has resulted in the System Transformation Group (STG) meeting far less frequently than anticipated. As a consequence, the quantification of system financial efficiency opportunities will not be complete until Q1 2022/23. 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 will be determined during Q3 2022/23. Partners have agreed to the development of a Provider Collaborative Office, which will coordinate and drive forward projects and workstreams to identify and deliver opportunities. External support has been identified to help with this development. Early success includes the virtual ward programme, where the Trust has worked closely with partners across Nottinghamshire. Terms of reference for a system costing group are being taken through respective governance routes for ratification at ICS DoFs. This will support clearer understanding of the cost to deliver 'Nottinghamshire services' and provide insight into better ways of working and improvements.
	Maximise the use of all our resources	S.3	To increase utilisation through delivery of the Estates and Flexible, Smarter Working strategies.	Rich Mills	Finance Committee	<ul style="list-style-type: none"> ICS Transformation Programme - Estates ICS Transformation Programme - Back Office 	<ul style="list-style-type: none"> ICS System Transformation Group 	<ul style="list-style-type: none"> NHS Long Term Plan - https://www.longtermplan.nhs.uk/ NHS People Plan - https://www.nhs.uk/peopleplan/ 	<ul style="list-style-type: none"> 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 unawarded variance on SFH model hospital Estates and Facilities Management benchmark position (Private Finance Initiative 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 	<ul style="list-style-type: none"> Agile Working Transformation Board in place and regular communications shared to support home/agile working models. Trust registered with P22 Procurement framework as alternate delivery for Estate's capital delivery schemes. Trust engagement with NHSE regional team on acquisition of MCH site to realise improved system utilisation and designation of cold site. Capital Oversight Group established to monitor and support delivery of the capital expenditure plan.