

Sherwood Forest Hospitals NHS Foundation Trust (SFH) 2022-23 Strategic Priorities Quarter 4 Update

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1. Summary – ‘Qtr. 4 Position on a Page’

Ref	2022/23 Trust Priority	Executive Lead	Overall RAG Qtr. 1	Overall RAG Qtr. 2	Overall RAG Qtr. 3	Overall RAG Qtr. 4	Change to Previous Qtr.
1.1	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

	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	2022/23 Trust Priority	Executive Lead	Overall RAG Qtr. 1	Overall RAG Qtr. 2	Overall RAG Qtr. 3	Overall RAG Qtr. 4	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.	Director of Strategy and Partnership					↔
5.3	Shape and define a new SFH Trust 5-year strategy 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

	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

2. Detailed Quarter 4 Update

Ref	2022-23 Trust Priorities	Executive Lead	SFH Governance	Measures of Success	Quarter 4 Update
1.1	To Provide Outstanding Care - 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"> Action plan developed to re-launch Family and Friends feedback Establish assurance framework by the end of Qtr. 3 	<ul style="list-style-type: none"> During the year the Trust has relaunched Friends and Family feedback and reported month on month improvement in figures The inclusion of children's services in Qtr. 3 has been successful Divisions are sighted via monthly reports The feedback process and learning is a key element of the portfolio for the Matron for Patient Experience which provides assurance this will remain a core deliverable and is tracked through Nursing Midwifery and Allied Health professional (NMAHP) committee
1.2	To Provide Outstanding Care - Improve the Quality and Safety of the services we provide to children with complex needs.	Medical Director	Quality Committee	<ul style="list-style-type: none"> Appoint SFH lead to lead transition of complex paediatric patients into adult service via MDT forum by the end of Q2 2022/23 Support ICB to link SFH, NHCT and NUH transition MDTs by the end of Q3 2022/23 Develop business case for ICB wide transition nurse specialist team to support parents, patients and service development by the end of Q4 2022/23 	<ul style="list-style-type: none"> Established ICB Task & Finish group business case for young adults with complex needs requiring palliative and End of Life (EOL) care Proposal agreed to trial a single point of access for Fastrack and palliative care services in Mid Notts, which will include bespoke service for Young adults with complex palliative and EOL care needs SFH cross divisional model for 'transition nurse' to sit within safeguarding team proposed and agreed at TMT pending funding agreement

1.3	<p>To Provide Outstanding Care - 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"> • '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> 	<ul style="list-style-type: none"> • Key SOF metrics relating to the delivery of timely care on the emergency pathway are rated red. During Q4 we have seen many of the key waiting time metrics for emergency patients broadly in line with the position at the end of Q3. We have seen high demand on our services over the winter period. G&A bed occupancy has remained high together with the number of patients in hospital whilst medically safe for transfer. At the start of Q4 we had surge actions and additional capacity enacted. Throughout Q4 we have experienced a number of periods of OPEL 4. • Five-times daily flow meetings are in place to optimise patient flow and work to maintain patient safety and timely patient care across our hospitals on daily basis. Six-times daily Command Centre Status Update emails were trialed from mid-February and launched at the end of March; they provide a status at a glance to provide transparency of the key pressure points. • Key waiting time standards are tracked over time at a pathway-level at the relevant Steering Groups with Trust Board oversight within the SOF performance report. The Steering Groups meet a least monthly and track key pieces of improvement work including the Optimising the Patient Journey Programme. • Key SOF metrics relating to the delivery of timely elective care have been variable. Whilst there are positives (green-rated items), for example, PIFU performance and maintaining zero 104 week waits; we have seen red-rated items such as growth in our overall incomplete Referral to Treatment (RTT) waiting list size and higher than planned levels of 78 week wait patients.
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1.4	<p>To Provide Outstanding Care - 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"> • '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> 	<ul style="list-style-type: none"> • Medically safe for transfer data routinely presented to Trust Board in the SOF. The local position continues to remain significantly above the agreed system threshold despite the system D2A business case being in place. Whilst there were some signs or marginal improvement from Dec-22 to Feb-23, the Mar-23 position has increased to be the highest level of Q4. The Q4 average position has been marginally worse than Q3. • Additional winter capacity remains open and surge capacity has been used during times of exceptional pressure. The sub-acute facilities within SFH have been well utilised; however, often this has not been sufficient to enable appropriate flow out of ED and through our acute bed base. • The roll out of Virtual Wards for early supported discharge commenced in Q3; however, was paused in Dec-22 whilst improvements were made to ensure appropriate clinical system were in place to effectively manage patients on our virtual ward pathway. The Respiratory Virtual Ward relaunched in Jan-23; although utilisation has been low.

2.1	<p>To Promote and Support Health and Wellbeing - Delivery of the SFH Green Plan and provide support to deliver the ICS Green Plan.</p>	Chief Financial Officer	Executive Team Meeting	<ul style="list-style-type: none"> • Embed Environmental Impact Assessment into all planning and investment case process by end of Q2 2022/23 • Evidence that the SFH Green Plan has been promoted internally and externally, including public commitments by the Trust Board of Directors. 	<ul style="list-style-type: none"> • Inaugural Sustainable Development Strategy Group (SDSG) met during Feb 2023 and agreed its TOR. • A number of capital investment cases have been presented to March 2023 COG for consideration <ul style="list-style-type: none"> ○ EV charging (further work required) ○ Motion detector in theatres agreed and will deliver a FIP • Works to bring a bus service on site at KMH commenced in Q1 23/24. • Finance Committee decision not to invest in REGOs (sourced renewable energy) made with a c. £268k cost saving. • Roll out of Carbon Literacy training for Estates & Facilities staff, including the Sustainability Clinical lead, coordinated by NHSE • SDSG has met and agreed the 11 workstream leads for the underpinning workstreams for the Green Plan execution, including Procurement, Pharmacy and Estates & Facilities. • The Trust has taken receipt of NHS England’s net-zero building requirements for all new builds from October 2023. • The Trust has been formally notified that it was unsuccessful in its application for PSDS 3b. Deputy CFO is raising at ICS system level possible other sources of funding to support sustainability investment cases. • Exploratory meeting held in Q1 23/24 between Estates, Supplies and Clinical Sustainability lead, about the feasibility of photovoltaic (PV) panels and a PV farm. Proposal awaited. • Group to review ‘fruit and veg’ stall provision at KMH established in Q1 23/24. • Clinical Sustainability Lead has been involved in the recruitment of system-wide HEE fellows. Decision anticipated w/c 10th April 2023.
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					<ul style="list-style-type: none"> Clinical Sustainability Lead has secured 2 AHP fellowships to enable green clinical projects to progress and support the Green Estates workstream. Medical Gas (Nitrous Oxide and Entonox) usage continues to be closely monitored by NHSE. SFHFT have gained clinical consensus to move away from these gases but funding required to take forwards. Case to be presented at COG.
2.2	<p>To Promote and Support Health and Wellbeing - 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"> Staff health and well-being SoF metrics to board each month (On-going) Introduction of a dedicated Health and Wellbeing Approach by the end of Q2 2022/23 Embedded Health and Wellbeing Approach by the end of Q4 2022/23 	<p><i>Mental Wellbeing</i></p> <ul style="list-style-type: none"> Time to Talk Day - Staff story video shared and Schwartz Round delivered themed around "It's OK not to be OK", encouraging colleagues to reach out for support. Schwartz Round to celebrate Neurodiversity Awareness week included a colleague sharing what working with Asperger's Syndrome is like. Another storyteller shared their experience of being the parent of a child recently identified as being on the Autistic Spectrum. <p><i>Physical Wellbeing</i></p> <ul style="list-style-type: none"> Fresh Start to January events including blood pressure and BMI health checks were held in Newark, Kings Mill and a walk and talk held at Mansfield Community Hospital. All events were held in partnership with the Climate Action Champions. Wellbeing Champion led Physical Activity competition in January. <p><i>Menopause</i></p> <ul style="list-style-type: none"> Launch of Menopause Awareness for Managers with positive feedback and high attendance numbers.

					<p><i>Financial Wellbeing</i></p> <ul style="list-style-type: none"> • Every colleague received a Financial Wellbeing Information leaflet and a 'thank you' letter. This included signposting to financial support and details of benefits and discounts. • Citizens Advice attend once a month with all appointments being utilised on site but phone appointments also being made available.
2.3	<p><u>To Promote and Support Health and Wellbeing</u> - 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"> • Delivery of Ockenden recommendations for Continuity of Carer (by end of Q4 2022/23) 	<ul style="list-style-type: none"> • The NHSE requirement to prepare for Maternity Continuity of Carer (MCoC) delivery has been removed. • NHSE have published the Three Year Delivery Plan for Maternity and Neonatal Services • The plan has been adopted by all local providers and is being driven by the Local Maternity and Neonatal System (LMNS)
3.1	<p><u>To Maximise the Potential of our Workforce</u> - 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"> • Resourcing SoF metrics to board each month (On-going) • Introduction of a dedicated Strategic Workforce Plan by the end of Q2 2022/3 • Annual refresh of dedicated Strategic Workforce Plan by the end of Q4 2022/23 	<ul style="list-style-type: none"> • We have developed a revised set of SOF metrics that align to our People Pillars. • We understand our staff movements for 2023/24 and have sent these to NHSE, we will use these within our Strategic Workforce Plan / model • Annual refresh to be completed in line with People Strategy refresh due for sign-off at Trust Board in June 2023.

3.2	<p>To Maximise the Potential of our Workforce - 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"> • Valuing YOU; enough staff to do my job, recognition and reward programme • Caring about YOU; reducing colleague experience of V&A/BH from patients/users/colleagues • Developing YOU; improve quality of appraisals, fair career development <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"> • The 2022 National Staff Survey results were released from embargo on 09.03.23. • Results have been shared with Divisions and key leaders across the organisation for review. • Key themes continue in line with actions for improvement set in 2022 from the 2021 results. • Although our response rate declined this was a trend seen nationally, with a national average response rate of 44% and SFH finishing on 61% which was the 3rd highest acute Trust in the country. • Initial benchmarking indicates that SFH placed as the most recommended Trust to work and receive care in the Midlands and the 3rd most recommended place to work in the Country. • SFH also placed top in the Midlands for morale and staff engagement.
4.1	<p>To Continuously Learn and Improve - Successfully implement and optimise the use of EPMA.</p>	Medical Director	Executive Team Meeting	<ul style="list-style-type: none"> • 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 • Develop and embed analysis and system reporting opportunities by the end of Q4 2022/23 	<ul style="list-style-type: none"> • EMPA embedded across all medical, surgical wards at KMH, Newark, MCH. VTE and fluid charts live • Only remaining in-patient areas are maternity, paediatrics, critical care with roll-out timeline and sequencing • EPMA optimisation work commenced but now limited due to workforce gaps • Updated Nervecentre version imminent to facilitate data analytics and data extraction

4.2	To Continuously Learn and Improve - Develop a refreshed Digital Strategy.	Medical Director	Executive Team Meeting	<ul style="list-style-type: none"> EPR Business case approved by NHSE by the end of Q4 2022/23 Production of three-year digital investment plan in line with the Multi Year planning process (Dates to be published by NHSE) 	<ul style="list-style-type: none"> Digital Strategy Objectives review and refresh underway ERR Business Case Development support in place with revised procurement timetable (expected approval and contract signature Q1/2 2024/25) Revised Digital Senior Structure being submitted to TMT Apr 23, recognising funding constraints, but highlighting the Digital potential
4.3	To Continuously Learn and Improve - 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"> Introduction of an Innovation Hub, working in partnership with key ICS Partners, implemented by Q1 2022/23 Key principles and year 1 aspirations defined and implemented by Q1 2022/23 (including methodology for quantifying impact on patient care) 	<ul style="list-style-type: none"> As noted previously, 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. 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. It will become a centre of excellence for innovative practice, transformational change, quality improvement, efficiency, productivity, and patient safety. The faculty will 'go live' on 4th May 2023. We are continuing with system partners around developing a system-wide online portal to ensure that anyone can easily access help, assistance and sources of online information and support. We are also sharing examples of good practice with our partners and embracing collaborative working opportunities.

5.1	<p>To Achieve Better Value - Delivery of the SFH Transformation & Efficiency Programme that supports the delivery at PCB/ICP level.</p>	Chief Financial Officer	Finance Committee	<ul style="list-style-type: none"> • Deliver Year 1 of the 2022-25 Transformation and Efficiency Programme ('the Programme') by 31st March 2023 • Deliver Financial Improvement element of the Programme by 31st March 2023, ensuring it is delivered on a recurrent basis • Have in place a plan for the delivery of Year 2 of the Programme (plan developed Q3 2022/23, implementation begins Q4 2022/23) • 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) • 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) 	<ul style="list-style-type: none"> • The 2022-23 Financial Improvement Plan (FIP), a key component of the Trusts Transformation and Efficiency Programme, is forecast to be delivered in full (based on the month 11 position). The positive shift in delivery (compared to the position as reported at Qtr. 3) is due mainly to the inclusion of non-recurrent underspends, which were not previously accounted for through FIP. These underspends are a combination of improved financial management, the indirect consequence of Transformation Schemes and investment slippage. • A plan is in place to deliver the requisite 2023-24 financial improvement target. • The Associate Director of Transformation continues to remain an active participant in System Transformation work. This includes contributing to various system wide initiatives, as well as opportunities for which the Trust has taken a lead role.
5.2	<p>To Achieve Better Value - Be a key partner in the development of the Provider Collaborative.</p>	Director of Strategy and Partnership	Executive Team Meeting	<ul style="list-style-type: none"> • Provider Collaborative Formally Established by 1st July 2022 • PC priorities established by 30th September 2022 • Formal review of PC achievements reported to SFH and System Boards March 2023 	<ul style="list-style-type: none"> • Provider Collaborative planning workshop held in Qtr 4 and update provided to 6th April Public Trust Board. • Ongoing partnership working through the Provider Collaborative included in Board Level Strategic Priorities for 2023-24

5.3	<p>To Achieve Better Value - Shape and define a new SFH Trust 5-year strategy (2023-2028) working with ICS and wider partners.</p>	Director of Strategy and Partnership	Executive Team Meeting	<ul style="list-style-type: none"> • Strategy agreed at SFH Board November 2022 • Launch of new strategy completed by 31st January 2023 	<ul style="list-style-type: none"> • Delivery of the new 5 Year Strategy included in Board Level Strategic Priorities for 2023-24
5.4	<p>To Achieve Better Value - 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"> • Programme Delivery in line with existing programme plan and national planning expectations (to be refined once Director of Strategy and Partnership commences) 	<ul style="list-style-type: none"> • Ongoing engagement with East Midlands Pathology Network and SFH/NUH Cluster. • Moved to Business as Usual for CSTO Division in 2023-24