Sherwood Forest Hospitals NHS Foundation Trust (SFH) 2023-24 Strategic Priorities
Quarter 3 Update

Healthier Communities, Outstanding Care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Overview

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

Vision:
Healthier communities and outstanding care for all

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

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.

2
Aspiring and improving

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

3
Respectful, inclusive and caring

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. 3. '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	Medical Director					⇧
1.1b	Develop high level 5yr bed requirement model	Chief Operating Officer					⇔
1.2a	Expand Day Case Surgery Services at Newark Hospital	Chief Operating Officer					⇔
1.2b	Expand Diagnostic Services to Mansfield Community Hospital	Director of Strategy and Partnership					⇔
1.2c	Achieve elective activity levels, backlogs and patient waiting times	Chief Operating Officer					⇔
1.3	Progress 'Optimising the Patient Journey', (SFH @ Home) expand Same Day Emergency Care and Virtual wards and reduce the number of MSFT	Chief Operating Officer					⇔
1.4a	Progress Medical Workforce Transformation	Medical Director					⇔
1.4b	Progress Nursing, Midwifery & Allied Health Profession (NMAHP) workforce transformation	Chief Nurse					⇔

Overall RAG Key

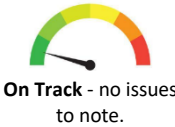|					
	On Track - no issues to note.		**On Track** – action underway to address minor issues		**Off Track** – action underway to address minor issues
	Off Track – action underway to address major issues		**Off Track** – issues identified no action underway		**Off Track** – issues not identified and 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	(gauge)	(gauge)	(gauge)		⟷
2.2	Agree our approach and programme of actions around Health Inequalities and prevention	Medical Director	(gauge)	(gauge)	(gauge)		⇩
3.1	Delivery of the "Belonging in the NHS" supporting actions	Director of People	(gauge)	(gauge)	(gauge)		⟷
3.2	Delivery of the "Growing for the Future" supporting actions	Director of People	(gauge)	(gauge)	(gauge)		⟷
3.3	Delivery of the "Looking after our people" supporting actions	Director of People	(gauge)	(gauge)	(gauge)		⟷
4.1a	Electronic Prescribing implementation	Medical Director	(gauge)	(gauge)	(gauge)		⟷
4.1b	Develop EPR (Electronic Patient Records) business case	Medical Director	(gauge)	(gauge)	(gauge)		⟷
4.2a	Develop and embed the Patient safety Incident Response Framework (PSIRF)	Medical Director / Chief Nurse	(gauge)	(gauge)	(gauge)		⟷
4.2b	Embed the Improvement Faculty within the Trust	Director of Strategy and Partnership	(gauge)	(gauge)	(gauge)		⟷

Overall RAG Key

(gauge)	**On Track** - no issues to note.	(gauge)	**On Track** – action underway to address minor issues	(gauge)	**Off Track** – action underway to address minor issues
(gauge)	**Off Track** – action underway to address major issues	(gauge)	**Off Track** – issues identified no action underway	(gauge)	**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.
5.1	Establish an underpinning financial strategy	Chief Financial Officer	(gauge)	(gauge)	(gauge)		⟺
5.2	Deliver the objectives set out in the SFH Green Plan 2021-2026	Chief Financial Officer	(gauge)	(gauge)	(gauge)		⟺
5.3	Develop a multi-year capital investment programme	Chief Financial Officer	(gauge)	(gauge)	(gauge)		⟺
6.1a	Deliver the "New Ways of Working and delivering care"	Director of People	(gauge)	(gauge)	(gauge)		⇧
6.1b	Through the Provider Collaborative improve how we work together with services outside of SFH	Director of Strategy and Partnership	(gauge)	(gauge)	(gauge)		⟺
6.2	Through engagement develop the SFH 2024-29 Strategy	Director of Strategy and Partnership	(gauge)	(gauge)	(gauge)		⟺

Overall RAG Key

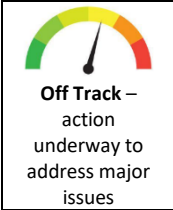|					
(gauge)	**On Track** - no issues to note.	(gauge)	**On Track** – action underway to address minor issues	(gauge)	**Off Track** – action underway to address minor issues
(gauge)	**Off Track** – action underway to address major issues	(gauge)	**Off Track** – issues identified no action underway	(gauge)	**Off Track** – issues not identified and no action underway

2. Detailed Quarter 3 Update

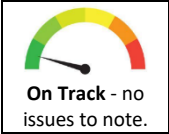| Ref	2023-24 Trust *Priority* and Deliverable	Executive Lead	SFH Governance	Measures of Success	Quarter 3 Update
1.1a	*Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics* Work with Clinical Divisions to develop Clinical Service Strategies at Specialty and Divisional level, to inform a Trust level Clinical Strategy	Medical Director	Executive Team Meeting **On Track** - no issues to note.	• 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.	- The draft Clinical Service Strategy has been presented and discussed at Clinical Forums, Quality Committee, and with Individual Non-Executive Directors and is on target to be ratified at April's 2024 Trust Board following approval by the Quality Committee in Q4.
1.1b	*Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics* 'Develop high level 5yr bed requirement model	Chief Operating Officer	Executive Team Meeting **On Track** - no issues to note.	• 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.	- An indicative view of a 5-year adult bed model was presented to the Trust Board time out session in Nov-23. Demand was based on outline parameters as reflected in the five-year strategy relating to mid-Notts population growth modelling that was completed by our ICS colleagues. The bed model shows growing demand and capacity mismatches without mitigating actions over the next 5-years to curb forecast demand growth, significant length of stay improvements and/or investment in additional hospital capacity.

1.2a	*Continue to recover our Planned Care services* 'Expand Day Case Surgery Services at Newark Hospital through the Transformation Investment fund (TIF)	Chief Operating Officer	Executive Team Meeting **On Track** – action underway to address minor issues.	• 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.	- The new theatre opened at Newark hospital in Nov-23 as part of our Targeted Investment Fund (TIF) development to support our elective pathway. - The main constraint to fully utilise the theatre capacity at Newark is Consultant Anaesthetists where we have a 35% workforce gap across the SFH services. We mitigate these gaps through Waiting List Initiatives. There are other outstanding posts to recruit into for Newark theatres which are out to advert; however, these posts are not presently a rate limiting factor. - The three other elements of TIF (upgrading medical day-case unit, minor operations suite and the procedure room) are now scheduled to open in Apr-23. - Activity levels are lower than the NHS England agreed plan because of delays in the TIF facilities being operational. We have a revised activity plan that we are working to agree with NHS England.
1.2b	*Continue to recover our Planned Care services* 'Expand Diagnostic Services to Mansfield Community Hospital	Director of Strategy and Partnership	Executive Team Meeting **On Track** – action underway to address minor issues.	• 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	- Pre-demolition works have commenced with the Royal Institute of British Architects RIBA stage 2 'Concept Design' completed. RIBA stage 3 'Spatial Co-ordination' has commenced with the programme currently running to plan. Engagement with all clinical specialities is underway, inclusive of suppliers of the MRI and CT scanners. - Completion of the workforce modelling has been dependent on finalising the operational delivery model and producing a schedule of accommodation. This has been completed and the staffing model and development plan will be presented during Q4 to steering group

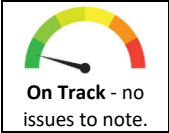|					
					- members. - The Mobile MRI Service has commenced at Mansfield Community Hospital.
1.2c	*Continue to recover our Planned Care services* 'Achieve elective activity levels, backlogs and patient waiting times in line with the 2023/24 operational plan and supporting performance trajectories.	Chief Operating Officer	Executive Team Meeting **Off Track** – action underway to address major issues	• Delivery of the following metrics in line with (or better than) plan: - Activity plans (Elective, Day Case, O/P) - PIFU - 52 and 65ww - Number of completed RTT pathways - 62-day cancer backlog - 28-day cancer FDS	- The ongoing instances of Industrial Action (IA) have resulted in curtailments in elective activity which adversely impacted on our elective activity, backlog and performance metrics. This can be evidenced in Q3 when considering our strong performance against planned care activity metrics in Nov-23 (the only month without IA) when we exceeded planned levels. - Despite the challenges, there are some areas of strength within the measures for success with strong Patient Initiated Follow Up (PIFU) (consistently better than the 5% target) and 28-day cancer Faster diagnostic Standards (FDS) performance (consistently achieving the 75% national standard). - In Q3 we saw our long waits (52ww and 65ww) month-end and cancer backlog) levels grow or remain high. Our 65ww cohort continues to reduce and we have seen progress in reducing these backlogs in the early part of Q4. - Planned care performance data with associated narrative for all the metrics of success is included in the the quarterly Integrated Performance Report.

| 1.3 | *Continue to work towards a sustainable model of urgent and emergency care*

- 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 | Executive Team Meeting

Off Track – action underway to address major issues | • 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. | - A work programme has been agreed and is in place supported by the Improvement Faculty which supplements improvement work underway across our divisional teams.

- Medical Same Day Emergency Care (SDEC) continues to be well utilised with our overall SDEC rate exceeding the 33% national standard. Surgical SDEC will go live in early 2024/25, with the plan to expand the offering incrementally.

- Virtual ward utilisation has increased as services expanded in Q2 with activity at the highest levels to date in Q3.

- Non-elective attendance and admission demand has been high resulting in the benefits of reduced Medically Safe for Transfer (MSFT) and long stay patients in Q3 not translating into improved patient flow through our hospitals. Work continues to improve discharge process data to help identify and resolve bottlenecks in the process.

- Urgent and emergency care performance data with associated narrative for the metrics of success is included in the the quarterly Integrated Performance Report |

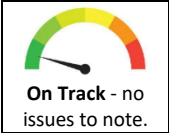|					
1.4a	*Progress Workforce Transformation* - Progress Medical Workforce Transformation	Medical Director	Finance Committee **Off Track** – action underway to address major issues	• Deliver Trust and ICB/ICS Agency Task Force Group measures • Specialties provide future workforce models by Qtr. 3 • Review NHSE workforce plan and put action plan in place in place within 2 months of publication.	- Improved data quality and analysis has been delivered. - Activity manager has been rolled out across divisions with initial focus on annual leave following audit of anaesthesia and orthopaedics. - There continues a relentless focus on high-cost locums with some progress on rate reductions or removals. - New Junior and SAS doctor Bank rates released.
1.4b	*Progress Workforce Transformation* 'Progress Nursing, Midwifery & Allied Health Profession (NMAHP) workforce transformation	Chief Nurse	Finance Committee **On Track** - no issues to note.	• Movement to sustainable use of agency usage staring 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	- During Q3 we have continued to see a sustained reduction in the use of premium escalated rate agency usage. The escalation of staffing requests has been strengthened, and a focus on early de-escalation is being explored whilst ensuring safety remains the driving priority. - Q2 highlighted that the distribution of our agency usage sat at approximately 14% and bank utilisation filled 75% of all requests made. However, Q3 demonstrated a continued positive trajectory with agency usage reducing to 11% and bank utilisation increasing to 81% of all requested filled. - The band 5 vacancy rate continues to reduce as Q2 noted 16% and a turnover rate of 0.5% compared to a 10% band 5 vacancy rate with a turnover rate of 0.2% at the end of Q3. - The Trust has welcomed the final arrival of international nurses, bringing the international recruitment pipeline to a close after welcoming 48 Registered Nurses. - Student Nurse engagement continues to be a

					fundamental focus and incentive schemes have been communicated with teams to promote recruitment offers with participation in recruitment and career events across the region planned. - All band 5 Allied Health professionals (AHPs) will have an electronic job plan by 31st March 2024. This equates to 28% of the AHP workforce. The CNCF secondment in AHP job planning is due to finish on 31st March 2024. There remains significant potential to realise the use of our resources if the remainder of the AHP workforce is also job planned (NHSE requirements set out pre-COVID-19). - The annual establishment reviews have been completed. The review included our adult, children, and young people and maternity areas. Evidence-based acuity and dependency workforce modelling continues to inform the establishment process and is undertaken biannually.
2.1	*Focus on Maternity Services ensuring babies have the best possible start in life* 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.	Chief Nurse	Quality Committee **On Track** - no issues to note.	• 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	- The maternity single oversight framework has been embedded within the perinatal scorecard which is utilised at both internal and external meetings. The CQC should and must do actions have now been signed off through Quality Committee and are monitored through divisional meetings. - Our Team who delivers the smoke free pregnancy service are now substantivized within the with W&C division and have clear ongoing work plans relating to public health. - As part of the Maternity and Neonatal Safety Improvement Programme, the perinatal team at Sherwood have had clear Quality Improvement

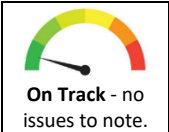|					
				development of longer term review process	focus on delivering the Maternity and Neonatal Safety Improvement Programme (SIP) agenda which has been recognised and celebrated regionally. These have focused upon early breast milk and optimal cord management.
					- A key focus in Q3 for the delivery of the Equity and Equality guidance has been a focus upon the training for staff and has seen the launch of the two-day Cultural Safety training.
					- In Q3 the annual establishment review has been completed and aligned to the recommendation from the most recent Birthrate Plus review (Jan 2023).
2.2	*Work with ICB partners to reduce health inequalities and prevention for those in greatest need* agree our approach and programme of actions around Health Inequalities and prevention as a key strategic priority for the 24-29 strategy	Medical Director	Quality Committee **On Track** – action underway to address minor issues	• 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	- Partnership and Communities Committee established and terms of reference finalised for formal Board ratification in Q4. - SFH Health Inequalities Steering Group established with draft terms of reference. - Engagement with Mid Notts Health Inequalities Oversight Group. - Trust Strategy 2024/29 drafted setting out high level population health priorities, ambitions, and measures to be approved in March 2024. - Engagement with partner trusts, NUH and NHT, to learn and share approaches in line with the ICB's health inequalities framework. - 2023/24 ICB Health Inequalities Investment and Innovation Fund paused until 1 April 2024.

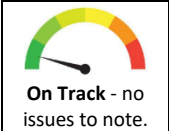| 3.1 | *Support and celebrate diversity in all its forms, creating a sense of belonging.*

'Delivery of the "Belonging in the NHS" supporting actions in year 2 of the Trusts People Strategy 2022-2025 | Director of People | People, Culture and Improvement Committee

On Track - no issues to note. | • 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. | - A culture heat map has been developed and rolled out across all Divisional Triumvirates Divisional People Committees and other key forums. Embedding taken place. Areas of improvement identified, and improvements made.

- Induction process reviewed and in place to support consistent employee feedback programme, new appraisal process rolled out during Q2. Scoping continues regarding exit interviews.

- Long service milestone events and process in place and embedded following return of face-to-face events in Summer 2023.

- Review of our Staff Networks approach has been undertaken with a view to achieving increased engagement from members and to provide additional benefits for membership. An Executive Pledge has been drafted to clarify the support from our Board and Executive Team have committed to our staff networks and their success.

- We have successfully delivered against 8 of the 14 High Impact Actions from the EDI Improvement Plan for 23/24 which is to be celebrated as the national plan was only published in June 2022. Of the remaining 6 actions, 3 were noted as being likely to move beyond March 2024 and 3 are on track.

- Gender Pay Gap and Workforce Race/Disability Equality Standard action plans have been reviewed and to date, of the 19 actions contained across the 3 action plans, 6 have been achieved and 6 remain on track. |

| 3.2 | *Retain talent through recognition and development, creating more flexible and varied roles.*

'Delivery of the "Growing for the Future" supporting actions in year 2 of the Trusts People Strategy 2022-2025 | Director of People | People, Culture and Improvement Committee

On Track - no issues to note. | • 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 | - Processes now in place to assess any completed mandatory (MAST) training for new members of staff joining the Trust from other NHS Trusts, removing the need to repeat training. Remaining training areas to be added to support portability: Safeguarding, Resus, Fire and Moving & Handling (practical only)

- Appraisal Guidance documentation updated based on feedback with Easy-to-use Appraisal templates in development.

- Review of appraisals compliance data completed and actions to bring the rate back up to the 90% target.

- We continued to develop our Leadership Development offer:
▪ Managers Digital Handbook created.
▪ Created content for Leaders Fundamentals and Leaders update course.
▪ 2024/2025 operational plans developed to support Leadership Fundamentals ie. dates, rooms and planning with speakers.
▪ Process set up to book new leaders joining the organisation onto Leaders Fundamentals via TRAC.
▪ Senior People Development Trainer recruited to our team to support this portfolio.

- Shared our Talent Strategy for 2023-2025 at People Cabinet in November.

- We have exceeded our Apprenticeships target - to date in 2023/24, 55 apprentices have started (including 22 newly recruited external apprentices). |

					- 48 employees at the Trust have successfully completed apprenticeship programmes in 2023/2024 to date. - Multiple careers events attended (11 careers fairs in 2023/24 to date) including Step Into the NHS programme at West Notts College. - 4 West Notts College Business Administration students have successfully started work placements at SFH, one day per week until April 2024.
3.3	*Support our people's health and wellbeing needs, ensuring our people have the practical and emotional support they need to do their jobs.* Delivery of the "Looking after our people" supporting actions in year 2 of the Trusts People Strategy 2022-2025.		Director of People	People, Culture and Improvement Committee **On Track** - no issues to note.	• 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	- Following completion of our Wellbeing Fundamentals audit we have been working to develop areas where gaps were identified, for example communicating funding streams available through charitable funds/staff lottery. - Our assessment against the NHS England health and wellbeing framework is complete with a Health and Wellbeing Improvement Plan created. This focuses on a core set of key improvements across the whole Health and Wellbeing portfolio (Wellbeing, Occupational Health plus Health & Safety) - Trauma Risk Management (TRIM) training was piloted in December 2023 with Emergency Department and Maternity. Good support from Comms to help with messaging and awareness. Referrals for TRiM support have started to be received and initial feedback is positive. - A violence and aggression working group has been established with formal reporting to the People Cabinet alongside regular attendance at the Regions reducing violence and aggression multidisciplinary group. Letters issuing yellow and red cards to patients to be sent from the

					Chief Executive. Development of communication strategy regarding violence and aggression.
4.1a	*Use new technology to improve our service offers for our people, patients and carers and the wider populations served by SFH* Complete the first and commence the second stages of Electronic Prescribing implementation [1. Implementation, 2. stabilisation, 3. optimisation, 4. transformation]	Medical Director	Quality Committee **Off Track** – action underway to address minor issues.	• Roll out EPMA to remaining areas by end of Qtr. 4 • Commence Stabilisation during Qtr2	- The vacant EPR Pharmacy lead position, having been vacant for 12 months following completion of EPMA Stage 1, has now been appointed too and will be in post for Q1 24/25. - At present the current project activities is on the delivery of EPMA to Maternity with a proposed date of delivery of June 2024. - Paediatric and ICU timeframes will be reviewing during Q2 2024/25 in line with the EPR procurement. - ED and Outpatients remain out of scope at this current time.
4.1b	*Use new technology to improve our service offers for our people, patients and carers and the wider populations served by SFH* Develop EPR (Electronic Patient Records) business case	Medical Director	Quality Committee **On Track** - no issues to note.	• Submission of business case Qtr. 2 • Approval dependent commencement of recruitment Qtr. 3	Please note this shows the position at 29th February 2024: - The EPR in a day event was held on the 6th of February. With more than 50 key stakeholders in attendance, the event was a success, and a great way to launch the EPR programme. - The procurement workstream has completed most of the work to prepare to go out for tender as soon as the OBC (Outline Business Case) has been signed off. - A formal tender to go out for tender is to be finalised pending a discussion with the NHS E Frontline Digitation Programme Director - On February 21st 2024, the Frontline Digitisation team confirmed that the Trust's OBC has

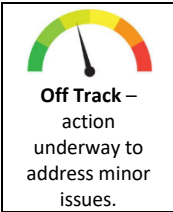|					
					successfully passed the FCR (Fundamental Criteria Review) gateway. The next steps will include responding to SME (Subject Matter Expert) queries after the 11th of March, with a final meeting to approve the business case in late April (known as EPRIB). Following this, the Cabinet Office review process will commence in time to go out for procurement in June 2024.
4.2a	*Strengthen and sustain a learning culture of continuous improvement* Develop and embed the Patient safety Incident Response Framework (PSIRF)	Medical Director / Chief Nurse	Quality Committee **On Track** - no issues to note.	• 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	- The PSIRF framework was developed during Q2 and was implemented and rolled out in October 2023. - During Q3 there were 8 PSII's commissioned, investigations are underway. During Q3 The PSIRF Oversight Group was developed to provide the Quality Committee with assurance that an effective patient safety incident response system has been undertaken that integrates four key aims of PSIRF: 　▪ Compassionate engagement and involvement of those affected by patient safety incidents. 　▪ Application of a range of system-based approaches to learning from patient safety incidents. 　▪ Considered and proportionate responses to patient safety incidents. 　▪ Supportive oversight focused on strengthening response system functioning and improvement. - The Trust continues to embed the Patient Safety Incident Response Framework supporting the divisional processes with twice weekly Patient Safety Incident Review Groups. The Patient Safety Incident Response Plan (PSIRP) is due for review during Q4. The first PSIRF Oversight group will be held in Q4, reporting into the

					Quality Committee and providing assurance that Incidents have been reviewed in line with PSIRF and that the Trust are meeting the Duty of Candour thresholds.
4.2b	*Strengthen and sustain a learning culture of continuous improvement* To embed the Improvement Faculty within the Trust whose role will be to provide a centre of excellence for transformational and improvement support.	Director of Strategy and Partnership	Quality Committee **On Track** - no issues to note.	• 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.	- The 'Improvement Advisory Group' (IAG) (matrix meeting) continues to meet monthly. As noted previously, the terms of reference have been revised and meetings will, in future, be used to explore specific issues. IAG meetings continue to be well attended. - All aspects of the Trusts Transformation and Efficiency Programme have been assessed by the Improvement Faculty. Work has commenced on determining 2024/25 priority areas. - - The Improvement Faculty 'Hub' has now been created. As well as hosting the Transformation and Improvement elements of the Faculty, the Hub is also used as a hot-desk facility for other colleagues across the Trust. This continues to promote greater collaborative working.

5.1	*Develop a roadmap to longer-term financial sustainability* Establish an underpinning financial strategy to act as the foundation for the delivery of our new 2024-29 Strategy	Chief Financial Officer	Finance Committee **On Track** – action underway to address minor issues	• 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.	- A Financial Recovery Cabinet in operation meeting monthly. - A Financial Resources Oversight Group is in operation meeting monthly. - A Medium-Term Financial Plan, including stretch financial recovery targets to deliver multiyear budgets which return spending to control total limits in the medium term, is in production. - Stretch savings targets to formulate into deliverable financial savings plans for 2024/25 have been agreed by the Trust Management Team (TMT) - All ICS partner work plan data now on the Atamis database. Working groups now convened to analyse the data. A long list of both clinical and non-clinical potential projects for collaboration has been developed. These projects are being assessed by all partners to review viability. The final shared work plan will be agreed by early April 2024.
5.2	*Contribute to the wider societal work to mitigate the impact of climate change on the health and wellbeing of our community* Establish the Sustainability Development Steering Group and progress delivery of the objectives set out in the SFH Green Plan 2021-2026	Chief Financial Officer	Finance Committee **Off Track** – action underway to address minor issues.	• 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.	- A 'Deep-Dive' paper evidencing achievement against key metrics will be developed for March 2023 Finance Committee. - A Case for investment in the sustainability team is to be submitted during Q4 as part of the planning round. - An application to address a revenue pressure associated with a Decarbonisation Plan is to be submitted during Q4 as part of the planning round following an unsuccessful bid to the ICS to fund.

					- The Trust Sustainability Lead is engaging with all Green Plan workstream leads to refresh expectations and reporting.
5.3	*Enhance the utilisation of the SFH estate to support the delivery of outstanding care in the best place.* 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.	Chief Financial Officer	Finance Committee **On Track** - no issues to note.	• 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.	- The new Space & Utilisation Manager post has now been appointed. - Work is progressing to develop a new space allocation process to be agreed by the Trust Management Team during Q4. - Innovative Space allocation software has been rolled out for the Newark Hospital site following completion of the TIF estates scheme. Consideration to be sought for roll out across KMH pending funding. - Early considerations for post PFI settlement investment decant options underway with Project Co. -
6.1a	*We will embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.* Delivery of the "New Ways of Working and delivering care" supporting actions in year 2 of the Trusts People Strategy 2022-2025	Director of People	People, Culture and Improvement Committee **On Track** – action underway to address minor	• 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	- Tactical People Plans developed and distributed across the Trust. Discussions have occurred, and additional intelligence provided, this feedback has been brought into the next stage of tactical people plans. - Continued to support workforce planning for Mansfield Community Diagnostics Centre (CDC). We have started to revalidate the CDC workforce model will be completed in Q4 now

			issues	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.	we have progressed through RIBA stage 2. As part of this we will look at phasing and mobilisation plans. - Delivered our initial 100-day plan aligned to the route to balance and reducing unnecessary costs, development of +100-day plans aligned to March 2024 targets in progress. - - Commenced review on change forms looking at internal new starters and terminations. Undertook ESR (Electronic Staff Record) assessment and received high levels of assurance on our ESR usage.
6.1b	*We will embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.* 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.	Director of Strategy and Partnership	Executive Team Meeting (gauge image) **Off Track** – action underway to address minor issues.	• 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	- The Nottinghamshire Provider Collaborative at Scale (PC@S) purpose, priorities and mission statement have been drafted and agreed. It has been agreed by the PC@S Leadership Board that more specificity on priorities is needed to produce the prospectus, which has been delayed as the collaborative has been considering its role in system financial recovery. Given this, conversations are ongoing about the need for a prospectus at this time and whether the production of a 2024/25 Plan to accompany the MOU would be most appropriate. - The 2024/25 areas of focus have now been agreed as People and Culture and Corporate Services with work to be undertaken during Qtr. 4 and early 2024/25 to fully scope this out.

| 6.2 | *Develop and launch the SFH 2024-29 Strategy*

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. | Director of Strategy and Partnership | Executive Team Meeting

On Track - no issues to note. | • 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 | - The Sherwood Forest Hospitals Trust 'Improving Lives' Strategy launch date has been planned for 7th March 2024. |