

Sherwood Forest Hospitals NHS Foundation Trust (SFH) 2023-24 Strategic Priorities Quarter 2 Update

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Overview

Vision:
Healthier
communities
and
outstanding
care for all

Strategic objectives

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

Values

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

2
Aspiring and improving

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.

3
Respectful, inclusive and caring

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

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. 2. ‘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 bespoke projects that optimise patient flow, 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					↔
2.2	Agree our approach and programme of actions around Health Inequalities and prevention	Medical Director					↑
3.1	Delivery of the "Belonging in the NHS" supporting actions	Director of People					↔
3.2	Delivery of the "Growing for the Future" supporting actions	Director of People					↔
3.3	Delivery of the "Looking after our people" supporting actions	Director of People					↔
4.1a	Electronic Prescribing implementation	Medical Director					↑
4.1b	Develop EPR (Electronic Patient Records) business case	Medical Director					↔
4.2a	Develop and embed the Patient safety Incident Response Framework (PSIRF)	Medical Director / Chief Nurse					↔
4.2b	Embed the Improvement Faculty within the Trust	Director of Strategy and Partnership					↔

Overall RAG Key


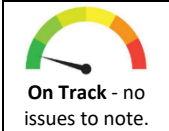
	On Track - no issues to note.		On Track – action underway to address minor issues		Off Track – action underway to address minor issues
	Off Track – action underway to address major issues		Off Track – issues identified no action underway		Off Track – issues not identified and no action underway



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					↔
5.2	Deliver the objectives set out in the SFH Green Plan 2021-2026	Chief Financial Officer					↓
5.3	Develop a multi-year capital investment programme	Chief Financial Officer					↔
6.1a	Deliver the "New Ways of Working and delivering care"	Director of People					↓
6.1b	Through the Provider Collaborative improve how we work together with services outside of SFH	Director of Strategy and Partnership					↔
6.2	Through engagement develop the SFH 2024-29 Strategy	Director of Strategy and Partnership					↔


Overall RAG Key

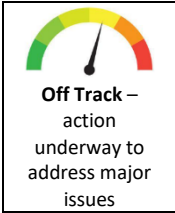
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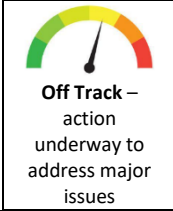

2. Detailed Quarter 2 Update

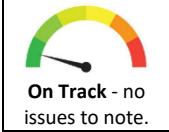
Ref	2023-24 Trust <i>Priority</i> and Deliverable	Executive Lead	SFH Governance	Measures of Success	Quarter 2 Update
1.1a	<p><i>Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics</i></p> <p>Work with Clinical Divisions to develop Clinical Service Strategies at Specialty and Divisional level, to inform a Trust level Clinical Strategy</p>	<p>Director of Strategy and Partnership Medical Director</p>	<p>Executive Team Meeting</p>  <p>Off Track – action underway to address minor issues.</p>	<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 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. 	<ul style="list-style-type: none"> With national industrial action and other operational pressures it has been agreed with Divisions to extend the Service Line work from the end of Qtr 2 (September) to the end of October We are still working towards, and on track to recover this in Qtr 3 noting national Industrial Action and operational pressures remain a risk Further updates will be provided at the Board Time out 15-16 November
1.1b	<p><i>Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics</i></p> <p>'Develop high level 5yr bed requirement model</p>	<p>Chief Operating Officer</p>	<p>Executive Team Meeting</p>  <p>On Track - no issues to note.</p>	<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. 	<ul style="list-style-type: none"> Initial scoping activity completed with Edge (company that supports SFH bed modelling) to understand approach to and cost of this modelling. Work provisionally scheduled to be undertaken in Nov-23. Link to divisional service line plans may evolve as plans are available

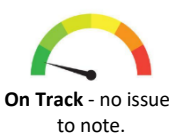

1.2a	<p><i>Continue to recover our Planned Care services</i></p> <p>'Expand Day Case Surgery Services at Newark Hospital through the Transformation Investment fund (TIF)</p>	Chief Operating Officer	<p>Executive Team Meeting</p>  <p>On Track – action underway to address minor issues</p>	<ul style="list-style-type: 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. 	<p>- As detailed in the last update the modular theatre remains scheduled to open in Oct-23. This priority is now shown as 'on track' following confirmation of the revised build process timescales and the plans in place for staff recruitment and the commencement of activity</p> <p>- The establishment for Newark TIF has recently been updated which has resulted in some skill mix and wte changes which has increased the overall number of vacancies being recruited to. It is forecast that we will be at between 55 and 60% recruitment by the end of Qtr 3 against this new establishment (29 posts). The gap relates to (a) staffing for Medical Day Case and the procedure room which aren't due to be completed and open until February and (b) 2 wte anaesthetic roles which are challenging to recruit to and 1 wte T&O consultant. These gaps will be covered through Waiting List Initiatives and in house until recruitment has been successful.</p> <p>- A detailed operational plan is in development to deliver the level of activity in 2024-25 in line with business case aspirations and to maximise the 2023-24 activity levels.</p>
1.2b	<p><i>Continue to recover our Planned Care services</i></p> <p>'Expand Diagnostic Services to Mansfield Community Hospital</p>	Director of Strategy and Partnership	<p>Executive Team Meeting</p>  <p>On Track – action underway to address minor issues</p>	<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 	<p>- New dates approved through SFH governance with Demolition pre-works scheduled to commence January 2024</p> <p>- Schedule of accommodation (SOA) agreed and locked down with clinical and operational teams. A revised programme of works and costs to be developed from the approved SOA, inclusive of scoping the utilisation of existing Mansfield Community Hospital estate. Capital bid for £4.9m submitted to NHSE to mitigate against £6.9m forecasted overspend – awaiting outcome</p> <p>- SoA and predicted activity will support the</p>


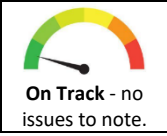
					<p>development of the staffing model for the CDC</p> <ul style="list-style-type: none"> - Accelerated activity – non contrast MRI scans and phlebotomy service commencing October 2023 - Additional NHSE revenue funding approved to assist with costs for current approved accelerated activity and to commence Echocardiograms diagnostics in 2023 - Activity submission and central costs for 2024-25 being collated – costs for additional revenue funding to pump prime workforce for go live in March 2025. Additional accelerated activity diagnostics being scoped to assist with reducing current backlogs
1.2c	<p><i>Continue to recover our Planned Care services</i></p> <p>'Achieve elective activity levels, backlogs and patient waiting times in line with the 2023/24 operational plan and supporting performance trajectories.</p>	<p>Chief Operating Officer</p>	<p>Executive Team Meeting</p>  <p>Off Track – action underway to address major issues</p>	<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, O/P) - PIFU - 52 and 65ww - Number of completed RTT pathways - 62-day cancer backlog - 28-day cancer FDS 	<ul style="list-style-type: none"> - Aside from the ongoing instances of Industrial Action (IA), we are delivering strong elective activity levels - The IA has adversely impacted on elective activity levels meaning that backlogs have grown and patient waiting times increased. We have had a total of 21 working days relating to junior doctor and/or consultant strikes since April which has had a material impact on activity levels. Whilst our reported month end position for 52 and 65-week wait has increased, we are currently on track with the 65-week wait cohort trajectory (those we expect to breach at the end of the financial year). Our 62-day cancer backlog position was on track until Jul-23; however, like other areas, IA has impacted on patient pathways - Despite the challenges, there are areas of strength within the measures for success with strong PIFU and 28-day cancer FDS performance - Planned care performance data with associated narrative for all the metrics of success is included in the the quarterly Integrated Performance Report



<p>1.3</p>	<p><i>Continue to work towards a sustainable model of urgent and emergency care</i></p> <p>- Progress with the Optimising Patient Journey (OPJ) improvement programme bespoke projects that support patient flow.</p> <p>- Expand use of Same Day Emergency Care (SDEC) within Surgery</p> <p>- Embed and expand virtual wards</p> <p>- 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</p>	<p>Chief Operating Officer</p>	<p>Executive Team Meeting</p>  <p>Off Track – action underway to address major issues</p>	<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. 	<p>- Agreed work programme in place supported by the Improvement Faculty which supplements improvement work underway across our divisional teams</p> <p>- Capital works on wards 14 and 33 have resulted in delays to the opening of Surgical Same Day Emergency Care. Work underway to progress in Q3. Across SFH however we continue to better the national 33% SDEC target, delivering circa 37%.</p> <p>- Virtual wards expanded over the summer to include the frailty pathway and the OPAT service is being counted under Virtual Ward with an expansion planned in Oct-23. The respiratory Virtual Ward is likely to seasonally increase over the winter period. Work is underway to refine and automate data collection processes</p> <p>- The number of long stay patients (>20days) has decreased throughout Q2 to be in line with our plan by the end of Sep-23. This is driven by our relaunched bi-weekly long stay review meetings providing greater focus and challenge</p> <p>- The number of MSFT patients has not yet reduced in line with the operational plan; however, reductions seen in Sep-23 have brought our MSFT levels to the lowest monthly level for over one year. With support from PA Consulting, the SFH discharge pathway has been mapped with a programme of work in place led by the SFH Chief Operating Officer with full system participation to improve discharge processes and data to help identify and resolve bottlenecks in the process'</p> <p>- Urgent and emergency care performance data with associated narrative for the metrics of success is included in the the quarterly Integrated Performance Report</p>
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<p>1.4a</p>	<p><i>Progress Workforce Transformation</i> - Progress Medical Workforce Transformation</p>	<p>Medical Director</p>	<p>People, Culture and Improvement Committee Finance Committee</p>  <p>Off Track – action underway to address major issues</p>	<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 in place within 2 months of publication. 	<ul style="list-style-type: none"> - Average monthly spend is in line with 2022-23 however this remains a significant concern with agency costs currently running at 5.7% of total pay against the target of 3.7% - 90% of price cap breaches relate to medical spend with only one off-framework shift since May 2023 - Key pillar of Financial Recovery Cabinet
<p>1.4b</p>	<p><i>Progress Workforce Transformation</i> 'Progress Nursing, Midwifery & Allied Health Profession (NMAHP) workforce transformation</p>	<p>Chief Nurse</p>	<p>People, Culture and Improvement Committee Finance Committee</p>  <p>On Track - no issues to note.</p>	<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 	<ul style="list-style-type: none"> - There continues to be a sustained reduction in the use of level 3 escalation agency usage across our services, with a renewed focus now aimed at supporting our level 2 usage. The 'Allocate on-Arrival' workforce initiative remains active and is regularly reviewed to ensure sustainability. Controls enabling escalation of staffing requests have been strengthened, and a focus on early de-escalation is being explored whilst ensuring safety is the driving priority - The senior corporate nursing team has supported clinical divisions with the bulk recruitment into the priority over establishment areas of Castle Ward, Lindhurst Ward, and Chatsworth Unit. Lindhurst Ward and Chatsworth Ward are now fully recruited for both registered nurse and support worker positions and will start to see the new staff members commence in post over the coming weeks and months. The team at Castle Ward has also fully recruited into all their substantive positions for registered nurses and 78% of their support worker roles, with adverts in progress for the remaining vacancies

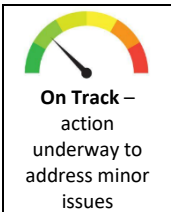
					<ul style="list-style-type: none"> - International recruitment continues at pace with a trajectory of 26 new starters arriving on October 26th and a further 25 expected to arrive in late November. Collaborative work continues with the people directorate, corporate nursing team, and immigration regarding visa and certificates of sponsorship for a final cohort in December in line with the pipeline agreed with NHS England. This will then conclude this episode of international recruitment - Workforce planning data using the Safer Nursing Care Tool has continued and has now concluded for 2023. Analysis of this data is underway and will inform our establishment setting reviews due to commence in December
2.1	<p><i>Focus on Maternity Services ensuring babies have the best possible start in life</i></p> <p>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.</p>	Chief Nurse	<p>Quality Committee</p> 	<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 	<ul style="list-style-type: none"> - CQC 'must do' actions completed and green form signed off through Quality Committee, focus is now on 'Should Do' actions - Business case in preparation for 2024-25 for the Phoenix Team (smoking at time of delivery) - Maternity/Neonatal SIP work ongoing across the division, work presented around success of early breast milk at regional meeting - First planned session on Cultural Safety Training delivered as part of the implementation of the equity and equality strategy - Annual establishment review planned for Dec 23

2.2	<p><i>Work with ICB partners to reduce health inequalities and prevention for those in greatest need</i></p> <p>agree our approach and programme of actions around Health Inequalities and prevention as a key strategic priority for the 24-29 strategy</p>	Medical Director	<p>Quality Committee</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Established ICB Health Inequalities (HI) group 2023-24 funded HIIF schemes mobilising to be partly or fully implemented from November Engaging with the ICB to develop process for bids for 2024-25 funding (£4.5m set aside in JFP) University of Nottingham and North Trent Network have developed an evaluation framework to support HIIF and benefits realisation of these schemes ICB HI dashboard under development by SAIU ToR for new Trust Board sub-committee to provide assurance against HI, in development
3.1	<p><i>Support and celebrate diversity in all its forms, creating a sense of belonging.</i></p> <p>'Delivery of the "Belonging in the NHS" supporting actions in year 2 of the Trusts People Strategy 2022-2025</p>	Director of People	<p>People, Culture and Improvement Committee</p>  <p>On Track - no issues to note.</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 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. 	<ul style="list-style-type: none"> Continue to celebrate Diversity both within and outside of SFH (Pride, Carers and Reach Out) supported and delivered by our staff networks Annual milestone event held to celebrate colleagues with 25 years + service Development of national EDI Improvement plan incorporating 6 high impact actions WRES/WDES data submitted to NHSE with results disclosed and upward improvements in both WRSE and WDES reported Continued delivery of EDI awareness sessions with positive feedback Preparations in train for delivery of NSS23 across the Trust for Q3 roll out
3.2	<p><i>Retain talent through recognition and development, creating more flexible and varied roles.</i></p> <p>'Delivery of the "Growing for the Future" supporting actions in year 2 of the Trusts People Strategy 2022-2025</p>	Director of People	<p>People, Culture and Improvement Committee</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, 	<ul style="list-style-type: none"> MAST Statement of Intent developed and implemented to launch the portability of 7 of 11 areas of mandatory training which is in line with Core Skills Framework



			 <p>On Track - no issues to note.</p>	<p>Culture and Improvement Committee of the delivery of the supporting actions</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> - Revised appraisal documentation created, consulted with via clinical and non-clinical forums and piloted in clinical and non-clinical areas. Launched revised appraisal paperwork in September including supporting videos - SFH Talent management strategy drafted incorporating the Leadership Development Framework, the People Strategy and the overall Trust Strategy. Implementation of the Leadership Development programme underway with recruitment to new training post to support delivery - 21 new external apprenticeships have now started within SFH (exceeding the target) with a further 3 in the pipeline and a new supporting your apprentice training programme launched. Deep dive of apprenticeship admin and financial processes completed and improvement plan in place, intelligence gathering around further planned apprentices will inform forecast - Work experience on target with opportunities in an additional 3 areas at SFH identified (Comms, Rheumatology Research and Cardiac Rehabilitation) - 11 events attended to date with a further 9 planned
3.3	<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> <p>Delivery of the "Looking after our people" supporting actions in year 2 of the Trusts People Strategy 2022-2025.</p>	Director of People	<p>People, Culture and Improvement Committee</p>  <p>On Track - no issues to note.</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.) 	<ul style="list-style-type: none"> - Completion of Wellbeing fundamentals audit across 91% of areas across the Trust - Continued development of the Health and Wellbeing Strategy utilising national Wellbeing framework as a gap analysis - Development of wellbeing support for Q3 & Q4 to support Trusts Winter plan. 5 key areas of focus; Civility and Respect through CARE Values relaunch, wellbeing fundamental audit to ensure all have access to basic wellbeing needs, wellbeing spaces

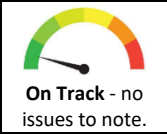
				<ul style="list-style-type: none"> Introduce a Health & Wellbeing Strategy by Qtr. 3 Measure the effectiveness of our Health & Wellbeing offer including Vivup and Occupational Health by Qtr. 3 	<p>promotion, stress and burnout support and “Boost” vaccinations for both flu and COVID.</p> <ul style="list-style-type: none"> Continued wellbeing programmes of support for ED and students Development of ‘Culture Heat Map’ with launch planned for Q3
4.1a	<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> <p>Complete the first and commence the second stages of Electronic Prescribing implementation [1. Implementation, 2. stabilisation, 3. optimisation, 4. transformation]</p>	Medical Director	<p>Quality Committee</p>  <p>Off Track – action underway to address minor issues.</p>	<ul style="list-style-type: none"> Roll out EPMA to remaining areas by end of Qtr. 4 Commence Stabilisation during Qtr2 	<ul style="list-style-type: none"> Medicines Management Technician recruited for second stage commence in Nov 2023 Project Manager recruited for second stage commence Oct 2023 Dedicated pharmacist resource recruitment underway Critical Care, maternity roll out plans developed Multiple reviews of workflow identified stabilisation/ optimisation e.g. VTE instruction addition
4.1b	<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> <p>Develop EPR (Electronic Patient Records) business case</p>	Medical Director	<p>Quality Committee</p>  <p>On Track - no issues to note.</p>	<ul style="list-style-type: none"> Submission of business case Qtr. 2 Approval dependent commencement of recruitment Qtr. 3 	<ul style="list-style-type: none"> Pre-procurement engagement sessions held with five suppliers EPR OBC approved by SFH Trust Board EPR OBC approved by ICB and letter of support drafted EPR OBC submitted to Frontline Digitalisation

<p>4.2a</p>	<p><i>Strengthen and sustain a learning culture of continuous improvement</i></p> <p>Develop and embed the Patient safety Incident Response Framework (PSIRF)</p>	<p>Medical Director / Chief Nurse</p>	<p>Quality Committee</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 	<ul style="list-style-type: none"> - We have worked with stakeholders to prepare for transition to PSIRF & have developed our Patient Safety Incident Response Plan (PSIRP) and Patient Safety Incident Response Policy. We have successfully recruited 4 Patient Safety Partners - Levels 1 & 2 of the National Patient Safety Syllabus are available on the Trusts learning platform - We have trained 18 Patient Safety Incident Investigators and delivered oversight training to our triumvirates and senior leaders with oversight responsibilities - PSIRF went live on 2 October following a period of transition - During Q4 we will continue to recruit Patient Safety Partners and develop their role. We will focus on ensuring staff undertake the Level 1 Patient Safety syllabus training and support investigators and staff in understanding the new approach to patient safety incidents and ensure that lessons learnt and actions taken are robust with measurable outcomes
<p>4.2b</p>	<p><i>Strengthen and sustain a learning culture of continuous improvement</i></p> <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>	<p>Director of Strategy and Partnership</p>	<p>People, Culture and Improvement Committee Quality Committee</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. 	<ul style="list-style-type: none"> - Although the 'Improvement Advisory Group' (matrix meeting) has continued to meet on a fortnightly basis, it has been agreed this will move to become monthly. Revised ToR have been agreed by the group, and additional clinical input has been included in the core membership. This will commence at the beginning of Q3. - All aspects of the Trusts Transformation and Efficiency Programme have been assessed by the Improvement Faculty. A further programme, encompassing a series of bespoke projects to support earlier in the day discharge, is about to enter the delivery stage - The Improvement Faculty 'Hub' has now been created. Whilst this continues to host the

				<ul style="list-style-type: none"> 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. 	<p>Transformation and Improvement elements of the Faculty, it is also regularly used as a hot-desk facility by various other colleagues from across the Trust; further compounding effective collaborative working</p> <p>-The NHS IMPACT self-assessment tool has been used to demonstrate progress against key domains and to provide guidance for the ongoing development of the Faculty</p>
5.1	<p><i>Develop a roadmap to longer-term financial sustainability</i></p> <p>Establish an underpinning financial strategy to act as the foundation for the delivery of our new 2024-29 Strategy</p>	Chief Financial Officer	<p>Finance Committee</p>  <p>On Track – action underway to address minor issues</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. 	<p>- Financial Recovery Cabinet in operation Procurement Team feeding into the FIP programme via the Deputy Director of Strategy and Partnerships; Financial Resources Oversight Group to be operational in Q3</p> <p>- Medium Term Financial Plan, including stretch financial recovery targets to deliver multiyear budgets which return spending to control total limits in the medium term in production</p> <p>- Stretch savings targets to formulate into deliverable financial savings plans for 2024-25 during Q3&Q4</p> <p>- Continued progress of the ICS Procurement Group. All have access to shared spend data and work plans. Next step is a shared work plan and Strategy</p>

5.2	<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> <p>Establish the Sustainability Development Steering Group and progress delivery of the objectives set out in the SFH Green Plan 2021-2026</p>	Chief Financial Officer	<p>Finance Committee</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. 	<p>- The report presented to SDSG in the October 2023 highlighted that gas and electricity consumption increased by 18.6% and 1.7% respectively. The SDSG will meet more frequently as information is triangulated to activity and other factors such as the ambient external temperature being lower than expected to triangulate the greater need for artificial heating/lighting. This work will inform any further actions</p> <p>- SDSG report being drafted for FC in Q3 and Board Sustainability Awareness training being scheduled. BAF PR8 was reviewed at SDSG in October 2023 and it was decided to maintain the existing risk score. SDSG were assured that the PR7 risk score was triangulated with the PR8 score to take into account climate adaption planning assumptions</p> <p>- The funding criteria scope changed which meant that the Trust did not progress a PSDS3b bid. A heat carbonisation plan is being drafted to ensure the Trust is eligible to apply for the PSDS3c funding rounds</p>
5.3	<p><i>Enhance the utilisation of the SFH estate to support the delivery of outstanding care in the best place.</i></p> <p>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.</p>	Chief Financial Officer	<p>Finance Committee</p> 	<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. 	<p>- 2023-24 capital plan is anticipated to be fully utilised</p> <p>- Multi year capital plan approved by Finance Committee</p>

6.1a	<p><i>We will embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.</i></p> <p>Delivery of the "New Ways of Working and delivering care" supporting actions in year 2 of the Trusts People Strategy 2022-2025</p>	Director of People	<p>People, Culture and Improvement Committee</p>  <p>On Track – action underway to address minor issues</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 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. 	<ul style="list-style-type: none"> On-going monitoring and review of impact through the People Metrics on the Single Oversight Framework. Development of long-term strategic model with view launch in Q3 aligned to the clinical strategy development work. Develop workforce transformation plan for Mansfield Community Diagnostics Centre (CDC) by October 23 (delayed from Qtr 2. due to changes to accommodation plan) Arranged ESR standards of attainment assessment to understand effectiveness of ESR
6.1b	<p><i>We will embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.</i></p> <p>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.</p>	Director of Strategy and Partnership	<p>Executive Team Meeting</p>  <p>Off Track – action underway to address minor issues.</p>	<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 	<ul style="list-style-type: none"> The Nottinghamshire Provider Collaborative at Scale purpose, priorities and mission statement have been agreed and it is expected that a Memorandum of Understanding and Prospectus will be available as 'Papers in Common' for SFH Public Board In January or February 2024. This will depend on when paper submission dates fall A distributed executive group (DEG) has been established now meets monthly to support decision making and to track progress

6.2	<p><i>Develop and launch the SFH 2024-29 Strategy</i></p> <p>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.</p>	<p>Director of Strategy and Partnership</p>	<p>Executive Team Meeting</p> 	<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 	<ul style="list-style-type: none"> - Initial engagement with the Trust membership, staff and volunteers was completed during the summer and the high level findings have been included in the draft strategy - We are meeting the revised dates for a draft Strategy to go to the 25th October Board Time Out with a further dedicated session on strategy at the November Board Workshop - Following the Board Time out the draft will be finalised and engagement on the strategy commenced with feedback on the draft Strategy sought from colleagues and partners
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