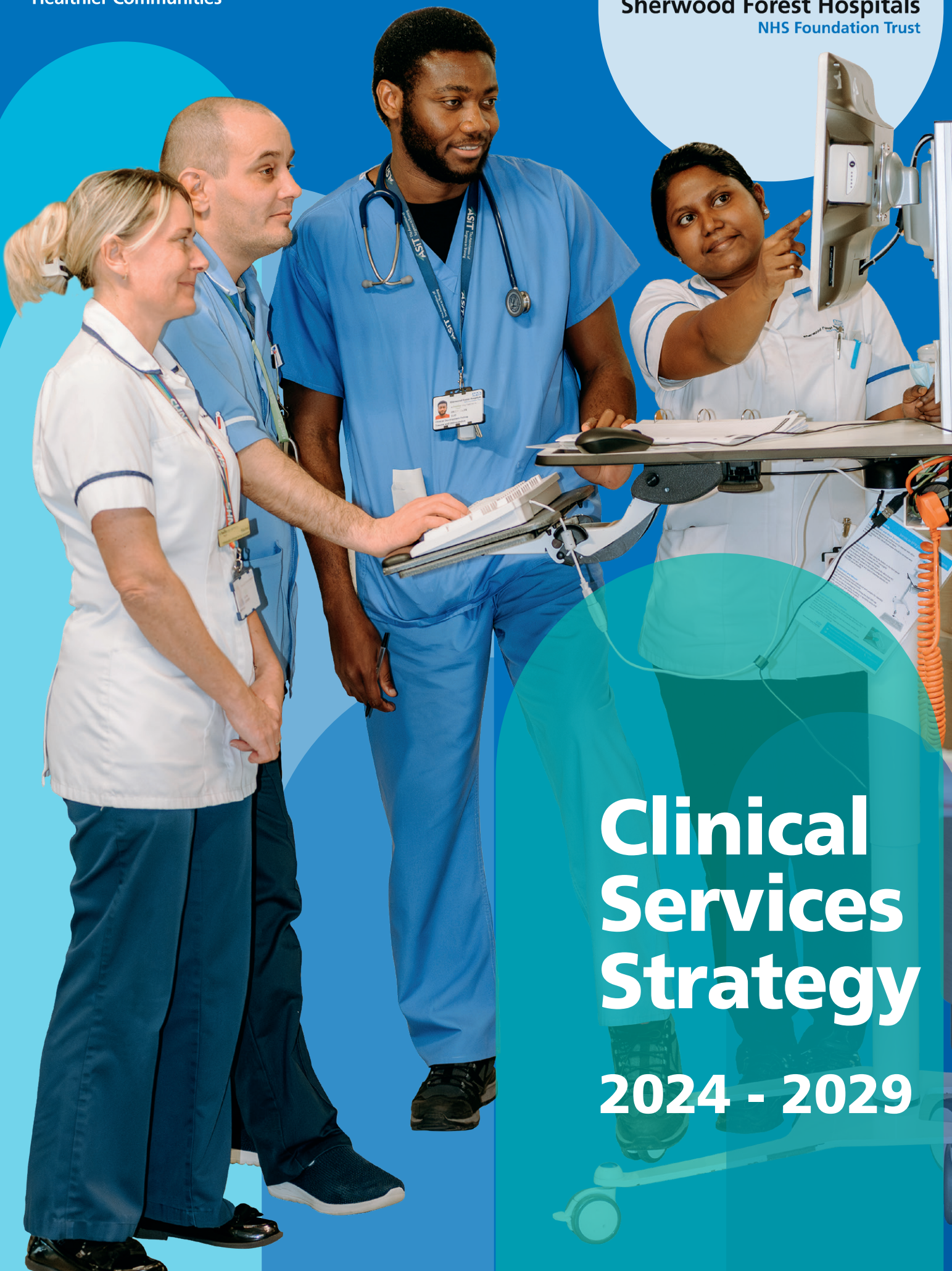


Outstanding Care,
Compassionate People,
Healthier Communities



Sherwood Forest Hospitals
NHS Foundation Trust



Clinical Services Strategy

2024 - 2029



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1. Welcome

We are proud to introduce our first Clinical Services Strategy, an integral part of our overall Trust strategy, **Improving Lives**. This supporting strategy provides a clinical and service focal point for shaping the Trust's thinking and future direction. It is central to the delivery of the Trust's Vision:

'Outstanding Care delivered by Compassionate people enabling Healthier Communities'.

Over the next five years the NHS will face some of the most challenging times in its 75-year history. In our community, people are living longer but their physical, social, and mental health needs are increasing. Multiple health conditions are increasingly common among our patients. Our current way of delivering services, which are often designed around single diseases, does not always fit with this. There is an increasing demand for the care we provide but with a change in how people want to access our services. We need to focus on ways to maximise independence and minimise the duration of illness from old age to the end of life.

Our services need to reflect advances in medicine and technology including major changes in digital technologies, automation and genomics, the changing workforce, the increasing focus on keeping people healthier so they need our services less or later, and the need to be financially sustainable.



With this volatile and uncertain backdrop, having a clear focus on how our services, our specialities, our models of care and our patient pathways need to change and improve will be crucial for us to improve lives. Achieving this requires a strong, unified clinical and operational voice to ensure that we have clarity on the strategic direction for our services.

As a local healthcare provider, we are in a privileged place to support patients throughout their life. We recognise our role in helping people to Start Well, Live Well, Age Well and Die Well.



This Clinical Services Strategy and its delivery plans have been co-developed and co-produced with our clinical and operational teams. It sets out the guiding principles we will use to design our services. It will be regularly reviewed throughout its life and adjusted accordingly, ensuring that the involvement of our patients and our partners influences our delivery plans.

We are grateful to everyone for their input into this strategy and for the further work that will be undertaken throughout the next five years.



Dr David Selwyn
Medical Director



Phil Bolton
Chief Nurse



Rachel Eddie
Chief Operating Officer

2. Our vision for clinical services

Most decisions in the NHS, especially those about the treatment of individuals, are rightly taken by the 'local NHS' and by patients in conjunction with their clinicians. As a clinically-led organisation, it is important that we actively listen to the voices of our service users and our people working in our services. This will help us to better understand our patient needs and the opportunities for SFH's clinical services in the future.

Our clinical leaders have agreed on eight guiding principles. These are the underlying values against which our clinical teams will provide care and transform our services. They underpin our ambitions, commitments, and clinical priorities alongside our CARE values.

We recognise the part we should play in our local area and our role in supporting people to live their best lives as part of their community. Our Improving Lives strategy reflects how important this is to us. Even though we cannot eliminate health inequalities alone, we can make a significant difference by adopting equitable ways of working, prioritising all aspects of healthcare with prevention embedded across our services, reducing our environmental impact, and adding social value in our role as an anchor organisation.



We will work with patients, carers, and our local community to help keep people well.

When we fail to keep people healthy the demand for health and care services grows in magnitude and complexity. It also has wider implications for the economic prosperity of our communities.

We will work individually and with partners:

- to prevent the onset and development of disease.
- to put actions and services in place that will contribute to increasing healthy life expectancy and that are good for our patients, good for our Trust, and good for our planet.
- to manage the growth in demand for our services and to keep people in the best place for their care needs whether this is in or outside of our hospitals.
- to strive to provide the best possible service and experience for our patients when our hospital services are needed.

Our goal is to help people live well today and to influence future generations' health.

We want Sherwood Forest Hospitals to look beyond its traditional boundaries and contribute to delivering healthier communities. This means that, where it will improve outcomes for our local communities, we may provide or run local services outside of normal hospital services and in community locations. We may also ask partners to run services jointly with us or even to run services for us or instead of us where this strengthens the service.

We also recognise that technology developments such as the electronic patient record can offer significant opportunities for innovation and improvement in our ways of working when implemented well.

Ensuring that our services align with these ambitions will require constant reflection and review of this strategy as part of a framework that will support us to seize opportunities when new resources do become available and to make the case when there are major changes, such as in digital, system automation, robotics or transformational drug treatments and genomics.

This strategy sits alongside our Quality, People, Finance and Partnership supporting strategies that collectively deliver our strategic objectives and improves lives.



VISION

- **Outstanding care** delivered by
- **Compassionate people** enabling
- **Healthier communities**



GUIDING PRINCIPLES

- Personalised & equitable co-designed care
- Continuous improvement & quality of care
- Research & technology-enabled care
- Compassionate & inclusive
- Developing & empowering our people
- Living healthier & longer lives
- Partnership & collaboration
- Best use of our and the planet's resources



VALUES

- Communicating & working together
- Aspiring & improving
- Respectful, inclusive & caring
- Efficient & safe

3. Who we are

Sherwood Forest Hospitals Trust is an acute hospital providing a full range of hospital and some community services for our Mid Nottinghamshire population and adjoining areas. We provide high-quality unplanned (urgent and emergency) and planned care services across our sites at King's Mill Hospital, Mansfield Community Hospital and Newark Hospital. The Trust is proud to be a clinically led organisation, and as such blends and draws on the expertise of Medical, Nursing, Midwifery, Pharmacists, Clinical Scientists, Allied Health Professionals (AHP's) and operational managers among others to lead and deliver its services.



The Trust delivers its clinical services through five clinical divisions. Our divisions and clinical services are led by a team made up of three individuals representing nursing, midwifery or AHP, operational managers and senior clinicians. These teams are key to the delivery of our clinical strategy.

Our Clinical Divisions

Urgent and
Emergency
Care

Surgery,
Anaesthetics
and Critical
Care

Medicine

Clinical
Support,
Therapies, and
Outpatients

Women's
and
Children's

Urgent and Emergency Care (UEC)

The Division of Urgent and Emergency Care performs a critical role in keeping the population healthy. Our urgent care front door services respond to more than 180,000 attendances every year and play a key part in supporting patients to receive the right care, by the right person, as quickly as possible. Our services include: King's Mill Emergency Department (ED), Newark Urgent Treatment Centre (UTC), Acute Medicine, Same Day Emergency Care (SDEC), Emergency Assessment Unit; Short Stay Unit, Discharge Lounge and our Hospital Out of Hours service.



Dr Ben Owens
Divisional Clinical Chair



Steven Jenkins
Divisional General Manager



Richard Clarkson
Divisional Head of Nursing & Head
of Service ED and Newark UTC

Surgery Anaesthetics and Critical Care (SA&CC)

The Division of Surgery, Anaesthetics and Critical Care is one team looking after the full surgical pathway for patients from pre-op through to discharge from our surgical wards. We are responsible for anaesthetics, theatres and critical care, along with nine surgical specialties and decontamination.

Our services are provided on both Kings Mill and Newark hospital sites. We have 130 beds across six inpatient wards at King's Mill, including a surgical assessment unit and an additional ward at Newark. We are also responsible for a 16-bedded day-case unit, a 15-bedded intensive care unit and 11 main and four day-case theatres, which includes a new laminar flow theatre at Newark which opened in November 2023 to support the expansion of surgical services.

The Division will be implementing surgical same day emergency care from April 2024 to support the reduction in unnecessary admissions.



Mr Sreebala Srinivasan
Divisional Clinical Chair



Jo Fort
Divisional General Manager



Trevor Hammond
Divisional Director of Nursing

Medicine Division:

The Medicine Division looks after the majority of acute admissions to Sherwood Forest Hospitals, with over 400 in-patient beds over three sites, ranging from high acuity cardiac and respiratory beds to inpatient rehabilitation services. We also look after many patients in their own homes through the SFH@Home service providing intravenous therapy and stepdown services for a wide range of conditions. We aim to look after as many patients as possible in their own home.

The Division offers diagnostic tests, including gastroenterology and respiratory endoscopic examinations and cardiac respiratory and gastroenterology physiological tests.

The outpatient services include Dermatology (including skin surgery), Diabetes and Endocrinology (including pumps), Gastroenterology, Geriatric Medicine, Clinical Haematology, Neurology (provided by Nottingham University Hospitals – NUH), Oncology (provided in conjunction with NUH and including systemic anticancer treatment), Renal (NUH), Respiratory (including Sleep Medicine), Rheumatology and Stroke.



Dr Mark Roberts
Divisional Clinical Chair



Jo Wright
Divisional General Manager



Carly Rollinson
Divisional Director of Nursing

Clinical Support, Therapies & Outpatients (CSTO)

We are a new and forward-looking divisional team, supporting over 15 separate services which impacts every patient the trust sees. Alongside Pharmacy, Radiology, Pathology and Outpatients, our other services include Medical Photography, the Faith Centre, Therapies, Medical Records, Clinical Engineering and Sexual Health Services.

The Division is entering an exciting time with several ongoing and innovative projects including a cross-county innovation for Pathology services, a trust-wide Outpatient Transformation Programme and the opening of the Mansfield Community Diagnostic Centre (CDC) which has the potential to be the largest capital project that the organisation has undertaken in a decade.



Dr James Thomas
Divisional Clinical Chair



Adam Littler
Divisional General Manager



Lindsey Chapman
Divisional Director of Nursing & AHPs

Women's and Children's (W&C)

The Women's & Children's Division supports our dynamic and innovative teams within Obstetrics & Gynaecology, and Acute & Community Paediatrics.

Maternity Services at Sherwood Hospital are rated as one of the highest performing in the Midlands. We have approximately 3,500 babies born every year with this number expected to grow further over the life of this strategy. The Children's Centre at King's Mill Hospital has a proud reputation for providing first-class general acute and community paediatric services alongside our children's services and Women's Centre at Newark Hospital.

A level 2 Neonatal & Paediatric centre based at King's Mill Hospital offers premature babies and children high-quality care. Gynaecology services range from general to specialist, including managing approximately 50-60 gynaecological cancers per year working in partnership within the East Midlands Cancer Network.

As part of our clinical services strategy, we are committed to supporting and developing our workforce to ensure that teams and services are well led and have access to academic opportunities and wellbeing support.



Mr Srinivindla
Divisional Clinical Chair



Matt Warrilow
Divisional General Manager



Paula Shore
Divisional Director of Midwifery &
Head of Nursing



4. Drivers for Change

We cannot work in isolation, and we have developed our clinical services strategy considering the Nottingham and Nottinghamshire Integrated Care Strategy and the Nottingham and Nottinghamshire NHS Joint Forward Plan.

We will further develop our role in population health management contributing to a shift in focus from reactive to proactive and preventative care while targeting health inequalities and inequity and reducing our impact on the environment.



We have identified several key drivers:

- People in our community are living longer, but frequently with an increasing number of complex physical, social, and mental health needs. We aim to contribute to the increased healthy life expectancy of our population.
- Our services need to reflect advances in medicine and technology, the changing workforce, and be financially sustainable.
- To meet increasing demand, we need to develop new ways of working. Services will have to be delivered in ways that are different from how people have accessed and received services previously.
- People will also need to take a more active role in their own well-being and accept that things may have to be done differently in the future.
- We need to keep people out of hospital when this is in their best interests, or to minimise length of stay when admission is essential. Expanding the hospital isn't realistic nor is a hospital always the best place for someone to receive care.
- At the same time we need to maintain the quality of interaction with our patients and manage the impact of these changes on our people.

Innovation and partnership collaboration is more important than ever to maintain the quality of our services and to meet these future challenges. Through this we have the opportunity to draw upon clinical and operational knowledge and leadership from across the system to deliver, develop, plan and implement different ways of working.

We have a hugely talented, skilled, and committed workforce who are ambitious about their services, patients and people. Through this clinical services strategy, we will empower our people to develop, innovate and work across professional and organisational boundaries within the resources provided to us.



5. Our Guiding Principles

Our clinical leaders have agreed **guiding principles** which can be applied to all of the services we deliver.

Personalised and equitable co-designed care

- Some people require more help to access healthcare than others. We plan our services around the needs of the individual, asking: **“what matters to you?”**
- **Service users, our people and partners** are actively encouraged and supported to be **involved in the design and implementation of our services** as we strive to ensure consistently good outcomes.

Continuous improvement quality of care

- We embrace **improvement as fundamental** to deliver outstanding care and recognise that it is everyone’s responsibility.
- We provide our people with the **right information tools** to assess service performance, identify improvement areas and monitor progress.
- We are **open and welcoming of opportunities** to provide services in a better way.

Research, technology and innovated care

- We actively seek out new **research opportunities, innovations, and digitally-enabled solutions** with the resources we have, or can attract, to improve the health outcomes of our patients, our citizens and their communities.

Compassionate and inclusive

- **Our people and patients come first**, doing what is the right thing ‘with them’ and not ‘for them’.
- **We value every person** as an individual, respect their aspirations and commitments, and seek to understand their values and beliefs .
- We exhibit **CARE values** in every interaction with each other and our patients.

Developing and
empowering our
people

- We actively plan for, and participate in, the **education and teaching** of our current and future workforce.
- We **empower and harness the potential of our people** to have confidence in their judgement, to work collaboratively and to develop new ways of working.
- We **grow the medical and wider NHS leaders of the future**, equipping them to thrive in a complex and evolving future.

Living healthier
and longer lives

- We develop our plans and design our services to meet the **current and forecast health needs of our population**.
- We contribute to **prevention and reducing health inequalities** helping our population to keep well and healthy.

Partnership and
collaboration

- We support **self-care and management** in the community to keep patients out of hospital, where it is clinically appropriate and safe to do so.
- We seek out opportunities for effective **collaboration and partnerships** to meet people's healthcare needs.
- We are open to **new provider / collaborative models** if it is in the best interests of our patients and communities.

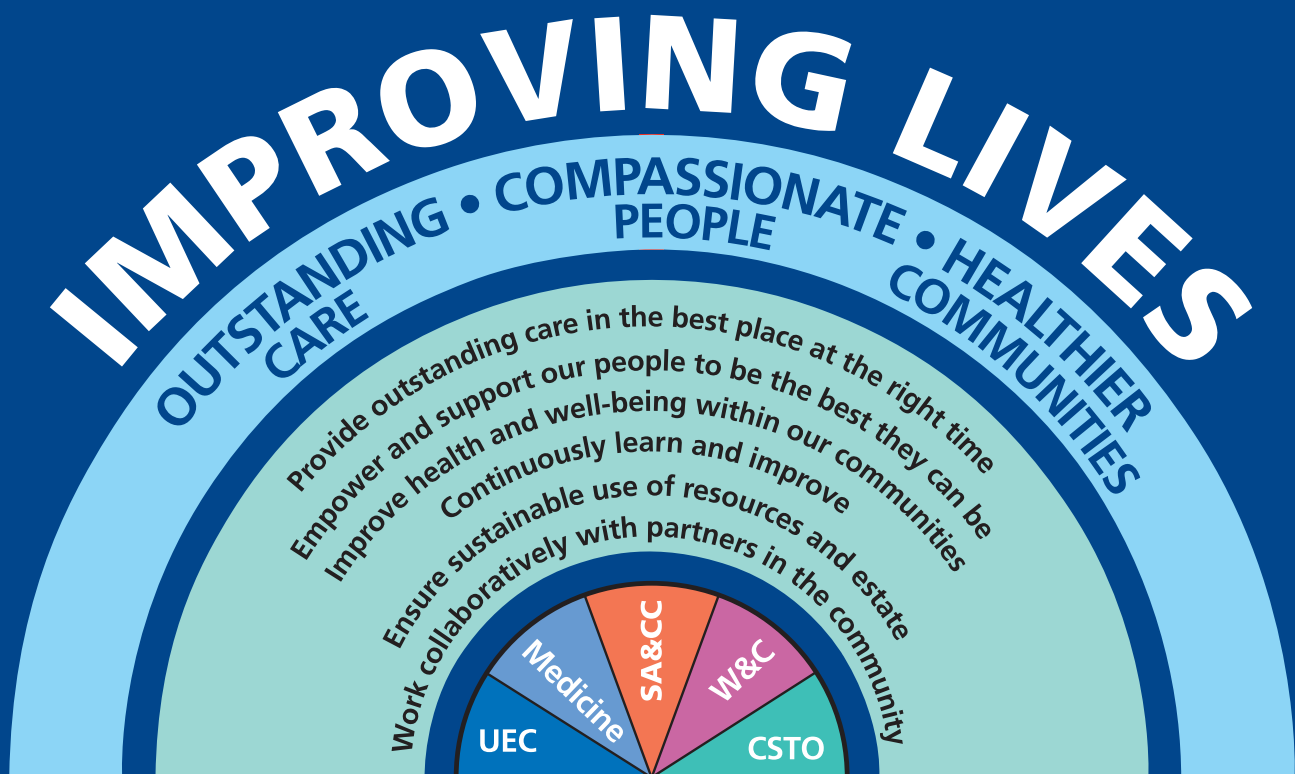
Best use of our
and the planet's
resources

- We provide care and services for our patients and communities that is **sustainable, both financially and for the planet**.
- We recognise our financial constraints and act with **responsibility**.

6. What does this mean in practice and how we will get there

The Sherwood Forest Hospitals Improving Lives strategy sets out six strategic objectives.

Within this section we have described what these objectives mean for patients and our people in the context of the Clinical Services Strategy. We have also set out the actions we will be undertaking during 2024/25 that, when taken together, will make a significant contribution to the delivery of our vision of Outstanding Care delivered by Compassionate People enabling Healthier Communities.



The Quality Committee, a Sub Committee of the Trust Board, will retain oversight of these actions and assure the Trust Board on their delivery. We will plan and develop additional deliverables for 2025/26 as set out in the next steps section.

We have set out on the following pages what we are committing to deliver in 2024/25 linking this directly to the different strategic objectives:

Strategic Objective 1

Provide outstanding care in the best place at the right time

What does this mean for our patients and communities?

- Patients can be confident that we strive to provide them with the best evidence-based care, not necessarily at a hospital or provided by us.
- Services are planned around the needs of our patients who are asked what matters to them as equitable partners.
- Additional support is given to our most vulnerable patients and their carers to facilitate equitable access to care.
- Patients receive earlier diagnosis of conditions meaning treatment can be started earlier with an improved chance of a better outcome for them and less cost to the healthcare system because we caught things earlier.
- Patients will recognise that we will always strive to ensure that their experience is consistently positive.
- Our communities will experience a reduction in relative disparities in access to our services.



What does this mean to our people and the organisation

- We provide a supportive, inclusive and kind working environment for our people to be their best.
- We are always willing to learn and improve and our people feel supported and able to raise any concerns and are confident that that these are acted upon.
- Our people work together, with patients, communities, and partners to design solutions, which improve access to care, narrow health inequalities, and improve outcomes.
- We will continue to work with partners to seek whole system solutions to the increasing demand and levels of care complexity experienced by our services.
- We will ensure that our clinical staff retain generalist as well as specialist skills to ensure we are best placed to deal with our ageing population and increasing multi-morbidity demand across all age groups.

Strategic Objective 1

Provide outstanding care in the best place at the right time

In 2024/25 we will:

- Embed a systematic and strategic approach into planning our clinical services.
- Evaluate a series of proposals from our clinical teams to develop our local services to ensure that where clinically appropriate care is provided locally. Where care has to be provided by partners, we will seek to ensure transitions of care between organisations is as smooth as possible.
- Work with colleagues across the local health care system to reduce people accessing our hospital based urgent care services or remaining in them where there are better alternatives for them. As part of this we will continue to develop our SFH@Home 'Virtual Ward' model of care.
- Continue to develop our internal urgent care pathways and optimise patient's journeys through our hospital so that when we are needed, patients are seen and discharged from our hospitals with minimal delay.
- Continue to take actions to increase access to and improve waiting times for our planned care and cancer services.
- Increase the availability of diagnostics services through the establishment of a community diagnostic centre (CDC) at Mansfield Community Hospital
- Work to identify and implement sustainable solutions for services recognised as our most challenged.
- Work with our Regional & System partners to consider the further expansion of our Paediatric & Neonatal Critical Care services.
- Further develop our community and hospital based services for children and young people.
- Support the System to achieve year two of the three year Maternity & Neonatal delivery plan.



Strategic Objective 2

Empower and support our people to be the best they can be

What does this mean for our patients and communities?

- Patients are always treated with respect and compassion in line with our CARE values.
- Patients come first, with care provided “with them” not “for them”.
- Patients can access closer to home services that are sustainable through the result of workforce solutions like growing our own talent.
- The patient experience will be made better through our use of technology.

What does this mean to our people and the organisation

- Our people feel supported, valued, and treated equitably in their job.
- Our people can explore their potential and develop themselves including learning innovative skills, with technology making our working lives easier.
- Our people are enabled to deliver high quality research and innovation.
- Our people feel they are physically and psychologically safe at work.
- We grow the workforce we need, reducing the need to use temporary agency or locum staff, and maximising the chance to maintain the viability of our services.

In 2024/25 we will:

- Engage our Board and staff in the vision for inclusive recovery and reducing health inequalities.
- Set out a people development approach for our teams to build their knowledge and confidence in population health and health inequalities and to ensure we make every contact count.
 - Develop long term workforce plans for our clinical services exploring how services can be delivered differently which will offer new opportunities for existing staff to develop or, for recent retirees, to return to work.
 - Learn lessons from the invaluable contribution that our volunteers made during COVID in delivering care, explore how this can be sustained and introduced more widely across Trust.
 - Undertake gap analysis in our medicine optimisation workforce to identify what options are available to fill, considering in particular “growing our own” and shared roles across organisations.
 - Develop specialist midwifery roles.
 - Undertake a series of reviews of our speciality operating models to ensure they are optimally configured to support timely and effective access to services, developing any cases for change as part of a systematic and strategic approach to planning our clinical services.

Strategic Objective 3

Improve health and wellbeing within our communities

What does this mean for our patients and communities?

- Patients have an active role in deciding when, what, where and who delivers the care they receive.
- In routine interactions with health and social care staff, patients are encouraged to make positive behaviour changes that can improve their health and wellbeing.
- Patients, carers and the community have more confidence in using technology to access health information and understanding of the information and advice they receive from healthcare professionals, leading to more confidence in managing their health conditions.

What does this look like for our people and the organisation?

- Digital technology helps share information between organisations and ensures treatment decisions are based on the latest information which is easily accessible to clinical teams.
- Our people are empowered and confident in using every contact with service users to support them in making positive changes to their physical and mental health and wellbeing. They will also be confident to use this in their own lives outside of work.
- Our people work with partners to support and care for patients with long term conditions in the community.
- We have a structured population health management approach to influence pathway development and to facilitate a focus on preventing and delaying the onset of ill health.



In 2024/25 we will:

- Strengthen the focus on health inequalities in our provider collaborative.
- Increase the awareness of existing population health and health inequalities work ongoing in the Trust.
- Further develop our secondary prevention strategies (screening to identify diseases in the earliest stages), particularly focussing on high-impact interventions for prevention and treatment of cardiovascular disease, diabetes and respiratory disease.
- Analyse our local population health data, identify our priorities and establish a health inequalities delivery plan that is within our existing resource envelope and that supports us to access additional resources when they become available.
- Improve the awareness of health literacy amongst our health professionals supporting them to equitably enable individuals to find, understand and use information and services to inform health related decisions for themselves and others.
- Conduct a review of outpatient patient leaflets and update these to equitably recognise the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- Promote “it’s OK to ask” to check that outpatients understand the information they are given.

Latest Health inequality indicators between our most and least deprived communities

(Correct as at March 2024)



Strategic Objective 4

Continuously learn and improve

What does this mean for our patients and communities?

- Patients feel able to give honest feedback about their experiences and are actively involved in the design and implementation of pathways.
- Patients, carers and families are confident that issues they raise are properly addressed, within the right timeframe and clearly communicated.
- More patients will have the opportunity to take part in research.

What does this mean for our people and the organisation?

- Our people are empowered with the skills, experience and confidence for their role with timely access to training and development opportunities.
- All our people feel able to give honest feedback to improve the organisation and are confident that issues raised will be addressed.
- Our people feel supported and appreciated by peers as well as the organisation.
- Digital and technology innovations are embraced to improve patient care, avoid harm and deliver efficiencies.
- Research and innovation are used as tools for improving health and wellbeing in our communities and given appropriate priority.



In 2024/25 we will:

- Continue to develop capacity and capability within the Trust to enable our staff to deliver high quality research and innovation and to offer more patients the opportunity to take part in research.
- Gather population health data and information from external and internal sources to establish a Trust knowledge base that supports the future planning of our services.
- Actively seek and improve the options available to patients to comment on their experience, so we can learn from their feedback.
- Actively use the Improvement Faculty to support and prioritise both small and large ideas for improvement that will help improve lives.
- Share learning from clinical audit and other service improvement activities to highlight good practice, celebrate success and spread opportunities for learning for compassionate and safe patient care.
- Take learning from other areas and where appropriate develop business cases for the application of advances in medicine and technology that will support us to improve our peoples and patient experience and to deliver outstanding care.
- Identify further opportunities for external accreditation of our services and put plans in place to obtain this where there is clear benefit to be achieved.
- Further develop our approach to supporting patients transitioning care, for example young adults moving from paediatric to adult care.



Strategic Objective 5

Sustainable use of resources and estate

What does this mean for our patients and communities?

- Patients access services in different locations, reducing travel and time spent at hospital.
- Reduced demand on hospital-based services, making it easier to park and access clinics for those that do still need to access their care there.
- Reduction in the need for patients to have further appointments and to repeat their story because the information they have already shared is digitally accessible to those involved in their care across the whole patient pathway.

What does this mean for our people and the organisation?

- Use of our estate is maximised:
 - Lower acuity services can move closer to communities by co-locating them with system partners.
 - Space freed by lower acuity services allows consolidation or expansion of higher acuity services to deliver care more effectively and concentrate services.
- By streamlining processes and pathways and reducing duplication, our people can focus more on patient care.
- We follow Getting It Right First Time (GIRFT) principles to reduce unwarranted clinical variation, delivering better outcomes and use of our limited resources.
- Working collaboratively enables organisations to take advantage of a combined purchasing power.
- Primary care and community health partners can access advice from secondary care to better manage patients, and signpost appropriate referrals to acute services.



In 2024/25 we will:

- Prepare for our Electronic Patient Record (EPR) implementation using this as an enabler for transformation of our service delivery.
- Continue to develop our out-patient services, focussing on referral optimisation, use of virtual technology and appointments and ensuring that patients are only followed up by the Trust where this adds value to their care.
- Continue to develop and deliver our 'Future Pharmacy' programme. We will implement and optimise electronic prescribing and administration. We will develop plans to ensure that our pharmacy workforce can best support our patients with their medicines and ensure we make best use of medicines across the Trust.
- Increase our planned care activity within existing resources by improving the productivity of our theatres.
- Undertake a series of reviews across Medicine and UEC that together will support us to make the most of our existing urgent care capacity and estate.
- Finalise our plans and seek funding to implement our long term plan to 'right size' our MRI capacity.



Strategic Objective 6

Work collaboratively with partners in the community

What does this mean for our patients and communities?

- Communities, including those who are seldom heard, receive support and find it easier to access healthcare e.g. healthcare co-located with other public services making it more accessible.
- Patients' health conditions are better managed outside of hospital because primary care and community professions have access to advice from Trust clinicians.
- Patients and carers experience of health and social care is seamless regardless of the provider organisation.
- Services, that have been made sustainable through partnership arrangements, are still provided locally where it is reasonable to do so.
- People feel that the environment they live and work in supports and encourages them to have healthier lives.

What does this mean for our people and the organisation?

- Our people are empowered to work across traditional organisational boundaries.
- There is a co-ordinated partnership approach, which ensures we and our partners in health, social care and the voluntary sector use resources as sustainably as possible and that services are equitably accessible.
- Primary care and community health partners can access timely advice from secondary care to better manage patients, and signpost appropriate referrals to acute services. This is possible as pathways are co-designed and streamlined.
- We are clear as to which of our partnerships are key for our health inequalities strategic aims.
- Cutting across traditional health boundaries we collaborate with, and contribute to, those partnerships focused on the wider determinants of health.
- There are opportunities to draw on the collective expertise, knowledge, insight and reach of others that have more or different experience e.g. how best to engage and provide services to those seldom heard.
- We find and develop innovative solutions to problems one provider may not be able to solve on their own.
- Our people can arrange and deliver care to patients more easily in conjunction with other health and social care partners. Our people can arrange and deliver care to patients more easily in conjunction with other health and social care partners including the voluntary, community and social enterprise (VCSE) sector.

In 2024/25 we will:

- Work with partners through 'MSK Together' to develop value-based proposals for a new integrated knee pain pathway that drives better experience and outcomes for people, using the collective resources we currently have.
- Work internally and with partners to develop our plans and the understanding of the range of benefits for the introduction of robotic surgery locally at SFH alongside proposals for funding.
- Build relationships with partners including Public Health to develop our contribution in addressing our main killers, e.g. diabetes, cardiovascular and respiratory disease and cancer.
- Support our local ambulance service to respond to patients in the community quicker by improving ambulance turnaround times at our Emergency Department.
- Work with system partners to provide streamlined pathways for patients with mental health problems who need to remain in acute settings until their care can be transferred.
- Work with our partners to engage people and communities and to strengthen the understanding of health inequalities and the impact on accessing healthcare services.



7. Next steps

The launch of our first Clinical Services Strategy is an exciting opportunity to set out the guiding principles for the development of our clinical services.

We recognise that this is the start of a journey. In the first year of this strategy, we will deliver our 2024/25 commitments and continue to build on our initial engagement with our services. We want to be ambitious but at the same time must be realistic about the workforce, financial, and capacity constraints we will experience during the life of this supporting strategy.

We will work with our services, patients, and partners to develop the workplan for year 2 of this strategy and beyond, prioritising areas that our services and divisional teams have agreed as requiring early attention and which will make the most difference to the care and healthy life years of our patients and community.

We will engage more widely with system partners to ensure this is an outward looking living strategy that recognises the challenging environment we are working within and contributes significantly to our vision of 'Outstanding Care delivered by Compassionate people enabling Healthier Communities' and the Nottingham and Nottinghamshire NHS Joint Forward Plan.

We will take every opportunity to communicate this strategy both internally and externally. We will encourage and empower our people to take practical steps to implement this strategy.



Glossary

Allied Health Professional (AHP)

This refers to roles such as Physiotherapies, Radiographers (Diagnostic or Therapeutic), Osteopaths, Speech and Language Therapists, Occupational Therapists, Podiatrists, Dieticians, Music, Art and Drama Therapists, Orthoptists and Operating Department Practitioners.

Anchor Institution Are usually large non-profit public sector organisations who have a strong and lasting link to the wellbeing of the community they work in. It's called an Anchor as they are unlikely to move away because of their link to the local community and they have a great influence on the health and wellbeing of the people who live and work there.

Continuous Improvement This is a habit (or culture) that encourages everyone to look for ways to enhance the way the organisation works, and in the context of healthcare this relates to the way it provides and delivers patient care as well as the way it operates.

Electronic patient record (EPR) This is a system where all your medical information can be viewed and accessed. Information included includes your medical history including results of investigations and medications. Having information in one place allows clinicians to use/see everything related to your care in real time which can speed up decision making and improving the quality of care patients receive.

Health Inequalities This is talking about the unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

Health literacy This term combines two parts 1) communicating the complexity of health information and the health care system 2) an individual's ability to understand and use information to make decisions about their health and care.

Health outcomes This is the result after a treatment, intervention or interaction with healthcare services.

Integrated care strategy This is the plan that sets out the most important problems that will be tackled by the ICS.

Joint Forward Plan (JFP) NHS organisations come together with partner organisations to produce a strategy that explains how collectively they will improve health and care for local people.

Population health management An approach aimed at improving the health of an entire population, addressing physical and mental health outcomes and wellbeing of people and reducing health inequalities.

Prevention Is the term to describe actions that aim to keep people healthy and well, and prevent or avoid risk or poor health, illness, injury and early death.

Provider Collaboratives These are partnerships involving at least two NHS trusts with a shared purpose and combined decision-making arrangements, aimed at transforming health services by promoting better health outcomes and values.

Seldom heard populations Under-represented people who use or might potentially use health or social services and who are less likely to be heard by these service professionals and decision-makers.

Virtual Ward Allows patients to get hospital-level care at home safely and in familiar surroundings, helping speed up their recovery.

Emergency Department
& Primary Care Entrance →



EMERGENCY CARE



