



Inspected and rated

Good



Healthier Communities, Outstanding Care

Home, Community, Hospital



Introduction

“ My name is Roger Wyles and I’ve been receiving care at King’s Mill Hospital for over six years.

I am proud to be introducing Sherwood Forest Hospital’s new five year strategy. Being a patient here means I know how it feels to experience healthcare at Sherwood.

But my story didn’t start with the hospital, it started in the community. It was a routine check at my GP’s surgery that spotted my prostate cancer. I had gone with a bit of sinusitis and I thought I was in good health, taking care of myself, enjoying going for walks. It was my 65th birthday when I was told the tests revealed I had cancer.

Then it was an incredibly difficult time with extra tests, waiting to find out and then being given the devastating news that they thought I had between six and nine months to live. I will never forget that moment.

But then I got the chance to take part in a clinical trial at King’s Mill Hospital. And six and a half years later here I am. I do get tired, I’ve had to limit how far I can walk and I have to come in for a monthly check at Clinic 15 at King’s Mill Hospital but it has given me extra time with my wife, children and grandchildren.

I think it’s absolutely right that SFH looks to focus on health and wellbeing of all those in its community over the next five years. It was the Well Man check that found my cancer as I hadn’t seen my GP for a long time as I felt fine. People need to take responsibility for their own health by exercising and eating well, but when they need support they should know that all the different organisations will work together in partnership to do what’s best for them whether that’s based at home, in the community or at hospital.

So please look after yourself, go to your checks, take part in research and let’s work together to build healthier communities where everyone can experience outstanding care.

”

Our Journey

We are proud of our achievements over the last five years at Sherwood Forest Hospitals and we recognise we can improve further.

We know good quality healthcare can only be delivered by focussing on the experience of people, be it patients and the public or the colleagues you work with. Our improvements have been achieved by two central commitments to people. We expect all patients to receive the same standard of care we would want our friends and family to have and we expect all colleagues to be treated with the same values we believe are important: support, kindness and respect. Evidence suggests a lot of progress has already been made. Our 2018 Care Quality Commission assessment and our 2018 NHS staff survey findings are the best they have ever been and we believe the two are linked. Happy, well supported colleagues provide great care and we believe the NHS Staff Survey is one of the best indicators of how well an organisation is functioning and what the quality of services are likely to be as a result. Many colleagues at Sherwood say it now “feels different.”

We are already a good provider of hospital based healthcare and we believe we are only as good as the most recent experience of patients and colleagues at Sherwood.

We know we can improve and we want to improve. We want to work with partners, we want to move beyond the boundaries of our hospitals and we want to help our local population become healthier. Over the next five years we will deliver **healthier communities and outstanding care for all**.

We cannot achieve this on our own and the opportunity to work with partners to realise this aim is a privilege. Close working with partners and colleagues across healthcare, social care, academia, industry and most importantly patients and the public, will enable us to continue our

recent success and will support wide reaching improvements across Mid Nottinghamshire. With partners we will focus on prevention and ensuring people receive the right support and care in their **home**, in the **community** and in **hospital**.

This strategy is the outcome of the many conversations and listening events that have taken place over the last six months and our personal and collective learning over the last five years. Over 750 conversations have taken place with the public, Sherwood colleagues and partner organisations in one of our biggest ever engagement exercises. The word “patients” occurs 106 times in our strategy. The words “colleagues” or “staff” occur 113 times. To provide outstanding patient care, you have to focus on providing an outstanding experience to your colleagues.

We hope you find this strategy, our strategy, as exciting as we do. Lord Nigel Crisp, Co-Chair of the All-Party Parliamentary Group on Global Health and of Nursing Now, formerly Chief Executive of the NHS states: “Health and healthcare are ultimately about people, relationships, communities, trust, what we value, and how we want to live our lives.”¹ We believe you will see these themes especially our commitment to people running throughout our strategy.

We recognise the detail within the strategy deliberately focuses on the next two years and we have already begun the process of working with our partners to shape our Mid-Nottinghamshire ICP strategy.

Thank you for making the time to read this document. Our strategy is about continuing our journey, a journey which is only made possible because of the remarkable colleagues we are fortunate to work with every day at Sherwood.

Richard Mitchell

Chief Executive – Sherwood Forest Hospitals NHS Foundation Trust
Spring 2019

¹ Mark Britnell, 2019: “Human: Solving the global workforce crisis in healthcare.”

National and Local Context

Our five year strategy shares many similar themes and thoughts with The NHS Long Term Plan².

The challenges and priorities in the national plan are relevant to us, however the setting we provide care in is distinct. Nottinghamshire was one of the first areas in England to develop an Integrated Care System (ICS). For us, integration means closer working with NHS, local government and voluntary sector partners. Closer working and relationships based on high levels of trust, openness and joint understanding will benefit patients and the public.

Within the Nottinghamshire ICS, there are three Integrated Care Providers (ICPs), one of which covers Mid Nottinghamshire. ICPs are smaller than ICSs and are where local decisions are taken to improve care to specific groups of local patients.

The Mid Nottinghamshire ICP (which covers Mansfield, Ashfield, Newark and Sherwood) consists of six Primary Care Networks (PCNs). These networks will bring GP practices closer to community providers, mental health services, pharmacies, social care and voluntary services. We will work closely with the six PCNs in our ICP and we will ensure we collectively meet the needs of local communities, share expertise and information across primary and secondary care and provide the best possible care, in the home, community and hospital.

To reduce inequalities in life expectancy and increase the number of years people live healthily, we recognise we must work together to focus on the wide range of factors that affect health and wellbeing. This is in line with the Nottinghamshire Health and Wellbeing Strategy. Research confirms access to health care services is only a small contributor to overall health outcomes.³

To ensure our strategy will meet the needs of local communities and patients, we have evaluated our current position as a provider of healthcare. This included analysing the internal and external environment and assessing our comparative performance by benchmarking ourselves with other NHS organisations. We have analysed the context in which we operate and the relevant external factors influencing the decisions we make.

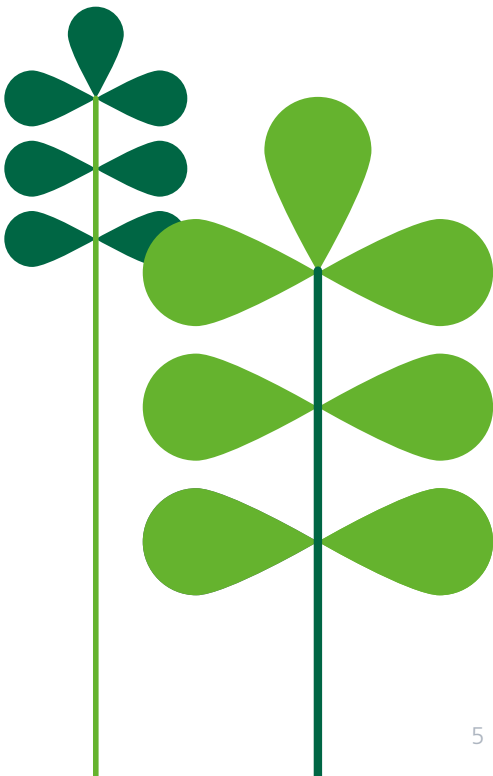
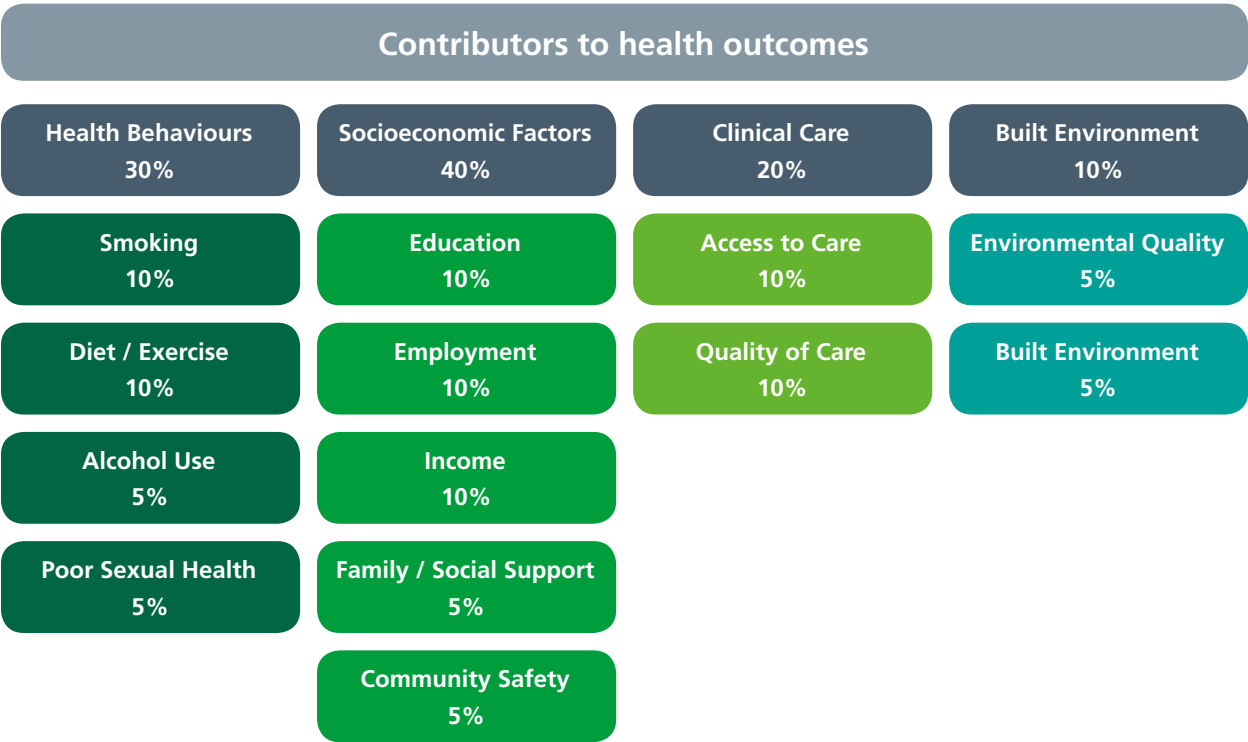
The analysis suggests we operate in a challenging environment, with financial constraints, political uncertainty both short term and longer term, workforce shortages, increasing demand and a specific combination of local needs, including:

- Our population is diverse with pockets of prosperity and areas of deprivation and poverty.
- Whilst variation exists locally, life expectancy is generally significantly below the national average.
- We have areas with low rates of cancer diagnosed at an early stage.
- The rate of death from cancer in under-75s is amongst the highest nationally, suggesting we need to collectively focus on earlier diagnosis and treatment of cancer.

- There is a high prevalence of smoking and excess alcohol consumption.
- The proportion of adults with excess weight and who are physically inactive is significantly above the national average in some of our communities.
- Average earnings in Mansfield are significantly below the Nottinghamshire and national averages.
- The last Census showed the percentage of people in Mansfield living with a limiting long term condition (23.75%) is significantly higher than the Nottinghamshire (18.12%) and national (17.64%) averages.

Whilst much of this is already known, we recognise we need to do more to understand how to better meet the complex needs of local communities. This supports our commitment to focus on prevention and helping people to stay healthy for longer, as well as providing the level of care we would want our friends and family to receive.

Figure 1: **Understanding the wider determinants of health**



² <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>
³ Based on University of Wisconsin Population Health Institute, 2014, 'County Health Ranking model'.



Where We Are Now

Feedback from colleagues, patients, the public and partner organisations suggests we are a good provider of predominantly hospital based care, although we recognise we can improve further.

In developing our strategy, we have checked whether the evidence supports the opinions shared and where there are further opportunities for us to improve that we may otherwise have been unaware of. We have evaluated Sherwood and our performance using a range of data sets, to develop an evidence-based analysis of what we do well, areas we can improve in, and the potential opportunities and risks we face.

In summary, evidence indicates the following areas of strength:

- Most people are seen promptly by Sherwood clinical teams. We believe timeliness of care is an important indicator of overall quality.
- In 2018 we received a rating of 'Good' overall and 'Outstanding' for care from the CQC. Ten out of ten services at Sherwood were rated Good for safety.
- A relatively low proportion of patients are readmitted to our hospitals following discharge.
- A comparatively high number of patients would recommend our services to family and friends.
- Engagement with colleagues is excellent as indicated by the 2018 NHS Staff Survey results.
 - » We were rated the top acute (hospital) Trust in the Midlands for overall engagement and the 11th best in England (out of 89 acute Trusts nationally) with a score of 3.91 out of 5. This was the first time we had been rated the highest in the Midlands in the national Staff Survey.

- » We were rated the top acute Trust in the Midlands and joint eight best acute Trust in England as a place to work and receive treatment.
- » We were also rated the top acute Trust in the Midlands and joint sixth best acute Trust in England for colleagues satisfied with their quality of work and care they provide. We are very proud of this.

Areas where we do less well and need to improve are:

- Some people wait too long for their treatment e.g. less than 85% of people have their first definitive treatment for cancer completed within 62 days.
- A higher proportion of Sherwood colleagues are employed on temporary contracts than the national average, although it is important to note this has halved in the last two years.
- Our financial deficit is particularly large when considered as a percentage of our overall expenditure. Fifty per cent of this is linked to our Private Financing Initiative (PFI).
- The number of patients who receive care at Sherwood increases year on year. In particular too many patients receive unnecessary outpatient appointments, which may not improve their health or wellbeing. Working with primary care, we have a big opportunity to use digital technology for outpatient care, in particular follow up treatments. We can help people get the right support and advice when they need it, without coming to hospital.
- Although we have made huge progress in recent years, we continue to have areas of inefficiency. For example, we know some patients continue to spend longer in hospital than they need to and this can be improved by working more closely with health and social care partners and the patients and their families.



As well as making the most of these opportunities to improve, we must be aware of and respond to the following changes:

- The population is ageing. When this is combined with local health needs and rising demand, this presents challenges in terms of the resources we have available to meet those needs. Some estimates suggest if the existing trends in demand continue, we would require an average of 17 extra hospital beds per year for the next 10 years. We do not have sufficient colleagues, the money or the space to open so many additional beds.
- Large numbers of nursing, midwifery and medical colleagues are approaching retirement. In recent years the numbers of new colleagues being trained nationally and locally has also been insufficient to meet rising patient demand. This creates a challenge today and a challenge for the future.

Addressing our weaknesses and responding to the opportunities and challenges identified above involves building on our current strengths. We must make the most of the opportunities presented by our participation in the ICS. We will work with our ICP and PCN partners to focus on prevention, addressing health inequalities, supporting healthy childhood and maternal health, and ensuring care and support are available in the right places to allow older people and people with long term conditions to live well. We will play our part in improving cancer survival rates, outcomes for people with cardiovascular and respiratory disease, access to appropriate mental healthcare and personalised support, including for people with learning disabilities and autism. We want to reduce the reliance on hospitals as a setting for care. Our strategy will support the transformation of care provided at home and in the community.



Continuously Improving Over The Next Five Years

We want local communities to live healthier lives for longer.

We will work in partnership with others to better support people to stay healthier at home and for those who need community or hospital services, they will be able to access them more easily and quickly. We believe our focus on health and wellbeing will reduce the gap between the health and care experiences of those from our most deprived areas and those from more affluent communities.

Through increased use of digital technology, we will support patients and carers to better manage their health and access care more conveniently, whether that is in the home, community or hospitals.

By collaborating with partners, we will be able to combine our resources; be them workforce, buildings or money to provide better care, where it is most needed, and to provide the best possible value across our ICP. We will have a much closer relationship with primary care, sharing expertise, best practice, resources and insight into the needs of the local communities.

All of this is underpinned by a compassionate culture which embraces inclusivity, diversity and encourages openness, learning and improvement.

Our Strategy

Our vision “healthier communities and outstanding care for all” is underpinned by five strategic objectives.

Each objective has three commitments of what we will deliver over the next five years and our values run throughout our strategy. The listening events which supported the formation

of our strategy confirmed our values are well understood. We do not believe it is necessary to change our values but we have completed work with colleagues to better explain how the values translate to care for colleagues as well as caring for patients.

Our strategy is based on the foundations of partnership working and a culture that is in line with our stated values and behaviours.

Figure 2:

Vision: Healthier communities and outstanding care for all

Strategic Objectives	Over the next five years we will...	Values
To provide outstanding care	<ol style="list-style-type: none">1. Give patients, carers and families a positive experience2. Provide safer and clinically effective care3. Improve coordination across health and social care	1 Communicating and working together
To promote and support health and wellbeing	<ol style="list-style-type: none">1. Support people to have healthier lifestyles2. Help to improve mental wellbeing including reducing loneliness3. Work with partners to reduce health inequalities for those in greatest need	2 Aspiring and improving
To maximise the potential of our workforce	<ol style="list-style-type: none">1. Attract and retain the right people2. Have an engaged, motivated and high performing workforce3. Develop and nurture our teams of colleagues and volunteers	3 Respectful and caring
To continuously learn and improve	<ol style="list-style-type: none">1. Adopt evidence-based best practice2. Make the best use of information and digital technology3. Use research, innovation and improvement for the benefit of our communities	4 Efficient and safe
To achieve better value	<ol style="list-style-type: none">1. Become financially sustainable2. Work with our partners across Nottinghamshire to deliver efficiencies3. Maximise the use of all our resources	

Foundations:

Partnership: Working with health and social care partners, including primary care, patients, carers, the voluntary sector, the public and of course SFH colleagues

Culture: Embedding our values and behaviours and promoting an open and inclusive culture that embraces diversity



Strategic Objective 1: To provide outstanding care

Context

Whilst our strategy recognises our increasing role in improving overall physical health and mental wellbeing, we will also continue on our journey to provide the best possible care to all patients. We are proud that in 2018 the CQC rated us 'Good' overall and 'Outstanding' for the care we provide and we know we can further improve. We can also do more to ensure people experience care coordinated around their needs and not disjointed as a result of the involvement of different organisations.



Case study

We know our good relationship with partners already improves patient care. For example our partnership with Nottinghamshire County Council (NCC) uses technology to improve our referral process. Known internally as the Interoperability project, we introduced automation of Social Care Assessment Notice referrals in 2018 for all our sites and we now send on average 300 electronic referrals each month to social care at NCC.

The project gives a number of patient benefits and other advantages including:

- A reduction in the delay of each Assessment Notice reaching NCC social care by an average of four hours.

- Social Care Team managers have a real-time view of all new cases.
- Nearly 600 admin hours saved per year.

This improves the patient experience and reduces the cost of the service.

The next phase of the project, which is already in progress, is using software to directly update social care with any patient changes which occur following the initial referral and to digitise the current paper-based 'Discharge Notice'. All the information will then be presented to Social Care teams in a live case management tracker. This will further improve patient care.



Commitments

Over the next five years we will:

- 1. Give patients, carers and families a positive experience**
- 2. Provide safer and clinically effective care**
- 3. Improve coordination across health and social care**

We aim to receive an overall CQC rating of 'Outstanding' at our next CQC assessment and achieve a consistent recommendation of 98% in the Inpatient Friends and Family Test. The experience of those who use and depend on our services is dependent on the way in which care is provided. Over the course of our strategy we will continue to increase and improve the way people are involved in the planning and delivery of their care. We will continue to advocate this principle across Sherwood, through training colleagues and ensuring that whenever we undertake a project to improve a service it is informed by users of the service.

It is vital we continue to listen to and respond to the feedback we receive from patients, carers and families. In particular, real patient stories (including at Board meetings) are a key way to better understand people's experiences, to celebrate successes and identify how we can improve further.

A key area of focus for us is the provision of high quality, safe care to frail and elderly patients and people with learning disabilities. To support this, we will increase the reliability of the risk assessments and care plans we produce for patients at risk of falls and hospital acquired pressure ulcers. In our operating theatres, we already achieve 100% compliance with the World Health Organisation (WHO) safety checklist. Building on this, we will ensure we deliver safe care consistently within theatres and beyond. One way we will achieve this will be by reducing variation and improving patient journeys using our 'Sherwood Six Step' quality improvement methodology.

Continuing to develop and support our workforce is essential for delivering our ambition to provide outstanding care. We have made a lot of progress over the last couple of years and have increased the number of permanent colleagues employed at Sherwood, therefore reducing our agency use. We will continue to ensure we have safe staffing levels by recruiting and retaining highly talented colleagues. This will reduce our vacancy levels and will improve the experience of working at Sherwood (see Strategic Objective 3 for further information). We will continue to focus on and listen to the feedback colleagues give us via the national and quarterly staff surveys,

amongst many other ways of receiving opinions. We are particularly ambitious for this and we aim to achieve the following ratings by 2021:

- A score of ≥ 4.5 for colleagues recommending Sherwood as a place to work.
- A score of ≥ 4.35 for colleagues satisfied with the quality of their work and the care they are able to deliver.

Currently no NHS Trusts are rated this highly by staff and we believe this is an ambitious commitment.

We are improving our internal processes and we will work with partners to ensure patients only spend as long as is necessary in hospital. We will also improve how we plan for a patient's discharge from hospital, to help them get home as quickly as possible whilst absolutely ensuring the patient has the right support at home. We do not believe there is any benefit on focussing on speedy discharge without sufficient support in place for patients outside of hospital. A key way of achieving this is our work with the local PCNs and other health and care partners. By working with partners to create a system-wide approach for long term conditions, we will reduce admissions to hospital for diabetes, respiratory diseases and hypertension by 10%, by 2021.

In 2018, we worked with local providers to launch a new End of Life service. The service supports patients and carers both before and during times of crisis and enables patients to leave hospital to their planned place of care when approaching the end of their life. We will extend the reach and impact of this service and will work with partners to ensure that at least 85% of patients at the end of their life are discharged to their preferred place.

Over the next five years, we will look at transforming key services within our hospitals by using the best available technology. One great example is working with partners, and in particular patients and the public, to redesign outpatient services. We will use technology, make better use of our clinics, provide GPs with specialist advice and where appropriate provide patients with telephone or digital appointments. This will be better for patients and will reduce the need for them to travel unnecessarily to hospital. Not only will these improvements make our services more convenient for patients, they will ensure people are seen in the most appropriate place and environment. It will also enable us to use our estate more effectively and it will reduce the pressure on our clinical and non-clinical colleagues, allowing them to provide other important clinical duties. We believe this will contribute to the NHS-wide aim of reducing outpatient appointments by up to a third, as set out in the Long Term Plan.

Focus on Foundations:

The driving force behind our approach to quality is **partnership**. We are united by the quality goals which are shared across the health and care system, and we are committed to working with others to provide safe and sustainable services. Our partnership with patients will support them to be more in control of their own care, as we promote self-management and informed decision making.

We will ensure we have a **culture** of openness and learning at Sherwood and across the ICP and will seek opportunities to celebrate and share examples of outstanding care. We strive to ensure everyone has equal access to our services, which will reduce the health inequalities gap.



Strategic Objective 2: To promote and support health and wellbeing

Context

Within this strategic objective, we will contribute to the Nottinghamshire wide objective of giving every person an average of three more years of healthy life expectancy, and in particular bringing this measure for Mansfield and Ashfield residents closer to the national average.

We already provide our colleagues at Sherwood with good access to health and wellbeing support and this has increased in recent years through

the launch of a range of services, including our colleague physiotherapy service, weekly occupational health drop-in sessions and our employee assistance programme. The latter provides free information and practical support to colleagues over the telephone, on a range of personal and work-related issues. We will continue to provide these services and target further health and wellbeing interventions where they are most needed.

Case study

Working with partners we are really proud of the care we provide through our nationally recognised street health work. We want to improve mental and physical health for all, especially those with the greatest need and the people living on the streets in Mansfield often have the greatest need. We know this is a community who either cannot get to a GP or hospital, or are fearful of going. With partners, we provide fortnightly wound clinics where nurse specialists provide care to people with leg ulcers. We have organised two health events where homeless people who visit Bridge Street's soup kitchen were vaccinated against flu, had access to a GP, received an oral check from a dental volunteer and got advice from a sexual health specialist and a dietician.

As well as being able to access health checks and advice at the event, everyone who attends is given a drawstring bag full of essentials such as a hat, a scarf, a pair of gloves, and toiletries, which were all kindly donated by our colleagues and packed by our volunteers. Sleeping bags and warm coats were also available to take away, as well as hot food. It was the first event of its kind in our area and we are going to do more in the future. We are working alongside our clinical teams in Accident and Emergency to ensure we have a point of support for those who are homeless and accessing our emergency services.

This work is an example of our commitment to work with partners to reduce health inequalities for those in greatest need.

Commitments

Over the next five years we will:

1. **Support people to have healthier lifestyles**
2. **Help to improve mental wellbeing including reducing loneliness**
3. **Work with partners to reduce health inequalities for those in greatest need**

In the first year of our strategy we will increase the focus on colleague health and wellbeing, and we will extend the learning from this to our wider communities in the future years of our strategy. Our workforce information demonstrates the majority of colleagues live within 10 miles of one of our hospitals. We therefore know if we improve the health and wellbeing of all colleagues, including those who work on our sites through partner organisations, this will benefit the health and wellbeing of our local communities.

To ensure the health and wellbeing support we provide to colleagues meets their needs, we will carry out in the first year of our strategy a health needs assessment for all colleagues. This will help to shape the subsequent years of our strategy

and inform how we measure progress, as we also respond to national initiatives and targets. The support we already provide for colleagues will enable us to continue to see a reduction in absence from work as a result of stress, anxiety and depression and musculoskeletal problems. We have also focused on continuing to raise awareness about the menopause which we know can be a challenging experience for a lot of our colleagues, and one they often feel they cannot discuss.

Building on the progress we have made, we will launch our 'Health Heroes' programme, which is designed to promote and support healthy living amongst colleagues. As a Health Hero, a colleague will be equipped with information and training so they can share practical information with other colleagues, families and friends on how to improve health and wellbeing. We are also advocating an initiative developed by colleagues called 'walk and talk', whereby people can hold meetings outside whilst walking one of a number of designated routes, depending on the length of the meeting.

As well as providing more support to our colleagues, we are well placed to have a positive impact on the health and wellbeing of the wider communities we serve, becoming increasingly proactive in the services we provide. To this end, we will continue to offer smoking cessation support, alcohol advice and support, and targeted care for those living on the street, building on the significant steps already taken in these areas. By April 2020 80% of eligible smokers admitted to our hospitals will be offered Nicotine Replacement Therapy (NRT) and be seen by a specialist 'stop smoking' advisor, with the aim for this to be at 100% by April 2024. This is also offered to Sherwood colleagues. We will continue to be proactive in supporting pregnant women to stop smoking throughout their pregnancy, increasing the uptake of NRT by women who use our maternity services. This will support people to have the best start in life, which is known to be an important factor in the reduction of health inequalities. In line with the NHS Long Term Plan we will be looking at how we can contribute to the ICS ambition of reducing the rate of admissions due to alcohol related conditions which could include specialist support in our Emergency Department.

We have a market stall selling affordable fruit and vegetables by our main entrance at King's Mill Hospital. This provides colleagues, volunteers, patients and visitors with access to affordable healthy food. We are looking at ways of providing similar access to fruit and vegetables at our Newark and Mansfield sites, so everyone can benefit in the same way.

We also will be using the open spaces in our courtyards at King's Mill Hospital and Mansfield Community Hospitals for activities that support health and wellbeing. This will build on the success of the vegetable garden at Newark Hospital, which is maintained by patients as part of their rehabilitation, and funded by the Friends of Newark Hospital. We know many of our colleagues, volunteers, patients and the public are passionate about plants and gardens and simply being in a garden environment is good for physical health and mental wellbeing. We want to have open spaces on our three hospital sites where people can be inspired to slow down and nurture themselves and where people can come together to relax or to support a common purpose. In spring/ summer 2019 we

will open fruit and vegetable gardens at King's Mill Hospital and Mansfield Community Hospital. These gardens will be maintained by our fantastic colleagues, volunteers, patients and the public and the magic of the gardens will be enhanced by the generosity of their time, energy and spirit. We also think it will be fun to host different events in the King's Mill garden. At the end of our first summer we will host a garden party with our new staff choir which we hope will become an annual occasion and there will be other opportunities in the year for outdoor events.

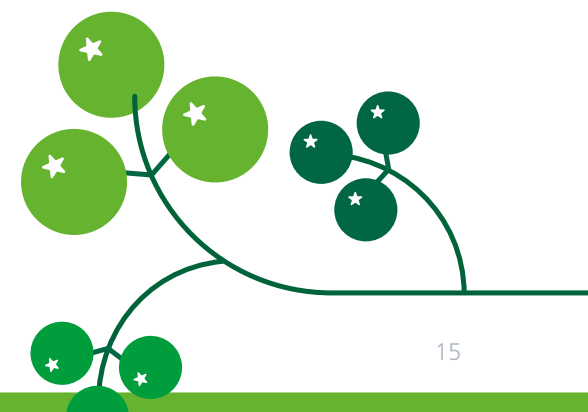
Loneliness and social isolation are harmful to our health. Research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day⁴ (Holt-Lunstad, 2015). Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill⁵ (Marmot, 2010). Academic research is clear that preventing and alleviating loneliness is vital to enabling older people to remain as independent as possible. Lonely individuals are more likely to:

- Visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term care⁶ (Cohen, 2006).
- Undergo early entry into residential or nursing care⁷ (Russell et al, 1997).
- Use accident and emergency services independent of chronic illness⁸ (Geller, Janson, McGovern and Valdin, 1999).

We are committed to being a key partner of The Campaign to End Loneliness and we believe that nobody who wants company should be without it. We want to make this happen by ensuring that:

- People most at risk of loneliness are reached and supported – this is both public and colleagues.
- Our services and activities are more effective at addressing loneliness.

4, 5, 6, 7, 8 <https://www.campaigntoendloneliness.org/threat-to-health/>



- A wider range of loneliness services and activities are developed.

We recognise it can be difficult for Sherwood colleagues and patients to park at King's Mill Hospital and Newark Hospital at particular times of the day and on certain days. We are committed to making specific changes in time for autumn 2019 to reduce the mismatch between the number of people trying to park and the number of car parking spaces we have. There are three parts to our plan:

- A reduction in the number of permits we give to Sherwood colleagues – this will follow clear criteria agreed by staff side colleagues and unions.
- An improved offer to incentivise colleagues to use alternative transport e.g. public transport, walking and cycling to work and offers for colleagues to car share.
- A small increase in the number of car parking spaces available to the public and colleagues at King's Mill Hospital and Newark Hospital.

We recognise that making changes to car parking is often contentious but we have to be brave and do it. The change process will involve inclusive and transparent conversations with all colleagues who wish to be involved and it is frequently identified as the number one problem for colleagues in Sherwood.

Whilst we already provide psychological support for patients who have been diagnosed with cancer, we are committed to providing similar support to other patients whose mental health is affected by a physical condition.

We understand the importance of partnering with and learning from other local organisations as we work towards reducing the avoidable and unfair differences in health across our communities. Importantly, in recognition this represents a broader vision for Sherwood, we will use the first year of our strategy to gain a better understanding of the local population needs, to build relationships with local organisations already active in this area and to set some measurable outcomes that we will work towards in the following years of our strategy.

Focus on Foundations:

We have been listening to other organisations in the local area to understand how we can **partner** together to support our communities. Through the Mid Nottinghamshire ICP, we hope partner organisations will sign the Sherwood Pact (see page 26 for details), which describes the collective responsibility we all have for improving health, wellbeing, quality of care, the value we get from our resources and the experience of colleagues, patients and carers.

In promoting and supporting health and wellbeing we are developing a **culture** in which we believe we should all take greater responsibility for our health and wellbeing and supporting those around us, whether that is at home, in local communities or in hospital. Working with local communities, we will consider the available information about the health of the local population and we will work together to identify solutions that address the health inequalities we know continue to exist. This includes considering how we can more proactively support the most vulnerable in the areas of self-care, prevention and managing conditions in a way that reduces the need for hospital care.



Strategic Objective 3: To maximise the potential of our workforce

Context

We are fortunate we have fantastic colleagues and volunteers and we will continue to recruit and retain the best possible talent. This is fundamental to our vision of healthier communities and outstanding care for all. Colleagues are increasingly recommending Sherwood as a place to work and receive care. We will build on this excellent foundation as we want to become an exceptional employer that people will continue to choose to join and spend their careers with.

Case study

We welcome our responsibility to support colleagues to progress their careers and to maximise their personal potential. One example is Heather Hewitt, who has been studying for her Post Graduate Diploma in Clinical Reporting (Appendicular and Axial Skeleton).

Heather said: "I have wanted to do this qualification for years, so I'm really pleased I was given the chance to do it. It's been a lot of hard work and lots of hours of study,

but it has all been worth it and I am looking forward to putting my new skills into practice in my new role. I would like to thank my mentor and my colleagues for all their support during my studies."

The qualification has allowed Heather to progress to a Reporting Radiographer role with us, having previously been a Senior Radiographer. She added: "I am so glad that I have been given this opportunity. I'm looking forward to the step up and the challenge."

Commitments

Over the next five years we will:

1. **Attract and retain the right people**
2. **Have an engaged, motivated and high performing workforce**
3. **Develop and nurture our teams of colleagues and volunteers**

We will continue to recruit people who have the right skills, experience and values, making sure we have safe staffing levels and can continue to reduce our reliance on agency staff. To achieve this we will promote our organisation as a great place to work and target our recruitment. For example, we will actively participate in the 'Step into Health' programme, which is aimed at providing a route into employment and career development for people from the Armed Forces community. This scheme recognises the transferrable skills and values of Armed Forces personnel, which we can all benefit from.

In addition, we will continue to develop alternatives to traditional clinical roles to address areas where we are unable to recruit sufficient numbers of staff to meet rising demand. This includes developing Nursing Associates, Advanced Clinical Practitioners and Doctors' Administrators and increasing the number of apprenticeships we support. This builds on our recent success with our medical programmes

for Clinical Development Fellows and CESR (Certificate of Eligibility for the Specialist Register) doctors.

We will continue to work in partnership with unions, embedding our values and behaviours and promoting an open and inclusive culture. Maximising productivity and creating a team which is engaged and motivated to deliver outstanding care for all is a key priority. We have developed a 'Wise Owl' scheme, which connects people with experience and knowledge to those who are new to the organisation or a specific role, to provide mentoring or advice. We will expand our Wise Owl network to allow more people to benefit from this supportive initiative.

Our integrated training, education and development function will continue to ensure all colleagues at Sherwood have the skills to do their job well and we will extend the offer across the ICP. We will also work closely with ICS provider partners to develop joint and rotational appointments. We acknowledge this strategy requires new ways of working, as we continue to develop these relationships across partner organisations. We will support colleagues to do this, through mentoring and training. We recently introduced a senior leadership development programme and formal talent management, both of which will be extended over the coming years.

Our ambition is for colleagues to choose to have their whole career with us. We will help them do this by ensuring we make career paths and opportunities for progression visible and accessible. We will have meaningful talent conversations with our colleagues and ensure fair promotion practices.

As a leader in healthcare, we recognise the importance of supporting colleagues with their own health and wellbeing. This is not only for their individual benefit, but we want all Sherwood colleagues to become an ambassador for healthy living. We were the first NHS Trust in England to hold a menopause conference for our colleagues, and their line managers, to raise awareness and decrease the stigma around the menopause. As an employer with a majority female workforce this is a truly important area and was very well received. As a result other organisations are now approaching us to see how they can replicate the work. We are also part of the national Time to Change employer pledge, run by Mind and Rethink, which is working to end the stigma around mental health. This scheme encourages colleagues to become Time to Change volunteer champions, who help provide a network of support across Sherwood.

Underpinning all of this, we will continue to celebrate and value the diversity of the Sherwood team, gaining a better understanding of the range of needs and the improvements we can put in place to ensure we are a fair and inclusive employer. In line with the NHS Long Term Plan, we will aim to increase the proportion of BAME (Black, Asian and Minority Ethnic) representation in our leadership team and broader workforce by 2021/22. We know high quality, safe patient care is dependent on a motivated, included and valued workforce. We are therefore committed to using the WRES (Workforce Race Equality Standard) and new WDES (Workforce Disability Equality Standard) to better understand the experiences of all our colleagues and take action where required. We will continue to analyse and publish our gender pay gap information, as part of our commitment to ensuring equal work receives equal pay.

Focus on Foundations:

Our approach to **partnership** extends beyond working with other providers of health and care. In developing our team at Sherwood, we will work with the East Midlands Leadership Academy (EMLA) and NHS Elect to support all colleagues to fulfil their potential. We will develop our leadership skills at all levels, so we are consistently able to work in partnership to meet the needs of local communities.

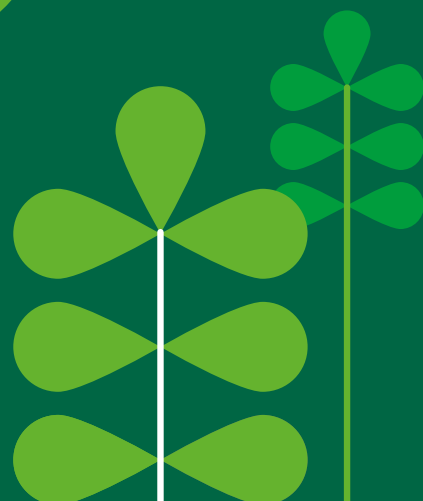
Feedback from colleagues suggests the majority of people experience a positive **culture** at Sherwood. However, we want to go further, creating the right environment for our diverse workforce to flourish, provide outstanding care and feel fulfilled at work. This is why we will continue to aim to have one of the highest response rates for the staff survey, providing us with a breadth and depth of feedback we can use to improve.



Strategic Objective 4: To continuously learn and improve

Context

We want to be the best possible version of ourselves. We will continuously improve and we want to take every opportunity to learn from others. We already have much to celebrate including our growing research agenda and we will continue to promote examples of excellent practice, sharing stories that inspire others.



Case study

Developing new treatments for patients is crucial and is a priority for us. We want to offer opportunities to get involved in research for all patients, so they can benefit like Roger, who has been part of our prostate cancer study for the last five years.

When he was diagnosed with prostate cancer he was given a prognosis of six to nine months and was referred to King's Mill Hospital where his consultant put him

forward for the Stampede trial (Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficiency).

The trial aimed to see if improvements could be made in prostate cancer management and it has extended Roger's life by over five years. You can hear the massive difference research has made to him and his family in his own words here: <https://www.youtube.com/watch?v=Al0qqishGO0>



Commitments

Over the next five years we will:

- 1. Adopt evidence-based best practice**
- 2. Make the best use of information and digital technology**
- 3. Use research, innovation and improvement for the benefit of our communities**

We know there are many examples of good practice across the NHS that need to be adopted universally. For example, the Long Term Plan endorses the universal use of 'Same Day Emergency Care', which increases the proportion of people who are not admitted overnight in an emergency. We already provide this service every day of the week, but we will be making even more use of it in the coming years as we play our part in meeting the national ambition of an increase in the proportion of acute admissions discharged on the day of attendance from a fifth to a third.

There is more we can do to ensure we meet nationally recognised best practice. That is why, by 2021, more than 95% of our clinical specialties will have completed an assessment against all applicable NICE (National Institute for Health and Care Excellence) guidelines.

Digital technology is playing an increasingly important role in improving access to advice and care for patients. We recognise the potential this has for the way in which we provide outpatient care and we are therefore committed to building

on our plans to reduce outpatient attendances, by using technology to provide virtual appointments where appropriate. We will work alongside the Academic Health Science Network to understand where new technologies and ideas can bring the most benefit, learning from others who have successfully adopted digital health tools (e.g. apps and wearables) for the benefit of their population.

We will be investing time and money into the implementation of Electronic Prescribing and Medicines Administration (EPMA) in the coming two years. This will provide safety and efficiency benefits through replacing handwritten prescriptions and medicine orders with an electronic solution. Its implementation will reduce delays to patients being discharged, reduce time-consuming manual tasks for colleagues, prevent medication errors and provide a key foundation for the development of a full Electronic Patient Record (EPR) by 2023. We will move further along our digital journey by replacing paper-based patient assessments with electronic ones.

Technological advances such as these will underpin our ambition to work closely and collaboratively with health and care partners. We will become better at sharing information across our ICS and beyond. This will extend to how we use information within our ICP to understand the needs of our communities, the likely demand coming from patients and how services are used. We will be better placed to not only make good decisions about individual patients, but also about how services are planned and provided.

At Sherwood we will of course use digital technology to transform healthcare, however we firmly believe Artificial Intelligence (AI) is only really effective when you also focus on people (Emotional Intelligence or EI). Mark Britnell, Global Chairman and Senior Partner for Health KPMG states: "The essence of healthcare is compassion, empathy and humility, offered with dignity and respect. These enduring human attributes will not be replaced by machines because, at the greatest times of illness and vulnerability, the kind heart and warm touch of a human life can lift the spirit."⁸

Our involvement in Research and Innovation continues to grow, as we recruit more and more people into clinical trials. We will expand the types of study we make available, meeting the specific needs of the local communities. We will create a dedicated clinical research facility on our King's Mill site and will encourage even more colleagues to be involved in research, including through the development of a research nurse academy. This will also help to attract and retain Sherwood colleagues. Over the next five years we will increase the range of clinical specialties that conduct research, we will increase the number of industry-funded trials, will pursue links with academic organisations and we will seek funding to lead and deliver studies on our sites. In doing so, we will double the number of patients taking part in and benefiting from life changing research.

As we focus on innovation we will empower our colleagues to look at how they can improve their processes by using the Sherwood Six Steps: Define and Refine, Discover, Design and Test, Durable, Deliver and Document.

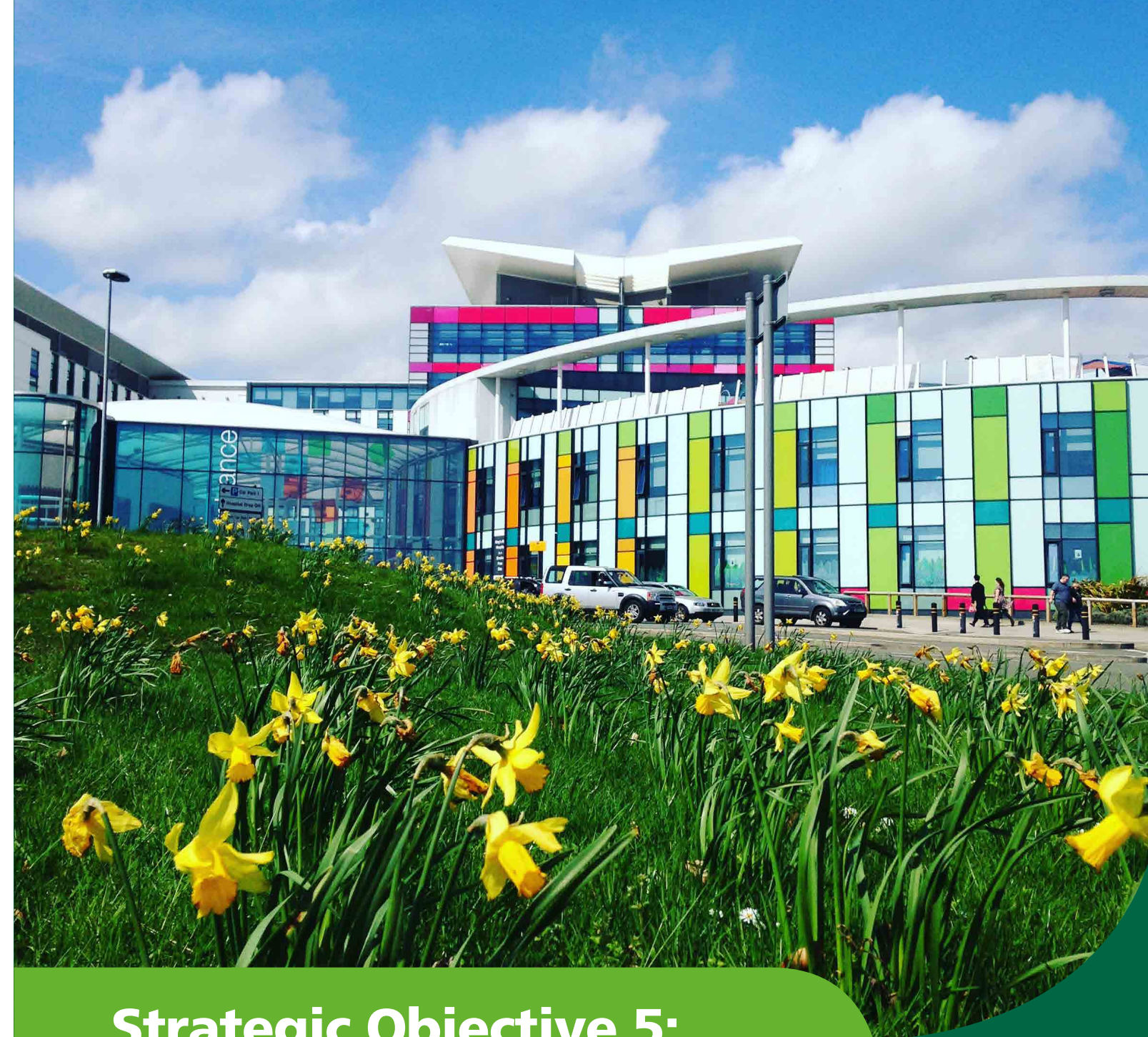
An easy and quick course has been established that will allow colleagues that have an idea they want to take forward or a project they are leading on to use the six steps to deliver improvements for their peers and patients.

Focus on Foundations:

We want to make the most of national developments such as the NHS App. We will be working with our **partners** to support patients in accessing information and advice through the NHS App. This includes every patient with a long-term condition having access to their Summary Care Record via the NHS App, by 2020.

It is vital our **culture** supports a joint desire to improve and innovate. This is why we will be continuing to train colleagues in the 'Sherwood Six Step' approach to improvement. This supports them to take a systematic approach to improvement, empowering colleagues to turn good ideas into sustainable reality.

⁸ Mark Britnell, 2019: "Human: Solving the global workforce crisis in healthcare."



Strategic Objective 5: To achieve better value

Context

We must use all our resources in the most effective way possible to deliver the best possible care to all patients. We are fortunate we have high quality estate on our three sites (King's Mill, Newark and Mansfield Community Hospitals), but this comes at a cost. We have a comparatively high financial deficit, partly as a result of the

ongoing cost of our PFI (Private Finance Initiative) funded estate and partly as a result of national and internal factors. The pressure on NHS resources will continue over the next five years and we must make sure we achieve better value across everything we do whilst improving the quality of care we provide patients.



Case study

In the last two years we have worked with partners to introduce a new way of caring for patients with muscle, bone or joint conditions (known as MSK services). A patient was referred into the MSK service with foot pain. Through assessment it was determined that the patient required an ultrasound-guided injection. In the old system that person could have waited up to 12 weeks because we would have had to refer the patient back from community physiotherapy to the GP who would have referred the patient into the see the consultant, who in turn would have referred the patient into radiology for the ultrasound-guided injection. Now because of the improved working relationships across the multi-disciplinary, multi-organisational MSK service, following their assessment of the patient, the Advanced Physio Practitioners can ask the surgeon to refer the patient directly to radiology for the test, without the surgeon needing to see the patient.

The new system is built on much better relationships between organisations and teams and the service is streamlined and quicker for patients. It has led to an 11.5% reduction of new outpatient appointments, a 10.2% reduction in day-cases and a 9.2% in planned admissions. The service will save over £3m in the first 18 months of being operational.



Commitments

Over the next five years we will:

1. **Become financially sustainable**
2. **Work with our partners across Nottinghamshire to deliver efficiencies**
3. **Maximise the use of all our resources**

Our financial deficit is because of factors within and outside of our control and influence. To improve our financial sustainability we need to address the areas within our direct control and those we can work with partners to influence. As we take more responsibility for improving the areas within our control and influence, we will also work with national bodies with the aim of securing a long term solution to the ongoing premium costs of our PFI.

We are working as an ICP to jointly plan services within available resources, making sure financial improvements for one organisation are also financial improvements for everyone. We have already achieved this in a range of areas, including our collaborative MSK (musculoskeletal) service, which has yielded significant patient benefits and financial savings for our ICP. We will collectively look for further opportunities to improve services in a way that delivers financial savings. Central to this is the use of benchmarking information and the adoption of best practice from other areas in the country (see Strategic Objective 4). Evidence suggests NHS Trusts rated as 'Good' or 'Outstanding' by the CQC are also more likely to make better use of their resources. We aim to achieve 'top quartile' performance for our services in the areas of efficiency and productivity within our control.

We are a large local employer, with sizeable teams who can work more closely with other partner organisations within the ICP and the ICS. In particular we will work with local PCNs, to ensure we can improve quality and collectively benefit from economies of scale by making sure we are not unnecessarily duplicating administrative services.

We also recognise we have significant opportunities to improve the way we use our estate and buildings. We believe we can fundamentally redesign and change our outpatient services, and we will be following an eight point plan in 2019 to achieve this:

1. We will optimise capacity and improve clinical effectiveness – we will adopt standardised templates, implement better scheduling and pre filled data forms and patient trackers. This will reduce waiting times for appointments and will improve the patient experience.
2. We will reduce the Did Not Attend (DNA) rate – we will enable patients to better manage their own appointments and will provide automated reminders. This will make it easier for patients to access appointment information with reminders and options to cancel or reschedule.
3. We will reduce first to follow-up ratios – we will follow speciality specific discharge guidelines. This will avoid unnecessary trips to hospital. Upon discharge patients will feel more empowered to manage their own health, receiving clear guidelines on how to manage their care and when a clinician should be consulted.

4. We will optimise the admin processes – we will optimise booking, checking in, pre and post consultation processes including through automation. This will support faster check in for patients.

5. We will automate booking, ordering and reporting of diagnostic tests – we will run one stop clinics, enabling easier access to results. There will be fewer visits to the hospital required for patients with one stop clinics and we will provide faster turnaround times for results and easier access.

6. We will improve GP/ community care access to specialist opinion and adherence to protocols – we will provide "advice and guidance" access, look at using Artificial Intelligence (AI) assisted referrals and non-complex outpatient care can move back to the community or primary care. This will provide patients with faster access to the right care in the best place.

7. We will introduce new models of care – we will move face to face consultations to virtual/ remote appointments where suitable. We will introduce patient initiated follow ups and we will provide patients with a portal to access self-management applications as well as communication with clinicians. We will be running group clinics and will be enabling patients to enter data in advance of their appointment. We will offer more clinics led by nurses and other non-medical professionals. This will provide patients with care received in more convenient settings and will reduce times for appointments.

8. We will then optimise the use of the space which has been released by the above.

We are currently seeking external funding and developing plans to make much needed investment in theatres, the critical care unit, endoscopy and sterile services at King's Mill Hospital. We will replace the remaining parts of our older estate with state of the art facilities, which will enable us to provide a better and more efficient service to patients.

Newark Hospital is an important part of our Trust. As an ICP, we are committed to developing and improving Newark Hospital, ensuring it continues to adapt to the needs of the local community. We are exploring how Newark Hospital can support the development of PCNs, as well as how we can make better use of its operating theatres. Using Newark Hospital more productively and redeveloping our theatres at King's Mill will

benefit the whole ICS. For example, we are working with local NHS providers to transfer elective activities to King's Mill Hospital and Newark Hospital which is part of a wider plan to alleviate pressure on other heavily utilised and older estate across the ICS.

As described in the Long Term Plan, a new centralised NHS procurement organisation has been established to increase purchasing power and get the best deals available. To maximise the benefits of this, we will be increasing the proportion of products purchased through this route, whilst also achieving savings through working with ICS partners to purchase other products out of its scope.

Our approach to Strategic Objective 3 (To maximise the potential of our workforce), is also fundamental to achieving better value, as we focus on attracting, retaining and developing substantive colleagues, reducing expenditure on temporary staffing.

Focus on Foundations:

NHS organisations have often competed against each other to improve an individual organisation's financial position. As detailed in the Long Term Plan, we firmly believe **partnership** working is a better approach to achieve financial sustainability as well as improving quality. We are proud of the relationships we have developed with primary care, commissioning partners, patient groups and other organisations in the ICP and ICS. By working together and with local communities, we will invest resources to support those who need them the most and we believe we can reduce demand for other services in the future. We will also work with partners to develop joint and rotational roles across our ICS, reducing the number of hard to fill vacancies that pose challenges for all of us.

We already have a **culture** that encourages collaboration and our strategy will strengthen this approach. We will also reinforce a message through our culture that quality improvement and financial improvement must work together in partnership rather than in conflict.

The Sherwood Pact

A partnership with everyone in our communities

As detailed above the success of our strategy will be dependent on the effectiveness of our collective endeavour - our partnership with health and care organisations, the voluntary sector, patients, families and carers. In committing to our five strategic objectives, we are asking everyone who is supportive of our strategy to respond by signing our Sherwood Pact:

We will...	The part you can play...
Provide outstanding care	Tell us when we get it right and when we get it wrong e.g. take part in the Friends and Family Test
Promote and support health and wellbeing	Be healthy and active e.g. exercise and eat well
Maximise the potential of our workforce	Treat our Sherwood colleagues and volunteers with respect e.g. say thank you to Sherwood colleagues and volunteers
Continuously learn and improve	Help us to learn from the care you experience e.g. take part in research if you can
Achieve better value	Use our services wisely e.g. only use A&E for genuine emergencies

We are also asking Sherwood colleagues to consider their own pledges in response to our five strategic objectives. This will form part of annual planning and appraisal processes.

We will...	I will...
Provide outstanding care	
Promote and support health and wellbeing	
Maximise the potential of our workforce	
Continuously learn and improve	
Achieve better value	

Our values

Part of the work to write this strategy, has considered our existing four CARE values. Strong and consistent feedback confirmed the values continue to resonate with Sherwood colleagues. However, we have worked with Sherwood colleagues to update the explanation of each value to ensure they reflect the new themes in this strategy:

	Value wording	This means we will...
C	Communicating and working together	Work as one compassionate and inclusive team, involving, informing and listening to all colleagues and local communities.
A	Aspiring and improving	Choose to work or be cared for by Sherwood as we focus on improving patient care and staff wellbeing.
R	Respectful and caring	Show kindness to all, embrace diversity and challenge inappropriate behaviours.
E	Efficient and safe	Be consistent and do the right thing at the right time, first time.



Measuring Progress In 2019/20

Our strategy details our broad ambitions and objectives for the next five years. Over this time our strategy will evolve in line with changes to the wider NHS and Social Care and local factors.

However we have identified specific deliverables for the next year of our strategy which we will monitor progress against in our Board committees and public Board meetings.

Strategic Objective	Over the next five years we will...	In 2019/20 our progress will be...
<div>1.</div> <div>To provide outstanding care</div>	Give patients, carers and families a positive experience	An increase in the opening hours and number of patients treated by our Ambulatory Emergency Care Unit
		A reduced volume of patients cancelled within six weeks for non-clinical reasons
		A Friends and Family Test (FFT) with an average >98% recommendation for Inpatient and Maternity Care and >94% recommendation for A&E and an increased sample rate to upper quartile for both
	Provide safer and clinically effective care	A reduction in the number of Serious Incidents by 50% with the aim of becoming the lowest for any East Midlands acute Trust
		Never events reduced by 50% with the aim of having none
		Benchmarking in the top quartile for lowest readmission rates for non-elective care
	Improve coordination across health and social care	85% of patients at the end of their life discharged to their preferred place
		Working with partners to increase the number of patients who safely receive their rehabilitation at their home

Strategic Objective	Over the next five years we will...	In 2019/20 our progress will be...
<div>2.</div> <div>To promote and support health and wellbeing</div>	Support people to have healthier lifestyles	At least 80% of people admitted to our hospitals who smoke offered funded tobacco treatment services
		Our Health Heroes programme launched, to promote health and wellbeing amongst colleagues and this will support an improvement in the colleagues’ health and wellbeing survey scores
		Making it easier for colleagues and patients to travel to Sherwood hospitals in ways that support a healthier lifestyle and the environment
	Help to improve mental wellbeing including reducing loneliness	The rate of colleagues off due to anxiety, stress or depression will be no more than 0.8% of our overall sickness absence
		An increase to the number of requests to the Employee Assist Programme
		As a supporter of the “Campaign To End Loneliness” we will take practical steps to reduce feelings of loneliness
		Community gardens opened producing fresh fruit and vegetables on our three hospital sites
	Work with partners to reduce health inequalities for those in greatest need	Working with partners to expand our street health programme
		Measureable outcomes developed with partners
	<div>3.</div> <div>To maximise the potential of our workforce</div>	Attract and retain the right people
Agency spend within the NHSI limit		
Colleague turnover below 0.80 per month		
<7% of colleagues who are temporary		
Have an engaged, motivated and high performing workforce		Staff survey scores as follows: <ul style="list-style-type: none">• In top five acute Trusts for overall engagement• In top five acute Trusts for colleagues motivation at work• In the top five acute Trusts for colleagues recommending Sherwood as a place to work or receive care• +65% response rate• <7% staff experiencing discrimination at work• In the top five acute Trusts for the quality of our appraisals• In the lowest 20% of acute Trusts for colleagues feeling unwell due to work related stress
		The WRES (Workforce Race Equality Standard) and new WDES (Workforce Disability Equality Standard) used to better understand the experiences of all our colleagues and action taken where required.
Develop and nurture our teams of colleagues and volunteers		At least 70 apprentices in post
		Appraisal compliance at 95%

Strategic Objective	Over the next five years we will...	In 2019/20 our progress will be...
4. To continuously learn and improve	Adopt evidence-based best practice	<p>Good practice learned and shared through our 'buddying' relationship with Queen Elizabeth Hospital King's Lynn</p> <p>≥90% of our clinical specialties with their compliance assessed with NICE guidelines</p>
	Make the best use of information and digital technology	<p>Paper-based patient assessments replaced with electronic ones, as a step towards digitised patient health records</p> <p>Our electronic prescribing system purchased and built, in preparation for rollout in 2020</p> <p>A refreshed digital strategy</p> <p>Improved information sharing between health and social care professionals, citizens and patients so that better decisions are made about care and treatment</p>
	Use research, innovation and improvement for the benefit of our communities	<p>An increase in the number of people participating in research</p> <p>A location identified for a dedicated research facility, to enable a broader research offer</p>
	Become financially sustainable	<p>A reduced deficit and our financial target met</p> <p>Our Financial Improvement Plan delivered on a recurrent basis, demonstrating we have become more efficient</p> <p>Financial delivery measured at a Mid Nottinghamshire level</p>
	Work with our partners across Nottinghamshire to deliver efficiencies	<p>A redesigned outpatients service and reduced number of unnecessary patient visits created by working with commissioners</p> <p>Multi-year plans developed with partners to improve efficiency, based on available benchmarking information</p>
	Maximise the use of all our resources	<p>>£10m invested in our estates, equipment and IT, including the purchase a state of the art Gamma Scanner, supported by charitable funds</p> <p>A refreshed estates strategy including a developed plan for the renewal of our theatres and critical care unit at King's Mill Hospital</p> <p>The improved financial efficiency of our services</p>
5. To achieve better value		





Sherwood Forest Hospitals
NHS Foundation Trust

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on **01623 672222** or email **sfh-tr.PET@nhs.net**.

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