

# Sherwood Forest Hospitals NHS Foundation Trust (SFH) 2022-23 Strategic Priorities Quarter 3 Update

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## 1. Summary – ‘Q3 Position on a Page’

Ref	2022/23 Trust Priority	Executive Lead	Overall RAG Qtr. 1	Overall RAG Qtr. 2	Overall RAG Qtr. 3	Change to Previous Qtr.
1.1	Develop an action plan to re-launch Family and Friends feedback, plus develop a framework for assurance (on actions taken).	Chief Nurse				↔
1.2	Improve the Quality and Safety of the services we provide to children with complex needs.	Medical Director	Update will be provided in Q2			↔
1.3	Achieve the levels of waiting times as identified in the 2022/23 plan and trajectories.	Chief Operating Officer				↔
1.4	Work with all partners to reduce the number of patients who are delayed moving to their onward destination outside of SFH.	Chief Operating Officer				↔
2.1	Delivery of the SFH Green Plan and provide support to deliver the ICS Green Plan.	Chief Financial Officer				↔
2.2	To embed and enhance the current offer of support regarding the Mental and Physical Wellbeing of our Colleagues.	Director of People				↔
2.3	Design and deliver a recruitment and retention programme for maternity; to right size the service and enable the delivery of the Continuity of Carer Health Inequalities service delivery model (Maternity Transformation).	Chief Nurse				↔
3.1	Develop and Implement a Strategic workforce Plan for SFH in collaboration with the ICS.	Director of People				↔

### Overall RAG Key

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

Ref	2022/23 Trust Priority	Executive Lead	Overall RAG Qtr. 1	Overall RAG Qtr. 2	Overall RAG Qtr. 3	Change to Previous Qtr.
3.2	Respond to the 2021 NHS Staff Survey. Identify Key Focus Areas.	Director of People				↔
4.1	Successfully implement and optimise the use of EPMA.	Medical Director				↓
4.2	Develop a refreshed Digital Strategy.	Medical Director				↓
4.3	To introduce an Innovation Hub across the Mid Notts Place Based Partnership.	Director of Strategy & Partnerships				↑
5.1	Delivery of the SFH Transformation & Efficiency Programme that supports the delivery at PCB/ICP level.	Chief Financial Officer				↔
5.2	Be a key partner in the development of the Provider Collaborative.	Chief Executive Director of Strategy and Partnership				↔
5.3	Shape and define a new SFH Trust 5-year strategy (2023-2028) working with ICS partners.	Director of Strategy and Partnership				↔
5.4	Continue to progress Pathology Network initiatives alongside NUH (and across the region where required).	Director of Strategy and Partnership				↔

**Overall RAG Key**

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

**2. Detailed Quarter 3 Update**

Ref	2022-23 Trust Priorities	Executive Lead	SFH Governance	Measures of Success	Quarter 3 Update																															
1.1	<b>To Provide Outstanding Care</b> - Develop an action plan to re-launch Family and Friends feedback, plus develop a framework for assurance (on actions taken).	Chief Nurse	Quality Committee	<ul style="list-style-type: none"> <li>Action plan developed to re-launch Family and Friends feedback</li> <li>Establish assurance framework by the end of Qtr 3</li> </ul>	<ul style="list-style-type: none"> <li>The key highlight in this update is the introduction of the under 16s survey on ward 25, CAU, community paediatrics and paediatrics at both Newark and Kings Mill. It currently is not possible to interrogate the data to identify under16s in isolation.</li> <li>Volunteers continue to assist and engage with FFT collection, data input and escalating concerns to the Patient Experience Team. We are working to improve engagement in lower scoring areas.</li> <li>Work continues in collaboration with clinical illustrations to roll out the QR codes across the organisation.</li> <li>We now have 164 staff users on the system and training continues.</li> <li>Our systems have recently been updated to incorporate questions on virtual appointments, seeing automatic reports being generated for monitoring weekly feedback.</li> <li>Reports are generated monthly and sent to divisions. We have engaged with:</li> </ul> <table border="1"> <thead> <tr> <th>Area</th> <th>October</th> <th>November</th> </tr> </thead> <tbody> <tr> <td>ED</td> <td>online 1264</td> <td>SMS 1 online 1257</td> </tr> <tr> <td rowspan="2">Inpatient</td> <td>smartphone 199</td> <td></td> </tr> <tr> <td>paper 43</td> <td>paper 159</td> </tr> <tr> <td></td> <td>online 1732</td> <td>online 1933</td> </tr> <tr> <td>Maternity-birth</td> <td>online 44</td> <td>online 40</td> </tr> <tr> <td>Care on post-natal</td> <td>8 online</td> <td>10 online</td> </tr> <tr> <td>Postnatal community provision</td> <td>5 online</td> <td>8 online</td> </tr> <tr> <td rowspan="2">Outpatients</td> <td>62 paper</td> <td>Paper 26</td> </tr> <tr> <td>2203 online</td> <td>online2720</td> </tr> <tr> <td></td> <td></td> <td>SMS 1</td> </tr> </tbody> </table>	Area	October	November	ED	online 1264	SMS 1 online 1257	Inpatient	smartphone 199		paper 43	paper 159		online 1732	online 1933	Maternity-birth	online 44	online 40	Care on post-natal	8 online	10 online	Postnatal community provision	5 online	8 online	Outpatients	62 paper	Paper 26	2203 online	online2720			SMS 1
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1.2	<p><b>To Provide Outstanding Care</b> - Improve the Quality and Safety of the services we provide to children with complex needs.</p>	Medical Director	Quality Committee	<ul style="list-style-type: none"> <li>• Appoint SFH lead to lead transition of complex paediatric patients into adult service via MDT forum by the end of Q2 2022/23</li> <li>• Support ICB to link SFH, NHCT and NUH transition MDTs by the end of Q3 2022/23</li> <li>• Develop business case for ICB wide transition nurse specialist team to support parents, patients and service development by the end of Q4 2022/23</li> </ul>	<ul style="list-style-type: none"> <li>• ICB business case progression delayed as a result of critical incident with meetings cancelled</li> <li>• In house bereavement service considerations on-going but no funding stream yet identified</li> </ul>
1.3	<p><b>To Provide Outstanding Care</b> - Achieve the levels of waiting times as identified in the 2022/23 plan and trajectories.</p>	Chief Operating Officer	Quality Committee	<ul style="list-style-type: none"> <li>• 'Timely care' SOF metrics to be presented to Trust Board of Directors, which will illustrate performance (reported monthly) <i>(Note: this will also include system performance metrics)</i></li> </ul>	<ul style="list-style-type: none"> <li>• Key SOF metrics relating to the delivery of timely care on the emergency pathway are rated Red. During Q3 there has been a deterioration in some of the key emergency pathway metrics. We have seen high demand on our services with growing numbers of Covid-19 and Flu patients during the quarter. G&amp;A bed occupancy has remained high together with the number of patients in hospital whilst medically safe for transfer. The end of Q3 (post-Christmas period) was exceptionally challenging with surge actions and capacity enacted.</li> <li>• Key waiting time standards tracked through the relevant Steering Groups with Trust Board oversight within the SOF performance report. The Steering Groups meet at least monthly and track key pieces of improvement work including the Optimising the Patient Journey Programme.</li> <li>• Achievement of key SOF metrics relating to the delivery of timely elective care have been variable. There are positives (Green-rated items), for example, PIFU performance and maintaining zero 104ww; but also Red-rated items such as growth in the overall incomplete RTT waiting list size and higher than planned levels of 78ww patients.</li> <li>• Weekly Patient Tracking List (PTL) processes remain in place across planned care (elective and cancer) to monitor and act upon any issues in delivering timely patient care in line with local and national standards.</li> </ul>

					<ul style="list-style-type: none"> <li>Key SOF metrics relating to the delivery of timely cancer care have been strong (green-rated) with continued strong performance against the 28-day faster diagnostic standard and the 62-day backlog reducing during Q3 to close in Dec-22 just below trajectory. There remain challenges within specific tumour sites adversely impacting on metrics such as cancer 2ww standard (e.g. challenges due to high demand in our skin service).</li> </ul>
1.4	<p><b>To Provide Outstanding Care</b> - Work with all partners to reduce the number of patients who are delayed moving to their onward destination outside of SFH.</p>	Chief Operating Officer	Quality Committee	<ul style="list-style-type: none"> <li>'Timely care' SOF metrics to be presented to Trust Board of Directors, which will illustrate performance (reported monthly) <i>(Note: this will also include system performance metrics)</i></li> </ul>	<ul style="list-style-type: none"> <li>Medically safe for transfer data routinely presented to Trust Board in the SOF.</li> <li>The local position continues to remain significantly above the agreed threshold of 22 delayed patients. The position significantly worsened during Q2 (peaking in Sep-22) which was directly linked to capacity issues within adult social care and care agencies. The position during Q3 remains relatively stable.</li> <li>Additional winter capacity remains open with additional surge capacity used during times of exceptional pressure. At the most pressured times however this has not been sufficient to enable timely flow out of ED and through the acute bed base.</li> <li>The roll out of Virtual Wards for early supported discharge commenced in Q3; but was paused in Dec-22 to ensure appropriate clinical systems were in place to effectively monitor patients. The Respiratory Virtual Ward relaunch is planned for Jan-23.</li> <li>The system D2A business case and trajectory were signed off in Q2; however, in Q3 there</li> </ul>

					has been no clear and material sign of improvement. The SFH Transfer of Care Hub opened in Q3 which has significantly improved communication between system partners to expedite discharge to the most suitable care environment.
2.1	<b>To Promote and Support Health and Wellbeing</b> - Delivery of the SFH Green Plan and provide support to deliver the ICS Green Plan.	Chief Financial Officer	Executive Team Meeting	<ul style="list-style-type: none"> <li>Embed Environmental Impact Assessment into all planning and investment case process by end of Q2 2022/23</li> <li>Evidence that the SFH Green Plan has been promoted internally and externally, including public commitments by the Trust Board of Directors.</li> </ul>	<ul style="list-style-type: none"> <li>Environmental Impact Assessment incorporated in the standard business case template and considered as part of the decision making process.</li> <li>Green Plan update from December 2022 indicates that:             <ul style="list-style-type: none"> <li>2022 should demonstrate a 48% reduction in carbon emissions against our baseline year of 2014.</li> <li>Predicted carbon emissions for 2022 indicate a 6.2% decrease in total emissions since 2021.</li> <li>SFH is proud to report Zero use of Desflurane Anaesthetic gas to date in 2022/23. The national NHS target is less than 5% use'.</li> <li>A core working group has been formed to address medical gas waste &amp; leakage (Nitrous Oxide &amp; Entonox).</li> </ul> </li> </ul>

					<ul style="list-style-type: none"> <li>○ The Hope Orchard project has resulted in over 270 trees being planted since its inception in March 2021.</li> <li>○ The Trust's Green Plan Action Plan has been populated with all actions that have been carried out, underway and yet to be undertaken on a traffic light system.</li> <li>○ Sustainable Development Steering Group (SDSG) Terms of Reference, Agenda and Action plan tracker have been created to allow this group to gather in Q4 to map out an Operational Management Group which will oversee the allocation of Green Plan Action Plan tasks for the 11 key chapters within our Green Plan.</li> <li>○ Heathier Futures Grant applications x 4 (Bus Stop on site @ KMH, Cycle to Work Bike lockers 1 x KMH &amp; 1 x Newark , Equipment to facilitate Walking Aid Reuse Scheme. All applications unsuccessful October 2022. However NHS England Procurement Team viewed the walking aid reuse programme as a model for other trusts and offered financial and administrative support in setting this up in November 2022.</li> <li>● Awaiting a decision regarding the SFH bid submission to Phase 3b of the Public Sector Decarbonisation Scheme (PSDS) to support heat decarbonisation and energy efficiency schemes (Decision likely in Q4 2022/23).</li> <li>● PID submitted for 2 Bus Shelters to be sited within the grounds of KMH, agreement in principle from COG, but awaiting sufficient funds to be available.</li> </ul>
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					<ul style="list-style-type: none"> <li>Further activities planned: <ul style="list-style-type: none"> <li>Review of published ERIC (Estates Return Information Collection) data to assess performance compared to peers (Q4)</li> <li>Plans underway to deliver in January 2023 'Fresh Start for January' Initiative (Veganuary) featuring Health, Wellbeing and Awareness for staff and patients.</li> <li>SFH Thermal Survey scheduled for Q4 to assess areas of heat loss from our buildings, this project was funded via ICS grant secured in 2022.</li> <li>Securing quotations for expansion of the Electric Vehicle charging facilities at KMH.</li> </ul> </li> <li>Discussions held with ICS representative to standardise sustainability training for staff, management and Board of Directors. Plans to construct training and possibly deliver by the end of Q4 or perhaps into Q1 2023/24.</li> </ul>
2.2	<p><b>To Promote and Support Health and Wellbeing</b> - To embed and enhance the current offer of support regarding the Mental and Physical Wellbeing of our Colleagues.</p>	Director of People	People, Culture and Improvement Committee	<ul style="list-style-type: none"> <li>Staff health and well-being SoF metrics to board each month (On-going)</li> <li>Introduction of a dedicated Health and Wellbeing Approach by the end of Q2 2022/23</li> <li>Embedded Health and Wellbeing Approach by the end of Q4 2022/23</li> </ul>	<p>Wellbeing framework engagement from key stakeholders has identified areas of focus including supporting Managers and Leaders to model Wellbeing and support their colleagues. This will inform areas of focus for Wellbeing Strategy.</p> <p>Wellness Campaign programme commenced with focus on 3 key areas</p> <p><i>Financial Wellbeing</i></p> <ul style="list-style-type: none"> <li>Citizen Advice Bureau have attended site to support staff with advice and guidance with positive engagement and uptake. Open appointments are available for staff to access Citizen advice off site. Financial Wellbeing leaflet developed, Talk Money week focus, Team Brief focus on Financial Wellbeing. Medirest offer of 50% off hot food at level 6</li> </ul>

					<p>“Spice of Life” till 31<sup>st</sup> March 2023.</p> <p><i>Mental Wellbeing</i></p> <ul style="list-style-type: none"> <li>Stress Awareness week focus, Resilience and mindfulness training implemented, National Grief week recognition, Domestic abuse training offered</li> </ul> <p><i>Physical Wellbeing</i></p> <ul style="list-style-type: none"> <li>Movember campaign supporting Mens Health messaging</li> <li>Wellbeing Champion led Physical Activity Advent Calendar</li> </ul> <p><i>Critical Incident</i></p> <ul style="list-style-type: none"> <li>People Directorate and Wellbeing team supported walkarounds at peak times to provide wellbeing support with focused message on rehydrate and refuel</li> <li>Chaplains provided pastoral care to all staff during this time</li> <li>Pilot of Enhanced Rest Rehydrate and Refuel messages at time of critical incident. This included distribution of a food and drink provision to key identified areas</li> </ul> <ul style="list-style-type: none"> <li>Financial Wellbeing group established to support with proposals and initiatives to support staff financial wellbeing through winter. Initiatives include consideration of food banks, exploration of hardship funds, buy a meal/drink scheme. Work with VISION West Nottinghamshire College has led to a Make Your Money go Further with Maths Course. Delivery planned for Quarter 4.</li> <li>Menopause conference delivered in person and streamed online with topics including HRT, male menopause, Physiotherapy and Psychological support along with some real stories from our colleagues’ experiencing symptoms of the Menopause. 90 attendees from Sherwood Forest and additional colleagues from the ICS. Colleagues rated the conference an average of 9.7 out of 10.</li> <li>Monthly peers support sessions called “Take a</li> </ul>
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					<p>Pause to talk about Menopause” have been attended by up to 47 different colleagues.</p> <ul style="list-style-type: none"> <li>• Schwartz rounds continue with focused session on Disability Awareness to coincide Disability History month. This supported staff psychological wellbeing across the whole organisation.</li> <li>• Festive Thank You for all staff – free hot drink and mince pie with support from Voluntary Services.</li> <li>• Additional Clinical Psychology support in place within Clinical Psychology team.</li> </ul>
2.3	<p><b>To Promote and Support Health and Wellbeing</b> - Design and deliver a recruitment and retention programme for maternity; to right size the service and enable the delivery of the Continuity of Carer Health Inequalities service delivery model (Maternity Transformation).</p>	Chief Nurse	Quality Committee	<ul style="list-style-type: none"> <li>• Delivery of Ockenden recommendations for Continuity of Carer (by end of Q4 2022/23)</li> </ul>	<ul style="list-style-type: none"> <li>• We remain in a state of pause in relation to MCoC delivery. During this time we are focussed ensuring the building blocks continue to be established both locally in Sherwood and regionally as partners in the LMNS.</li> <li>• The steps continue to be around suitable recruitment, retention and developing relationships to delivery hub working</li> <li>• We have a joint plan agreed with NUH through the LMNS that reflects this.</li> </ul>
3.1	<p><b>To Maximise the Potential of our Workforce</b> - Develop and Implement a Strategic workforce Plan for SFH in collaboration with the ICS.</p>	Director of People	People, Culture and Improvement Committee	<ul style="list-style-type: none"> <li>• Resourcing SoF metrics to board each month (On-going)</li> <li>• Introduction of a dedicated Strategic Workforce Plan by the end of Q2 2022/3</li> <li>• Annual refresh of dedicated Strategic Workforce Plan by the end of Q4 2022/23</li> </ul>	<ul style="list-style-type: none"> <li>• The People Directorate have developed Tactical People Profiles that will be delivered by the end of January 23, we have also supported the development of various staffing models to support workforce growth (Newark TIF and CDC)</li> <li>• The People Directorate are developing and will present a revised quarterly report for People Cabinet to support improved governance and intelligence (Jan 23)</li> </ul>

3.2	<p><b>To Maximise the Potential of our Workforce</b> - Respond to the 2021 NHS Staff Survey. Identify Key Focus Areas.</p>	Director of People	People, Culture and Improvement Committee	<p>A number of detailed metrics will be monitored via the People, Culture and Improvement Committee. These will be focused on:</p> <ul style="list-style-type: none"> <li>• <b>Valuing YOU</b>; enough staff to do my job, recognition and reward programme</li> <li>• <b>Caring about YOU</b>; reducing colleague experience of V&amp;A/BH from patients/users/colleagues</li> <li>• <b>Developing YOU</b>; improve quality of appraisals, fair career development</li> </ul> <p>Improvement trajectories have been set and a summary of performance will be reported to the Trust Board of Directors via quarterly updates throughout 2022/23.</p>	<ul style="list-style-type: none"> <li>• All commitment pillars have an allocated lead and working group in place that report into People Cabinet and Committee with clear plans and actions.</li> <li>• ¼ly assurance updates provided by all Divisions at Divisional Performance reviews on staff survey including actions, areas of focus and escalations. This is in line with Trust commitment areas</li> <li>• NSS22 Launch on 3/10/22. Final figures show approx. 61% engagement with the survey from across the Trust. This is a 5% decrease from the previous year. We are awaiting final details from Picker.</li> <li>• Cultural insights work being mapped in line with workforce transformation piece of work and this will include NSS22 data and will highlight areas of focus for 22/23.</li> </ul>
4.1	<p><b>To Continuously Learn and Improve</b> - Successfully implement and optimise the use of EPMA.</p>	Medical Director	Executive Team Meeting	<ul style="list-style-type: none"> <li>• Roll out EPMA into surgery, incorporate VTE screening tool, develop and embed fluids module, scope requirements for ED EPMA module. Complete by end of Q2/beginning of Q3 2022/23</li> <li>• Develop and embed analysis and system reporting opportunities by the end of Q4 2022/23</li> </ul>	<ul style="list-style-type: none"> <li>• ED rollout paused pending reduction in activity</li> <li>• Relaunch date agreed with Divisional Team</li> <li>• Peripheral sites go live dates agreed</li> </ul>

4.2	<b>To Continuously Learn and Improve</b> - Develop a refreshed Digital Strategy.	Medical Director	Executive Team Meeting	<ul style="list-style-type: none"> <li>EPR Business case approved by NHSE by the end of Q4 2022/23</li> <li>Production of three-year digital investment plan in line with the Multi Year planning process (Dates to be published by NHSE)</li> </ul>	<ul style="list-style-type: none"> <li>EPR re-procurement process underway with guidance and support from NHSE Frontline Digitalisation</li> <li>EPR Capital Infrastructure bid for £5.966k confirmed and orders placed</li> <li>Digital Team structure business case at TMT Jan 23</li> </ul>
4.3	<b>To Continuously Learn and Improve</b> - To introduce an Innovation Hub across the Mid Notts Place Based Partnership.	Director of Strategy & Partnerships	People, Culture and Improvement Committee	<ul style="list-style-type: none"> <li>Introduction of an Innovation Hub, working in partnership with key ICS Partners, implemented by Q1 2022/23</li> <li>Key principles and year 1 aspirations defined and implemented by Q1 2022/23 (including methodology for quantifying impact on patient care)</li> </ul>	<ul style="list-style-type: none"> <li>Whilst the proactive promotion of innovation remains a key priority, the development of a specific Innovation Hub has been superseded by the planned establishment of a Trust Improvement Faculty.</li> <li>The role of the faculty will be to bring together teams and individuals for whom Improvement is part of their core role; to create an entity within the Trust where ideas, concepts and examples of good practice are scoped, tested and (where appropriate) implemented; working in partnership with colleagues across the organisation.</li> <li>It will become a centre of excellence for innovative practice, transformational change, quality improvement, efficiency, productivity, and patient safety.</li> <li>Discussions are however continuing with system partners around developing an online portal to ensure that anyone can easily access help, assistance and sources of online information and support. Whilst this will in essence act as an Innovation Hub, the remit will be expanded slightly to encompass all aspects of Improvement. The online portal will therefore be retitled (and branded) to reflect this.</li> </ul>

5.1	<p><b>To Achieve Better Value</b> - Delivery of the SFH Transformation &amp; Efficiency Programme that supports the delivery at PCB/ICP level.</p>	Chief Financial Officer	Finance Committee	<ul style="list-style-type: none"> <li>• Deliver Year 1 of the 2022-25 Transformation and Efficiency Programme ('the Programme') by 31st March 2023</li> <li>• Deliver Financial Improvement element of the Programme by 31st March 2023, ensuring it is delivered on a recurrent basis</li> <li>• Have in place a plan for the delivery of Year 2 of the Programme (plan developed Q3 2022/23, implementation begins Q4 2022/23)</li> <li>• Continuously review delivery milestones ensuring that changes are enacted where there is a risk of under delivery (ongoing and overseen by the Transformation and Efficiency Cabinet)</li> <li>• Proactively contribute to the ICS/PBP Transformational Programmes of work, ensuring all collaborative opportunities are exploited ((ongoing and overseen by the Transformation and Efficiency Cabinet)</li> </ul>	<ul style="list-style-type: none"> <li>• Although a three-year Transformation and Efficiency Programme has been developed and is being implemented, which includes a £11.7m financial improvement component; the current forecast (at month 8) is that £3.7m will be delivered.</li> <li>• Urgent mitigation work, involving the Trusts Senior Leadership Team, is therefore underway focusing on discretionary spend, non-pay budgets, procurement, and productivity opportunities.</li> <li>• Associate Director of Transformation continues to remain an active member of various System Transformation Groups. In addition, they are also coordinating the Trusts participation in a robust and coordinated system-wide financial review; the anticipated outcomes of which will be a series of identified transactional saving opportunities.</li> </ul>
5.2	<p><b>To Achieve Better Value</b> - Be a key partner in the development of the Provider Collaborative.</p>	Chief Executive Director of Strategy and Partnership	Executive Team Meeting	<ul style="list-style-type: none"> <li>• Provider Collaborative Formally Established by 1st July 2022</li> <li>• PC priorities established by 30th September 2022</li> <li>• Formal review of PC achievements reported to SFH and System Boards March 2023</li> </ul>	<ul style="list-style-type: none"> <li>• SFH remains a key partner in the provider collaborative through various forums. This quarter we have been working with partners to influence the ICS strategy and gave formal and collective feedback.</li> <li>• A key planning workshop is now being planned to test the appetite of organisations to work together on previously identified priorities.</li> </ul>

5.3	<p><b>To Achieve Better Value</b> - Shape and define a new SFH Trust 5-year strategy (<del>2023-2028</del>) working with ICS and wider partners.</p>	Director of Strategy and Partnership	Executive Team Meeting	<ul style="list-style-type: none"> <li>• Strategy agreed at SFH Board November 2022</li> <li>• Launch of new strategy completed by 31st January 2023</li> </ul>	<ul style="list-style-type: none"> <li>• Paper presented to Trust Board 5<sup>th</sup> January 2023 establishing the process for the final year of the current strategy and the development of a strategy covering 2024-29.</li> </ul>
5.4	<p><b>To Achieve Better Value</b> - Continue to progress Pathology Network initiatives alongside NUH (and across the region where required).</p>	Director of Strategy and Partnership	Executive Team Meeting	<ul style="list-style-type: none"> <li>• Programme Delivery in line with existing programme plan and national planning expectations (<b>to be refined once Director of Strategy and Partnership commences</b>)</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical lead from SFH continues to attend and there is nothing to escalate at this stage.</li> <li>• Discussions about the future footprint are underway.</li> </ul>

*Appendix A*

**Timetable for 22-23 Updates**

<b>Period</b>	<b>Trust Board of Directors Meeting</b>
<u>Quarter 3</u> (October 2022 – December 2022)	2 <sup>nd</sup> February 2023
<u>Quarter 4</u> (January 2023 – March 2023)	4 <sup>th</sup> May 2023