

Strategic Objective	Over the next five years we will.....	In 2019/20 our progress will be....	Q2 Update	RAG	Committee Oversight	Executive Lead	
1	<i>Give patients, carers and families a positive experience</i>	An increase in the opening hours and number of patients treated by our Ambulatory Emergency Care Unit	Our AECU is now open 7am - midnight during the week (compared to 7am - 10pm prior to winter 18/19) and 8am - 8pm at weekends. YTD 18/19 = 2,732 patients YTD 19/20 = 3,768 patients		Quality	SiB	
		A reduced volume of patients cancelled within six weeks for non-clinical reasons	YTD 18/19 = 3.6% YTD 19/20 = 3.7%		Quality	SiB	
		A Friends and Family Test (FFT) with an average >98% recommendation for Inpatient and Maternity Care and >94% recommendation for A&E and an increased sample rate to upper quartile for both	YTD Recommendation rates: · Inpatient = 97.5% · Maternity = 93.0% · A&E = 91.4% YTD Response rates: · Inpatient = 33.8% (target = 24.1%) · A&E = 12.3% (target = 12.8%)		Quality	AH	
	<i>Provide safer and clinically effective care</i>	A reduction in the number of Serious Incidents by 50% with the aim of becoming the lowest for any East Midlands acute Trust	STEIS reportable incidents: YTD 18/19 = 16 YTD 19/20 = 15		Quality	SuB	
		Never events reduced by 50% with the aim of having none	YTD 18/19 = 1 YTD 19/20 = 1		Quality	SuB	
		Benchmarking in the top quartile for lowest readmission rates for non-elective care	Due to the lag in benchmarking information being accessible through Dr Foster, only April data is available. Update to be provided in Q3 when the whole of Q1 will be available.		Quality	SiB	
	<i>Improve coordination across health and social care</i>	85% of patients at the end of their life discharged to their preferred place	Across mid-Nottinghamshire: Q1 = 79% Q2 = 81%		Quality	SuB	
		Working with partners to increase the number of patients who safely receive their rehabilitation at their home	HFID programme started on 20/5/19 with community partners, but the results have been slow to be delivered so far during Q2. New leadership team has been put in across the services to try to improve the number of complex discharges who return to their usual place of residence for rehabilitation rather than be admitted to bedded rehab care		Quality	SiB	
			At least 80% of people admitted to our hospitals who smoke offered funded tobacco treatment services	Q1 - 75% of current smokers were offered NRT (based on an audit of 100 notes)		Quality	SuB

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<i>Support people to have healthier lifestyles</i>	Our Health Heroes programme launched, to promote health and wellbeing amongst colleagues and this will support an improvement in the colleagues' health and wellbeing survey scores	Three training days for health heroes scheduled for November and December, with 26 people already signed up.		People, OD & Culture	CT
	Making it easier for colleagues and patients to travel to Sherwood hospitals in ways that support a healthier lifestyle and the environment	New car parking permit scheme went live in September 2019. New bus commuter schemes in place with Stagecoach and Trent Barton, giving staff a reduced fare on regular bus travel, to encourage a greener mode of transport.		People, OD & Culture	RM
<i>Help to improve mental wellbeing including reducing loneliness</i>	The rate of colleagues off due to anxiety, stress or depression will be no more than 0.8% of our overall sickness absence	At the end of Q2, year to date performance was 0.95%		People, OD & Culture	CT
	An increase to the number of requests to the Employee Assist Programme	Q1 - 39 employees had accessed the EAP service Q2 - Data not yet available		People, OD & Culture	CT
	As a supporter of the "Campaign To End Loneliness" we will take practical steps to reduce feelings of loneliness	Group established to take this forward including partnership with the CCG as part of the ICP. Trust signed up to campaign to end loneliness. Group to target support working age so that we can capture our Trust staff as employees. Exploring promotion events in partnership, ICP wide		Quality	SuB
	Community gardens opened producing fresh fruit and vegetables on our three hospital sites	Q2 has seen donations and fundraising to support the community garden projects. A 'big dig' is scheduled for October, to plant donated bulbs.		Quality	RM
<i>Work with partners to reduce health inequalities for those in greatest need</i>	Working with partners to expand our street health programme	Shortlisted for the Nursing Times awards October 2019. Presentations to Derbyshire ICS, Safeguarding Adult Board and scheduled to present to the ICP Staying Healthy group in November. Trust asked to contribute to the JSNA on the homeless section. £15k funding from the District Council to support additional tissue viability clinics		Quality	SuB
	Measureable outcomes developed with partners	An ICS outcomes framework has been developed, which includes ambitions, outcomes and measures. 73 'measures' have been developed enabling a regular assessment of the impact of the work of the ICS.		Quality	SuB AH
<i>Attract and retain the right people</i>	A 10% vacancy rate for band 5 registered nurses by the end of the year	End of year measure only.		People, OD & Culture	CT
	Agency spend within the NHSI limit	Year to date, agency expenditure is £2m below the ceiling		People, OD & Culture	CT
	Colleague turnover below 0.90 per month	At the end of Q2, year to date performance was 0.85%		People, OD & Culture	CT
	<7.3% of colleagues who are temporary	At the end of Q2, year to date performance was 7.3%		People, OD & Culture	CT

3	<i>Have an engaged, motivated and high performing workforce</i>	Staff survey scores as follows: <ul style="list-style-type: none"> • In top five acute Trusts for overall engagement • In top five acute Trusts for colleagues motivation at work • In the top five acute Trusts for colleagues recommending Sherwood as a place to work or receive care • +65% response rate • <7% staff experiencing discrimination at work • In the top five acute Trusts for the quality of our appraisals • In the lowest 20% of acute Trusts for colleagues feeling unwell due to work related stress 	End of year measure only.		People, OD & Culture	CT
		The WRES (Workforce Race Equality Standard) and new WDES (Workforce Disability Equality Standard) used to better understand the experiences of all our colleagues and action taken where required.	The WRES and new WDES were signed off at the People OD and Culture Committee in July 2019		People, OD & Culture	CT
	<i>Develop and nurture our teams of colleagues and volunteers</i>	At least 70 apprentices in post	118 apprenticeships are currently being undertaken across the Trust as of the end of Q2 2019.		People, OD & Culture	CT
		Appraisal compliance at 95%	At the end of Q2, performance was 95%		People, OD & Culture	CT
	4	<i>Adopt evidence based best practice</i>	Good practice learned and shared through our 'buddying' relationship with Queen Elizabeth Hospital King's Lynn	We are supporting QEHL with their governance, CQC preparation, clinical leadership and change management in particular. Colleagues have visited KL and KL colleagues have been here. We continue to check that no one individual or team are overstretched and we have an agreed contract with NHSI for the work we are doing.		Executive Team
90% of our clinical specialties with their compliance assessed with NICE guidelines			YTD = 69% of assessments completed and returned within the required 3 month deadline		Quality	AH
<i>Make the best use of information and digital technology</i>		Paper-based patient assessments replaced with electronic ones, as a step towards digitised patient health records	Q2 has seen the embedding of the initial assessments, learning from these has been used to guide best route to wider assessment transformation		Executive Team	DS
		Our electronic prescribing system purchased and built, in preparation for rollout in 2020	Proposal developed and presented to Executive Team, with decision made on the way forward. Business case progressing through internal governance		Executive Team	DS
		A refreshed digital strategy	New Digital Strategy Group launched, chaired by Deputy Medical Director. Engagement on new strategy commenced. Prioritisation and costing to be done in Q3 before launching in 2020.		Executive Team	DS

		Improved information sharing between health and social care professionals, citizens and patients so that better decisions are made about care and treatment	Achieving an agreed contract with the supplier has been slower than hoped, in part due to complexities with the National App link development. This is expected to be resolved imminently and preparatory work at Trust and ICS level continues at pace.		Executive Team	DS
	<i>Use research, innovation and improvement for the benefit of our communities</i>	An increase in the number of people participating in research	YTD 18/19 = 2,079 YTD 19/20 = 1,355 (Q2 of 18/19 included a particularly high recruiting study, which explains the difference between the two years.)		Quality	AH
		A location identified for a dedicated research facility, to enable a broader research offer	R&I included in Medicine business case for utilisation of space in clinic 9. Due to go to the Executive Team for a decision in Q3.		Quality	RM
5	<i>Become financially sustainable</i>	A reduced deficit and our financial target met	Financial Plan met as at Q2 and forecast to achieve in full year. Deterioration in underlying deficit due to non recurrent actions.		Finance	PR
		Our Financial Improvement Plan delivered on a recurrent basis, demonstrating we have become more efficient	Financial Strategy approved and consistent with ICS plan. NHSI trajectories received and Strategy being updated for congruence.		Finance	PR
		Financial delivery measured at a Mid Nottinghamshire level	ICP Financial Plan and transformation programme in place.		Finance	PR
	<i>Work with our partners across Nottinghamshire to deliver efficiencies</i>	A redesigned outpatients service and reduced number of unnecessary patient visits created by working with commissioners	Year to date, our work has identified 20,000 face to face appointments that are not required or can be provided in a different way or setting up to the end of March 2020. Full year effect of schemes is a 35,000 reduction in face to face outpatient appointments		Finance	SB
		Multi-year plans developed with partners to improve efficiency, based on available benchmarking information	System wide benchmarking process under development.		Finance	PR
	<i>Maximise the use of all our resources</i>	>£10m invested in our estates, equipment and IT, including the purchase a state of the art Gamma Scanner, supported by charitable funds	YTD expenditure is £2m against plan of £2.014m. This includes £469k on laptop and PC replacement, £147k on medical equipment and £136k on estates works		Finance	PR
		A refreshed estates strategy including a developed plan for the renewal of our theatres and critical care unit at King's Mill Hospital	Estates strategy refresh discussion at October Board. Strategic Outline Case for Theatres and Critical Care project approved at September Board. OBC due early 2020.		Executive Team	RM
		The improved financial efficiency of our services	Best Value Review process now implemented.		Finance	PR