

Sherwood Forest Hospitals 2019-2024 Strategic Objectives (Refreshed)	In our Final Year of our 2019-24 strategy we will (This is our strategic Priority for 2023-24 - Yr. 5)	Ref	How we will do this in 2023-24	How will we know we have been successful	Executive Lead (SRO)	Management Lead for progress updates	SFH Governance
1. 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	1.1a	Work with Clinical Divisions to develop Clinical Service Strategies at Specialty and Divisional level, to inform a Trust level Clinical Strategy	<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 Q2 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. 	Director of Strategy and Partnership	Associate Director Planning & Partnerships	Executive Team Meeting
		1.1b	Develop high level 5yr bed requirement model	<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. 	Chief Operating Officer	Associate Director of Operational Performance	Executive Team Meeting
	Continue to recover our Planned Care services	1.2a	Expand Day Case Surgery Services at Newark Hospital through the Transformation Investment fund (TIF)	<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. 	Chief Operating Officer	Divisional DGM for Surgery	Executive Team Meeting
		1.2b	Expand Diagnostic Services to Mansfield Community Hospital	<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 	Director of Strategy and Partnership	PMO Project Manager	Executive Team Meeting
		1.2c	Achieve elective activity levels, backlogs and patient waiting times in line with the 2023/24 operational plan and supporting performance trajectories.	<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, Outpatient) - IIFU - 52 and 65ww - Number of completed RTT pathways - 62-day cancer backlog - 28-day cancer FDS 	Chief Operating Officer	Deputy COO	Executive Team Meeting
	Continue to work towards a sustainable model of urgent and emergency care	1.3	<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 	<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. 	Chief Operating Officer	Deputy COO	People, Culture and Improvement Committee
		1.4a	Progress Medical Workforce Transformation	<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 within 2 months of publication . 	Medical Director	Associate Medical Director	People, Culture and Improvement Committee

	<i>Progress Workforce Transformation</i>	1.4b	Progress Nursing, Midwifery & Allied Health Profession (NMAHP) workforce transformation	<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 	Chief Nurse	Director of Nursing & Deputy to Chief Nurse	People, Culture and Improvement Committee
2. Improve health and well being within our communities	<i>Focus on Maternity Services ensuring babies have the best possible start in life</i>	2.1	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.	<ul style="list-style-type: none"> - Implementation of the single maternity oversight framework, completion of the CQC must do and should do actions. - 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 	Chief Nurse	Director of Midwifery	Quality Committee
	<i>Work with ICB partners to reduce health inequalities and prevention for those in greatest need</i>	2.2	agree our approach and programme of actions around Health Inequalities and prevention as a key strategic priority for the 24-29 strategy	<ul style="list-style-type: none"> - Assessment of 5 Year ICS 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 	Medical Director	Medical Director	Quality Committee
3. Empower and support our people to be the best they can be.	<i>Support and celebrate diversity in all its forms, creating a sense of belonging.</i>	3.1	Delivery of the "Belonging in the NHS" supporting actions in year 2 of the Trusts People Strategy 2022-2025	<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. 	Director of People	Deputy DoP	People, Culture and Improvement Committee
	<i>Retain talent through recognition and development, creating more flexible and varied roles.</i>	3.2	Delivery of the "Growing for the Future" supporting actions in year 2 of the Trusts People Strategy 2022-2025	<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 	Director of People	Deputy DoP	People, Culture and Improvement Committee

	<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>	3.3	<p>Delivery of the "Looking after our people" supporting actions in year 2 of the Trusts People Strategy 2022-2025.</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.) - Introduce a Health & Wellbeing Strategy by Qtr. 3 - Measure the effectiveness of our Health & Wellbeing offer including Vivup and Occupational Health by Qtr. 3 	Director of People	Deputy DoP	People, Culture and Improvement Committee
<p>4. Continuously learn and improve</p>	<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>	4.1a	<p>Complete the first and commence the second stages of Electronic Prescribing implementation [1. Implementation, 2. stabilisation, 3. optimisation, 4. transformation]</p>	<ul style="list-style-type: none"> - Roll out EPR to remaining areas by end of Qtr. 4 - Commence Stabilisation during Qtr2 	Medical Director	Chief Digital Information Officer	Quality Committee
		4.1b	<p>Develop EPR (Electronic Patient Records) business case</p>	<ul style="list-style-type: none"> - Submission of business case Qtr. 2 - Approval dependent commencement of recruitment Qtr. 3 	Medical Director	Chief Digital Information Officer	Quality Committee
	<p><i>Strengthen and sustain a learning culture of continuous improvement</i></p>	4.2a	<p>Develop and embed the Patient safety Incident Response Framework (PSIRF)</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 	Medical Director / Chief Nurse	Director of Quality and Governance	Quality Committee
		4.2b	<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>	<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 of the Transformation and Improvement Teams plus hot desk availability for other teams involved in the Faculty's work. - 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. 	Director of Strategy and Partnership	Associate Director of Transformation	People, Culture and Improvement Committee
<p>5. Sustainable use of resources and estate</p>	<p><i>Develop a roadmap to longer-term financial sustainability</i></p>	5.1	<p>Establish an underpinning financial strategy to act as the foundation for the delivery of our new 2024-29 Strategy</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. 	Chief Financial Officer	Deputy CFO	Finance Committee
	<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>	5.2	<p>Establish the Sustainability Development Steering Group and progress delivery of the objectives set out in the SFH Green Plan 2021-2026</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. 	Chief Financial Officer	Associate Director of Estates & Facilities	Finance Committee

	<i>Enhance the utilisation of the SFH estate to support the delivery of outstanding care in the best place.</i>	5.3	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.	<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. 	Chief Financial Officer	Associate Director of Estates & Facilities	Finance Committee
6. Work collaboratively with partners in the community	<i>We will embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.</i>	6.1a	Delivery of the "New Ways of Working and delivering care" supporting actions in year 2 of the Trusts People Strategy 2022-2025	<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 	Director of People	Deputy DoP	People, Culture and Improvement Committee
		6.1b	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.	<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 	Director of Strategy and Partnership	Associate Director Planning & Partnerships	People, Culture and Improvement Committee
	<i>Develop and launch the SFH 2024-29 Strategy</i>	6.2	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.	<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 	Director of Strategy and Partnership	Associate Director Planning & Partnerships	Executive Team Meeting