

Sherwood Forest Hospitals NHS Foundation Trust (SFH) 2023-24 Strategic Priorities Quarter 1 Update

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Overview

Vision:
Healthier communities
and
outstanding
care for all

Strategic objectives

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

Values

Provide outstanding care in the best place at the right time

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

1
Communicating and working together

Improve health and wellbeing within our communities

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

2
Aspiring and improving

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

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

3
Respectful, inclusive and caring

To continuously learn and improve

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

Sustainable use of resources and estate









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

4
Efficient and safe







Work collaboratively with partners in the community










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

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







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







Overall RAG Key

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







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

Overall RAG Key

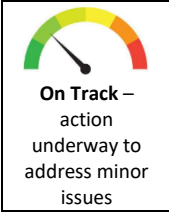
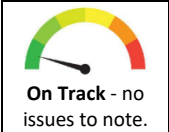
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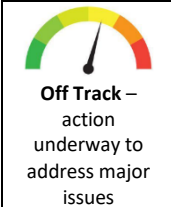
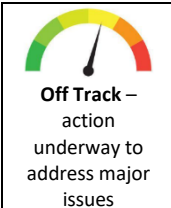
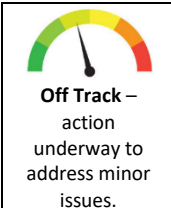
Ref	2023/24 Trust Priority	Executive Lead	Overall RAG Qtr. 1	Overall RAG Qtr. 2	Overall RAG Qtr. 3	Overall RAG Qtr. 4	Change to Previous Qtr.
5.1	Establish an underpinning financial strategy	Chief Financial Officer					n/a
5.2	Deliver the objectives set out in the SFH Green Plan 2021-2026	Chief Financial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

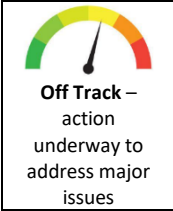
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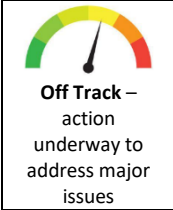
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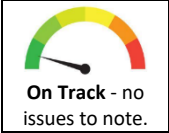
2. Detailed Quarter 1 Update

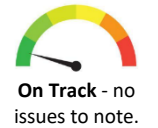
Ref	2023-24 Trust <i>Priority</i> and Deliverable	Executive Lead	SFH Governance	Measures of Success	Quarter 1 Update
1.1a	<p><i>Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics</i></p> <p>Work with Clinical Divisions to develop Clinical Service Strategies at Specialty and Divisional level, to inform a Trust level Clinical Strategy</p>	Director of Strategy and Partnership	<p>Executive Team Meeting</p> 	<ul style="list-style-type: none"> By the end of July 2023 the ICS Joint Forward Plan will have been made available to the Divisions. 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. 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. 	<p>The ICS working with SFH and other Partners published the NHS Joint Forward Plan (JFP) on 30th June as Draft with formal approval mid July at which point this will be made available to Divisions and Service Lines.</p> <p>The NHS JFP represents the NHS component of the ICS Integrated Care Strategy and it will be within this context that service lines will be asked to develop their plans.</p> <p>Work is on target to co-produce and issue Guidance and Templates to Divisions/Service lines by the end of July to meet the Quarter 2 deadline.</p> <p>Industrial action and continuing operational pressures present a risk to this process during Qtr. 2.</p>
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> 	<ul style="list-style-type: none"> By the end of Qtr. 3 have an initial 5 year model in place that is informed by Divisional Service Line Plans By the end of Qtr. 4 refine bed model to reflect Trust level clinical strategy. 	<p>Work to be informed by service line plans that are being developed in Qtr. 2.</p> <p>Noted for action in Qtr. 3</p>

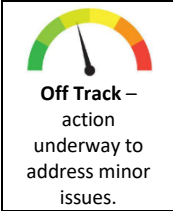
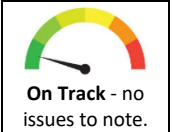
1.2a	<p><i>Continue to recover our Planned Care services</i></p> <p>'Expand Day Case Surgery Services at Newark Hospital through the Transformation Investment fund (TIF)</p>	Chief Operating Officer	<p>Executive Team Meeting</p> 	<ul style="list-style-type: none"> • Service commencement by end of June 2023 • 90% of staff substantively in post by end of Qtr. 3. • By end of Qtr. 4 be achieving the monthly levels of activity required to meet the full year aspirations of the TIF submission. 	<p>Newark TIF development delayed due to building works. Modular theatre arrived on site early July. Works underway to mobilise facility with opening scheduled for October 2023.</p> <p>Surgical recruitment completed for all ward roles with theatre recruitment on track. Challenges in recruitment for some support services positions with alternative roles being explored.</p>
1.2b	<p><i>Continue to recover our Planned Care services</i></p> <p>'Expand Diagnostic Services to Mansfield Community Hospital</p>	Director of Strategy and Partnership	<p>Executive Team Meeting</p> 	<ul style="list-style-type: none"> • Building works commenced by June 2023 • Staffing model and agreed development plan in place by Qtr. 2 (Feb 25 current go live date). • Mobile MRI service located on MCH site and fully operational by 1st December 2023 	<p>Building works delayed – pre demolition works (asbestos and lead paint removal) scheduled to commence in Qtr. 2 (August 2023). Construction scheduled to commence Qtr. 4 (January/February 2024).</p> <p>Initial Workforce modelling completed.</p> <p>Workplan to be presented to CDC Steering Group in August 2023. Key clinical roles (trainee endoscopist, cardiac and respiratory physiologist), paper being presented to Execs to seek support to recruit at risk – delays to recruitment will incur delay to university studies.</p> <p>Mobile MRI - Site visit to be completed on 12th July 2023 – options appraisal to be completed.</p>
1.2c	<p><i>Continue to recover our Planned Care services</i></p> <p>'Achieve elective activity levels, backlogs and patient waiting times in line with the 2023/24 operational plan and supporting performance trajectories.</p>	Chief Operating Officer	<p>Executive Team Meeting</p> 	<ul style="list-style-type: none"> • Delivery of the following metrics in line with (or better than) plan: <ul style="list-style-type: none"> - Activity plans (Elective, Day Case, O/P) - PIFU - 52 and 65ww - Number of completed RTT pathways - 62-day cancer backlog - 28-day cancer FDS 	<p>Theatre and outpatient improvement programmes relaunched and underway.</p> <p>Working together with Nottingham University Hospitals (NUH) delivering mutual aid. Whilst this has resulted in us taking on some long wait patients in ENT; NUH are going to support our challenged position for Echocardiographs.</p> <p>At the end of month 2 our planned care activity levels were better than our original plan, however they are lower than the final stretch plan submission required to support the route to financial balance set</p>

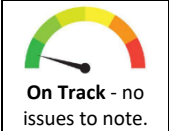
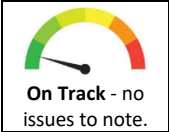
					<p>out in the 2023/24 Trust plans. Industrial action continues to adversely impact on elective activity levels.</p> <p>PIFU average Qtr. 1 position better than the national target driven by a strong Jun-23 position.</p> <p>52 and 62ww positions are worse than plan. The 62ww position is driven by ENT patients taken in mutual aid.</p> <p>Completed RTT pathways is better than our plan as a combined position for Apr & May-23.</p> <p>62-day cancer backlog is better than our plan and significantly below the nationally set threshold for SFH.</p> <p>Cancer 28-day FDS is better than national target in May-23 following a dip in performance in Apr-23.</p> <p>Please see the Integrated Performance Report for further narrative on elective performance.</p>
1.3	<p><i>Continue to work towards a sustainable model of urgent and emergency care</i></p> <ul style="list-style-type: none"> - Progress with the Optimising Patient Journey (OPJ) improvement programme - Expand use of Same Day Emergency Care (SDEC) within Surgery - Embed and expand virtual wards - 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 	Chief Operating Officer	<p>Executive Team Meeting</p>  <p>Off Track – action underway to address major issues</p>	<ul style="list-style-type: none"> • Increase the number of patients using SDEC. • Increase the number of patients on a virtual ward pathway. • Reduce number of >20 day length of stay patients. • MSFT patient numbers in line with ICS trajectory. 	<p>The Optimising the Patient Journey (OPJ) improvement programme being relaunched in line with the creation of the Improvement Faculty.</p> <p>Focus in Qtr 1 has been on identifying the priority work programmes; this work will be concluded by the end of Jul-23.</p> <p>SDEC rates have been stable in 2023. Surgical SDEC opening delayed due to building works preventing ward reconfigurations to enable the creation of the SDEC area.</p> <p>Frailty virtual ward commenced in May-23. Virtual ward (VW) use increased from 3 patients admitted on a VW in 2022/23 Qtr. 4 (sum of 34 days) to 12 patients in 2023/24 Qtr. 1 (sum of 116 days).</p>

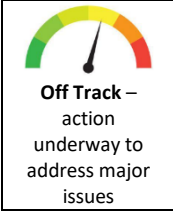
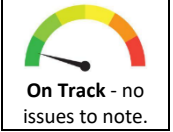
					<p>Long length of stay patient numbers have reduced throughout Qtr. 1. These however remain above levels seen in 2022/23. To support further reductions bi-weekly long length of stay meetings are in place to review individual patient pathways.</p> <p>MSFT patient numbers have exceeded the ICS plan trajectory throughout Qtr. 1. An ICS Plan Delivery Group is in place providing further scrutiny on system-level urgent and emergency care delivery plans.</p> <p>Please see the Integrated Performance Report for further narrative on urgent and emergency care performance.</p>
1.4a	<p><i>Progress Workforce Transformation</i> - Progress Medical Workforce Transformation</p>	Medical Director	<p>People, Culture and Improvement Committee</p>  <p>Off Track – action underway to address major issues</p>	<ul style="list-style-type: none"> • Deliver Trust and ICB/ICS Agency Task Force Group measures • Specialties provide future workforce models by Qtr. 3 • Review NHSE workforce plan and put action plan in place in place within 2 months of publication. 	<p>Increased activity above plan has caused overspends on variable pay against plan</p> <p>The variable pay position remains under intense scrutiny via committee with established Divisional membership</p> <p>Activity Reports are now provided monthly to divisions along with a summary of potential saving opportunities and tracked through the MTP Ops Group</p> <p>Bespoke reporting has been developed to identify and understand variable hourly rates to support reducing medical agency expenditure.</p> <p>A Strategic Workforce Model to support long term medical staffing and reduce the use of agency workers is in development.</p>

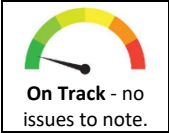

1.4b	<p><i>Progress Workforce Transformation</i></p> <p>'Progress Nursing, Midwifery & Allied Health Profession (NMAHP) workforce transformation</p>	Chief Nurse	<p>People, Culture and Improvement Committee</p> 	<ul style="list-style-type: none"> • Movement to sustainable use of agency usage starting with off framework/off cap • Month on month reduction in agency usage • Reduction of vacancies focusing on Band 5 Registered Nurses • Develop Allied Health Professional (AHP) Job Planning by Qtr.3 to meet Carter Review recommendations. • Annual Establishment review against current capacity completed by end of Qtr. 3 and development of longer term review process 	<p>During Q1 we have seen a significant reduction in the use of Level 3 escalation agency usage across our services. Several improvement initiatives have been implemented whilst ensuring safe staffing remains a priority. Enhanced rates of pay remain in place in selected high-priority areas alongside the allocated on-arrival workforce. These are continuously reviewed to ensure safety is met and sustainability is achieved.</p> <p>Focused resolution continues with the band 5 registered nurse vacancy deficit. The Trust is continuing with international recruitment and a business case has been approved to support an additional 70 registered nurses over the coming months. To ensure the continued momentum for recruitment remains a key driver bespoke recruitment events are being coordinated by the corporate nursing team with a fundamental focus being placed on student nurse engagement. Three events have been held during Q1 with the successful appointment of 24 substantive registered nurses, one operating department practitioner, and one bank registered nurse.</p> <p>The senior corporate nursing team is also supporting clinical divisions with the recruitment of 80 WTE to the priority over establishment areas of Castle Ward, Lindhurst Ward, and Chatsworth Unit. Several successful recruitment sessions have taken place at Mansfield Community Hospital in recent weeks and 96% of the registered nursing workforce required for Lindhurst and Chatsworth Ward have had offers made with approximately 67% of the nonregistered workforce also receiving offers. Recruitment support will continue to be provided but with a realigned effort to support Castle in the coming months.</p>
2.1	<p><i>Focus on Maternity Services ensuring babies have the best possible start in life</i></p>	Chief Nurse	Quality Committee	<ul style="list-style-type: none"> • Implementation of the single maternity oversight framework, completion of the CQC must do and should do actions. 	<p>For the Q1 update, assurance can be provided around the CQC "Must Do" actions in that the re-launch of triage was commenced on the 5th of June</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>		 <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> • Ensure smoking at time of delivery becomes part of our 'Business as Usual' through planning for 2024-25. • Optimisation and stabilisation of the preterm infant principles introduced. • Implementation of NHSE guidance on Equity and Equality. • Annual Establishment review against birth rate plus completed by end of Qtr. 3 and development of longer term review process 	<p>23 with a clear plan for monitoring and embedding.</p> <p>The MAST remains above the 90% trust set threshold and the planned trajectory remains on track for the training year 23/24</p> <p>The Three-Year Delivery Plan for Maternity and Neonatal Services (NHSE, 2023) was released on the 31st of March 23. The plan focuses upon four key themes:</p> <ul style="list-style-type: none"> • Listening to and working with women and families with compassion • Growing, retaining and supporting our workforce • Developing and sustaining a culture of safety, learning and support • Standards and structures that underpin safer more personalised and more equitable care <p>As a LMNS we have looked at local data and demand and have provisionally proposed an initial focus upon two key priority areas and aligned these to the ICS Integrated Care Strategy and the SFH priorities:</p> <ul style="list-style-type: none"> • Embedding the voice of women, birthing people and families and ensuring key learning from service users is the main driver in transforming our maternity and neonatal services. This includes but is not limited to development of MVP and NVP • Equity as the lens through which we view all areas of the LMNS – ensuring equity across our services and local population, with a focus on experience as well as outcomes using t localized data for Nottingham and Nottinghamshire
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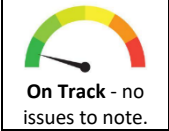
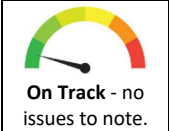
<p>2.2</p>	<p><i>Work with ICB partners to reduce health inequalities and prevention for those in greatest need</i></p> <p>agree our approach and programme of actions around Health Inequalities and prevention as a key strategic priority for the 24-29 strategy</p>	<p>Medical Director</p>	<p>Quality Committee</p>  <p>Off Track – action underway to address minor issues.</p>	<ul style="list-style-type: none"> 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 Commence Health Inequalities reporting to Quality Committee Qtr. 3 Agree with Board our approach to Health Inequalities and prevention and identify any gaps Qtr. 3 Work internally and with partners to develop SFH or Joint proposals that qualify for any new Health Inequalities Investment Funding (HIIF) by January 2024 	<p>SFH membership of ICS Health Inequalities Oversight Group has been confirmed.</p> <p>The ICB Health Inequalities and Innovation Investment Fund (HIIF) has been established and the JFP sets out further new funding for the HIIF over the 5 years of the plan.</p> <p>We have worked with system partners in developing 2023/24 HIIF proposals and formal confirmation of the first tranche of initiatives to be supported by this fund is expected in early August 2023. Proposals for 2024/25 will be developed as part of the 2024/25 planning process.</p> <p>Development work on ICS HI dashboard commenced ICB Joint Forward Plan signed off</p>
<p>3.1</p>	<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>	<p>Director of People</p>	<p>People, Culture and Improvement Committee</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework Quarterly exception reporting by the People, culture and Improvement Committee of the delivery of supporting actions Evaluate impact of Staff Networks by Qtr. 3 Evaluate 6 high impact actions by the end of Qtr. 4 Deliver 'closing the gap' action plans to improve experiences for our people with protected characteristics by end of Qtr. 4. 	<p>Organisational Culture Heat Map in development, with key metrics agreed – populated in Q1 and will be piloted in Q2 in line with Divisional People Committees being established.</p> <p>Employee feedback programme currently in development including 'TOM' (Thinking of Moving) proposal in development.</p> <p>Refresh of Reward and Recognition programme complete with new brochure in place and consistent approach to long service milestones and long service retirement. Face to face long service presentations for 25 years + long service to commence in Q2.</p> <p>NHS EDI Improvement plan launched in June 2023 with clear focus and objectives relating to 6 high impact actions enabling an opportunity to do more and do it better. Self-assessment currently being undertaken.</p> <p>National Staff Survey 2023 actively being planned for prior to launch in October 2023. Draft communications plan in place to commence from</p>

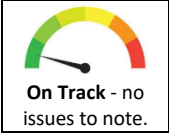
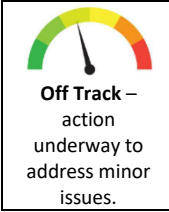
					August 2023 (soft launch) and higher profile comms from Sept 2023
3.2	<p><i>Retain talent through recognition and development, creating more flexible and varied roles.</i></p> <p>'Delivery of the "Growing for the Future" supporting actions in year 2 of the Trusts People Strategy 2022-2025</p>	Director of People	<p>People, Culture and Improvement Committee</p> 	<ul style="list-style-type: none"> On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework Quarterly exception reporting by the People, Culture and Improvement Committee of the delivery of the supporting actions Quarterly update to People Culture & Improvement Committee on where we are growing a future workforce. Recruit 20 external apprentices by end of Qtr. 3 Evaluate and further utilise the apprenticeship levy throughout 2023-24 (Ongoing) Talent Management approach / Leadership Development programme implemented by the end of Qtr. 4 	<p>Performance against MAST compliance has significantly improved, currently sitting at 91%. Performance has been above our target of 90% for the past 3 months. Performance against the appraisal target is currently at 90% which is an improvement on the previous month.</p> <p>Presentation of an Allied Health Professional (AHP) Tactical Workforce Plan to People, Culture and Improvement Committee. This plan highlighted the AHP workforce profile, enabling trends and risks to be identified, thereby enabling supporting plans to be developed to mitigate short, medium and long terms risks.</p> <p>A new Leadership Development Framework has been designed and has been widely engaged during Q1. This will go to TMT for approval on 26th July and does seek a small amount of investment. This work links the development of SFH 'talent' but a formal SFH Talent Strategy will be developed in line with our work with system partners.</p> <p>The appraisal paperwork has been redesigned and piloted in Q1 and will launch in Q2, further action to improve quality including spot audits.</p>
3.3	<p><i>Support our people's health and wellbeing needs, ensuring our people have the practical and emotional support they need to do their jobs.</i></p> <p>Delivery of the "Looking after our people" supporting actions in year 2 of the Trusts People Strategy 2022-2025.</p>	Director of People	<p>People, Culture and Improvement Committee</p> 	<ul style="list-style-type: none"> On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework Quarterly exception reporting by the People, Culture and Improvement Committee of the delivery of the supporting actions Develop cultural insights to support improved experiences for our people at SFH (Ongoing/by Qtr4.) 	<p>Industrial action Wellbeing support in place across the Trust; Rest Rehydrate and Refuel message, offer of free snacks and drinks for all staff along with wellbeing walk arounds.</p> <p>Trust Health and Wellbeing strategy being developed with Wellbeing, Occupational Health and Health and Safety colleagues utilising the NHS Wellbeing framework. On track to be in place by Q3 2023.</p> <p>Fundamental Wellbeing needs audit taking place and will be completed by September 2023 to assess basic</p>

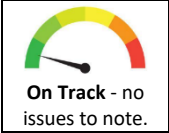
				<ul style="list-style-type: none"> Introduce a Health & Wellbeing Strategy by Qtr. 3 Measure the effectiveness of our Health & Wellbeing offer including Vivup and Occupational Health by Qtr. 3 	<p>needs across the Trust and gaps to be identified such as limited to access to hot drink and food provision, hot drink facilities, access to water and rest areas etc.</p> <p>BHVA group review taken place in Q1 with a view to more focused new group being launched in Q2</p> <p>TRIM practitioners have been trained during June with senior practitioner training in July. TRIM steering group meeting has commenced in Q1 and on track to roll out pilot during Q3</p> <p>Review of Schwartz round offer – increased numbers in attendance by targeting rounds in existing forums e.g. nurse development day</p>
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 major issues</p>	<ul style="list-style-type: none"> Roll out EPMA to remaining areas by end of Qtr. 4 Commence Stabilisation during Qtr2 	<p>EPMA rolled out to 80% Trust in patient areas as per Business Case</p> <p>Prioritisation agreed for next phase, 20% non-standard areas: paediatrics, maternity, critical care</p> <p>Funding agreed and allocated, resource yet to be identified</p> <p>EPMA stabilisation project adopted into Nervecentre working group</p> <p>Risk management process agreed for digital risks and will report into Risk Committee</p>
4.1b	<p><i>Use new technology to improve our service offers for our people, patients and carers and the wider populations served by SFH</i></p> <p>Develop EPR (Electronic Patient Records) business case</p>	Medical Director	<p>Quality Committee</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> Submission of business case Qtr. 2 Approval dependent commencement of recruitment Qtr. 3 	<p>Pre-market supplier engagement exercise launched, concluding August</p> <p>Draft business case ready to be populated with feedback from benefits reviews and pre-market engagement</p> <p>Benefits planning sessions progressing across stakeholders, concluding Q2</p> <p>Approval dependant commencement of recruitment brought forward to Q2</p>

					<p>On track to submit OBC in October 2023</p> <p>Slip from Q2 to early Q3 to comply with NHSE Frontline Digitisation funding requirements</p>
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>	<p>Medical Director / Chief Nurse</p>	<p>Quality Committee</p> 	<ul style="list-style-type: none"> Develop Patient Safety Incident response Framework (PSIRF) by end of Qtr. 2 Implement PSIRF approach to match national patient safety framework during Qtr. 3 In Qtr.4 set out the plan to embed this in 2024-25 	<p>The Components of PSIRF are set out below:</p> <p>Patient Safety Incident response planning – Complete</p> <p>Policy, planning and oversight – Patient Safety Incident Response plan written and awaiting sign off. Policy underway</p> <p>Competence and capacity – Investigator training underway. Oversight training scheduled for July</p> <p>Engagement and involvement of those affected by patient safety incidents – Family Liaison Officer recruited. 1 Patient Safety Partner recruited, and recruitment is ongoing.</p> <p>On track for a go live with PSIRF in Q2, ahead of schedule</p>
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>	<p>Director of Strategy and Partnership</p>	<p>People, Culture and Improvement Committee</p> 	<ul style="list-style-type: none"> Fortnightly matrix meetings established from early Qtr. 1, incorporating all teams for whom improvement is a component of their role. 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. By the end of Qtr. 2 a physical Improvement Faculty office to be created for the colocation 	<p>Fortnightly matrix meetings have been established – the ‘Improvement Advisory Group’. These meetings commenced in May 2023.</p> <p>All aspects of the Trusts Transformation and Efficiency Programme have been assessed by the Improvement Faculty. As a result, three areas of the Programme are now subject to a ‘stocktake’ review. These reviews have all been led by the respective Executive Sponsor.</p> <p>The Improvement Faculty ‘Hub’ has now been</p>

				<p>of the Transformation and Improvement Teams plus hot desk availability for other teams involved in the Faculty's work.</p> <ul style="list-style-type: none"> 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. 	<p>created (which hosts the Transformation and Improvement Teams plus has hot desk availability).</p>
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> 	<ul style="list-style-type: none"> A Financial Resources Oversight Group will be established by the end of Qtr. 1. Use of Resources reviews undertaken by the end of Qtr2, to better understand where and how we spend our resources. By the end of Qtr. 3 multi-year divisional budgets will be established. We will have investment plans and financial efficiency plans for 2024-25 and beyond in place by Qtr. 4. Establishment of a Strategic Procurement plan alongside ICS partners. 	<p>Enhanced financial governance established in Q1, including:</p> <ul style="list-style-type: none"> Bi-monthly finance focussed Divisional Performance Review meetings Bi-weekly CFO attendance at Divisional General Manager meetings Drafted Divisional Finance Committee Terms of Reference <p>The Terms of Reference for the Financial Resources Oversight Group are still to be confirmed considering the above forums being established.</p> <p>Strategic Procurement collaboration with ICS partners is progressing. Steps taken so far include:</p> <ul style="list-style-type: none"> A shared data portal where we can compare prices paid and review contract end dates across the ICS Monthly meetings with the Heads of Procurement to discuss potential projects Successful joint procurements in areas such as Pathology, IT and temporary staffing Joint access to the Graduate Training Scheme to ensure that there are now three procurement graduate trainees across the system

					Future Strategic Procurement developments will include joint work plans, procurement strategies and sustainability strategies.
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> 	<ul style="list-style-type: none"> Improvements evidenced in key metrics (including energy and water consumption, waste and carbon emissions). Annual Green Plan report to Board in Q3. BAF PR8 score maintained or reduced. Funding secured to progress Energy Reduction Projects. 	<p>Sustainable Development Strategy Group (SDSG) met w/c 26th June with revised, tighter, membership. SDSG approved Sustainable Development Operational Group (SDOG) Terms of Reference.</p> <p>Inaugural SDOG met w/c 3rd July. Net zero BAF PR8 score reviewed and workstream leads identified. SDOG updated on net-zero cases presented to Capital Resources Oversight Group (CROG) for investment.</p> <p>Work progressing on due diligence of the Public Sector Decarbonisation Scheme application to determine deliverability.</p>
5.3	<p><i>Enhance the utilisation of the SFH estate to support the delivery of outstanding care in the best place.</i></p> <p>Complete a comprehensive space utilisation review of all Trust sites to underpin delivery of the Estates Strategy, develop a multi-year capital investment programme, and work with system partners to find solutions to long-standing estate challenges.</p>	Chief Financial Officer	<p>Finance Committee</p> 	<ul style="list-style-type: none"> 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. Completion of the key capital schemes in line with planned timescales and budgets. Multi-year capital investment programme in place. Business cases prepared for future development opportunities. 	<p>Space Utilisation report for Newark Hospital has concluded. The findings and opportunities have been shared with the Site Leadership team for review. First meeting held w/c 10th July to discuss opportunities and Project Initiation Documents (PIDs) required to progress.</p> <p>Substantive Space Utilisation Officer out to advert w/c 15th July 2023.</p> <p>Working groups established for key capital schemes, with updates reported through Executive Team and Capital Resources Oversight Group (CROG).</p>

					Proposal for multi-year capital investment plan supported at Trust Management Team (TMT) and scheduled for Finance Committee consideration (July 2023).
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> 	<ul style="list-style-type: none"> On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework. Quarterly exception reporting by the People, Culture and Improvement Committee of the delivery of the supporting actions Delivery tactical people plans by Qtr. 1 Develop workforce transformation to deliver Newark Transformation Investment Funding (TIF) by July 23 and Mansfield Community Diagnostics Centre (CDC) by Qtr. 2 Design and understand interfaces between People and Transformation programmes to support financial improvements by end of Qtr. 4. 	<p>We have revised the metrics in the SOF for 2023/24 and are due to report on these in July 23, these developed metrics will allow us to give a focus and clarity on our people metrics</p> <p>Where we have noted variance against statistic norms we will continue to report, and where needed conduct 'deep dives' to explore underlying issues</p> <p>We have developed tactical people profiles that we will present in Julys DLT, and send out to all services lines, these will be used in conjunction with the development the division clinical strategies</p> <p>We have recruited to all post (except 2 pharmacy post) Services has put rota mitigations in place while we continue to support recruitment across these difficult to recruit posts.</p>
6.1b	<p><i>We will embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.</i></p> <p>As a Nottingham and Nottinghamshire provider collaborative we will identify and deliver opportunities to improve how we work together with colleagues and services outside of SFH.</p>	Director of Strategy and Partnership	<p>Executive Team Meeting</p> 	<ul style="list-style-type: none"> 2023-24 Provider Collaborative at Scale (PC@S) Prospectus agreed during Qtr. 1 PC@S Maturity Matrix Completed and action Plan in place by Qtr. 2 2023-24 PC@S areas of focus refreshed and agreed for 2024-25 by the end of December 2023 	<p>The description of the Provider Collaborative at Scale, its priorities and its mission statement have been agreed for the prospectus however work is ongoing within the system to develop the underpinning detail for the delivery of the Urgent Care and People priorities which is required to finalise the prospectus.</p> <p>It is expected that this system clarity will be in place by September and that following this the prospectus will be published.</p>

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 & 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>	<p>Director of Strategy and Partnership</p>	<p>Executive Team Meeting</p> 	<ul style="list-style-type: none"> Engagement plan in place by the end of May 2023 Draft 'Consultation' Strategy completed for 5th October Board Board Approval of Strategy - 4th Jan 24 Clear set of priorities and actions for Year 1 agreed with Board during Qtr. 4 (updated annually) 2024-29 Strategy launched Qtr. 4 2024 	<p>Engagement commenced June 2023 initially with Trust Membership and subsequently expanded to other groups in line with plan.</p> <p>Agreement made to move date for Draft Strategy from 5th October Board to the Trust Board Time Out on 25th October to allow more time for consideration of the Draft.</p> <p>Drafting of the plan will reflect engagement feedback and set out the Trust ambitions with further engagement and feedback sought on the draft strategy following discussion at the Board Time Out.</p>
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