

Council of Governors Membership and Engagement Group Meeting

AGENDA

Date: Tuesday 9th January 2024

Time: 17:30 – 19:00

Venue: MS Teams

No	Item	Status	Paper
1.	Chair's Welcome and Apologies for Absence <i>Quoracy check: (Minimum of 3 Governors, 1 of whom must be a public Governor, and 1 Trust Officer (from Communications) in attendance)</i>	Agree	Verbal
2.	Declarations of Interest <i>To declare any pecuniary or non-pecuniary interests</i> Chair	Declaration	Verbal
3.	Action Tracker Chair	Approve	Enclosure 3
4.	Communications Feedback / Membership Activity Rich Brown, Head of Communications	Assurance	Enclosure 4
5.	Strategy Update David Ainsworth, Director of Strategy and Partnerships	Assurance	Enclosure 5
6.	Meet Your Governor Feedback Sally Brook Shanahan, Director of Corporate Affairs	Assurance	Presentation
7.	Feedback from Governors Chair / All	Update	Verbal
8.	Any Other Business		Verbal
9.	Date of Next meeting Date: 2 nd April 2024 Time: 17:30–19:00 Venue: Boardroom, Level 1, King's Mill Hospital		

COUNCIL OF GOVERNORS - MEMBERSHIP & ENGAGEMENT ACTION TRACKER
3rd October 2023

Present: S.Holmes (Chair), A.Jackson, I.Holden, J.Stubbings, J.Doddy, J.Wyatt, L.Dales, N.Cooper, N.Slack, P.Kirby, P.Gregory, S.O'Neill, S.Holmes, S.Hunkin, T.Burton, S.Brook Shanahan, R.Brown, S.Bradshaw (Actions)

Apols: D.Wilson, D.Walters, J.Dove, J.Wood, K.Stewart, L.Barrett, S.Musson

Absent: R.Scott, V.Desai

There were no declarations of interest
pertaining to items on the agenda

Key	
Red	Action Overdue
Amber	Update Required
Green	Action Complete
Grey	Action Not Yet Due

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
M&E 22/10	12/07/2022	Consider contacting Nottinghamshire County Council Youth Service to engage with youth forums to encourage more young members and potential governors	Membership & Engagement	None	04/4/2022 03/10/2023	S Holmes / L Barrett		<p>Update 04/10/2022 Sue Holmes to follow up</p> <p>Update 10/01/2023 Before contact is made with youth forums, Sue H requested governors who are interested in being involved to contact her to ensure there are sufficient governors to take this forward</p> <p>Update 18/04/2023 No response from governors asking to be involved with this. Therefore, no contact made with youth forums. Will follow up when new governors are in post following forthcoming elections.</p> <p>Update 03/10/2023 Will be picked up as part of engagement work with groups / organisations (see action 23/15)</p> <p>Complete</p>	Green
M&E 23/01	10/01/2023	Membership figures by category to include comparative figures, rather than just total number of people	Membership & Engagement	None	04/04/2023	R Brown		<p>Update 18/04/2023 Data not included in report for this meeting. However, a dashboard will be developed and updated each quarter, with information to be shared at each Membership & Engagement meeting</p> <p>Update 17/07/2023 Not yet complete</p> <p>Update 02/10/2023 In progress. Dashboard developed for discussion at meeting on 03/10/2023. Design to be finalised and updated, pending comments from governors and obtaining of stats.</p> <p>Update 03/10/2023 Dashboard discussed, with request to include information on comorbidities and deprivation. Will be standing item on agenda for future meetings.</p> <p>Complete</p>	Green

M&E 23/06	18/04/2023	"Lines to take" / "What to say when" plan, which is currently being developed, to be shared with governors once complete.	Membership & Engagement	None	04/07/2023	R Brown		<p>Update 11/07/2023 In progress, not yet complete</p> <p>Update 17/07/2023 Initial draft version of document shared with governors. Further work required to complete this document</p> <p>Update 02/10/2023 Proposed format developed for discussion at meeting on 03/10/2023, pending further details being added following feedback from governors.</p> <p>Update 03/10/2023 Updates to be standing item on agenda for future meetings and information will be updated in MYG folder.</p> <p>Complete</p>	Green
M&E 23/09	17/07/2023	Consider sending out questionnaire to Trust members on behalf of Healthwatch re: how people get to health service appointments, how much does it cost, etc.	Membership & Engagement	None	03/10/2023	R Brown		<p>Update 03/01/2024 Complete</p>	Green
M&E 23/12	17/07/2023	QR code of link to the Trust website for members to update contact details to be included in packs for Meet Your Governor (MYG)	Membership & Engagement	None	03/10/2023	R Brown		<p>Update 03/10/2023 In progress but not yet complete</p> <p>Update 03/01/2024 QR code of link to the Trust website for members to update contact details included in packs for Meet Your Governor (MYG)</p> <p>Complete</p>	Green
M&E 23/13	17/07/2023	Core questions to be developed for Governors to use at MYG as an 'ice breaker'	Membership & Engagement	None	03/10/2023	R Brown		<p>Update 03/10/2023 Will be included as part of refresh of MYG folders</p>	Green
M&E 23/15	17/07/2023	List of local community groups / events to be compiled as alternative route to gaining feedback	Membership & Engagement	None	03/10/2023	S Holmes / L Barrett		<p>Verbal update to be provided to meeting on 03/10/2023</p> <p>Update 03/10/2023 Sue has made contacts with various organisations and will compile these into a list</p>	Red
M&E 23/17	17/07/2023	Update on parking to be presented to a future Council of Governors meeting	Membership & Engagement	Full Council of Governors	14/11/2023	S Brook Shanahan		<p>To be included on agenda for November Full CoG meeting</p> <p>Complete</p>	Green
M&E 23/18	03/10/2023	Benefits of Trust membership to be clearly defined	Membership & Engagement	None	09/01/2024	R Brown			Amber
M&E 23/19	03/10/2023	Aims and objectives for Trust membership to be discussed at the next Governor Forum	Membership & Engagement	None	09/01/2024	S Holmes / L Barrett			Amber
M&E 23/20	03/10/2023	Consider renaming the Rest of the East Midlands constituency to Mansfield, Ashfield and the Rest of the East Midlands	Membership & Engagement	None	02/04/2024	S Brook Shanahan			Grey
M&E 23/21	03/10/2023	Membership database to be cleansed	Membership & Engagement	None	09/01/2024	R Brown		<p>Update 03/01/2024 Complete</p>	Green
M&E 23/22	03/10/2023	Consider having patient story at future AGMs	Membership & Engagement	None	09/01/2024	S Brook Shanahan		<p>Feedback added to AGM lessons learned document</p> <p>Complete</p>	Green
M&E 23/23	03/10/2023	Consider having "You said, We did" posters / digital display boards in main public areas of hospital.	Membership & Engagement	None	09/01/2024	R Brown			Amber
M&E 23/24	03/10/2023	Assurance to be provided to the governors in relation to potential delays to patient letters	Membership & Engagement	None	02/01/2024	S Brook Shanahan		<p>Update 05/10/23 Reported to Public Board on 05/10/2023 a working group has been established to look at patient letters. The group will report to the Quality Committee.</p> <p>Complete</p>	Green

Approvals

Change voting methods to SMS and e-mail for future governor elections, subject to further investigation and approval of change to constitution

**Council of Governors – Membership & Engagement Group
Cover Sheet**

Subject:	Membership and engagement report		Date: 9 th January 2024		
Prepared By:	Rich Brown, Head of Communication				
Approved By:	Rich Brown, Head of Communication				
Presented By:	Rich Brown, Head of Communication				
Purpose					
To provide an update on membership engagement and activity for the last quarter.			Approval		
			Assurance	X	
			Update	X	
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
			X		X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Not applicable					
Acronyms					
None used					
Executive Summary					
<p>The appended report provides an update on membership engagement and activity for the last quarter, including updates on:</p> <ul style="list-style-type: none"> • Member communications and engagement during the quarter • An analysis of member representation is detailed in the report • A brief look ahead to planned membership activity planned during the next quarter 					

Member communications and engagement

The Trust Communication team continues to produce a monthly *Trust Matters* e-newsletter that is sent to all members of the Trust who have consented to being contacted by email. Editions over the last quarter were sent each month in October, November and December.

The Trust Communication team has also supported governors with facilitating 'Meet your governor' events during October, November and December across the Trust's hospitals. Feedback from those events has been fed back to the Director of Corporate Affairs via the Corporate Secretariat for consideration, analysis and reporting.

Member representation

The current public membership total stands at 13,540, compared to the 13,613 that we reported in September 2023. This represents a decrease in the Trust's membership, owing to the natural wastage that occurs as Trust members opt to leave the membership scheme or where or changes of addresses or other circumstances are noted.

A brief analysis of the gender, age demographics, ethnicity, socioeconomic groupings and constituencies is provided below:

- **Gender**
Males are still underrepresented among the Trust's membership, with a total of 4,782 male members across all constituencies. Males currently make-up just 35% of the Trust's membership.
- **Age group**
Less than 0.6% of the Trust's membership are aged under 22, with young people remaining significantly underrepresented among the Trust's membership.
- **Ethnicity**
Of the Trust's 13,540 public members who have declared their ethnicity, just 331 (2.44%) identify as non-white British. This compares to 13.4% across the East Midlands area who are classed as non-White British, according to 2021 Census data.
- **By public constituency**
A breakdown of the Trust's membership by public constituency area is provided below:
 - 717: Rest of East Midlands
 - 3,172: Newark and Sherwood
 - 124: Rest of England
 - 21: Out of Trust area

Appendix one of this report contains a more comprehensive dashboard of public membership data.

Engaging Trust members in the development of the Trust's new four-year Strategy

During December, the Lead Governor wrote to all Trust public members with email addresses inviting them to have their say on the latest updates on the Trust Strategy, ahead of its launch in April 2024.

Members have been written to, inviting them to future public information events about the strategy at dates TBC. You can find more information about the latest developments in that work on the Trust's website here: www.sfh-tr.nhs.uk/strategy

Membership forward plan

'Business as usual' communications activity will continue over the next quarter, including by the Communications team:

- Continuing to issue monthly *Trust Matters* e-newsletters to keep the Trust's members updated about the work of Sherwood Forest Hospitals.
- Continuing to support governors with holding *Meet your Governor* events each month.

Appendix one: Dashboard of public membership data

Data	Local population data by volume	Local Census data by (%)	Trust membership data		Trust membership data	
			15/09/2023		03/01/2024	
			#	%	#	%
Total population	4,947,180	-	-	-	-	-
Total public members	-	-	13,631	-	13,540	-
Total members with email addresses (#)	-	-	2,566	18.82%	2,438	18.01%
Breakdown by constituency	Population by constituency		Members by constituency		Members by constituency	
Rest of East Midlands	-	-	10,288	75.48%	717	5.30%
Newark and Sherwood	-	-	3,193	23.42%	3,172	23.43%
Rest of England	-	-	124	0.91%	124	0.92%
Out of Trust area	TBC	-	26	0.19%	21	0.16%
Public membership breakdown by demographic						
Gender						
Male	2,449,272	49.51%	4,822	35.38%	4,782	35.32%
Female	2,497,908	50.49%	8,614	63.19%	8,560	63.22%
Transgender	-	-	1	0.01%	1	0.01%
Unspecified	-	-	196	1.44%	197	1.45%
Age profile						
0-16	969,345	19.59%	1	0.01%	0	0.00%
17-21	298,874	6.04%	77	0.56%	77	0.57%
22-29	489,649	9.90%	307	2.25%	277	2.05%
30-39	618,319	12.50%	823	6.04%	835	6.17%
40-49	584,196	11.81%	886	6.50%	874	6.45%
50-59	687,913	13.91%	1,864	13.67%	1,822	13.46%
60-74	825,787	16.69%	3,872	28.41%	3,835	28.32%
75+	473,097	9.56%	4,771	35.00%	4,792	35.39%
Not stated	-	-	1,032	7.57%	1,028	7.59%
Ethnic Origin						
White - English, Welsh, Scottish, Northern Irish, British	3,883,712	78.50%	11,947	87.65%	11,856	87.56%
White - Irish	28,729	0.58%	54	0.40%	54	0.40%
White - Gypsy or Irish Traveller	3,556	0.07%	0	0.00%	0	0.00%
White - Other	143,635	2.90%	104	0.76%	104	0.77%
Mixed - White and Black Caribbean	40,443	0.82%	5	0.04%	5	0.04%
Mixed - White and Black African	8,824	0.18%	7	0.05%	8	0.06%
Mixed - White and Asian	21,723	0.44%	10	0.07%	10	0.07%
Mixed - Other Mixed	15,343	0.31%	14	0.10%	14	0.10%
Asian or Asian British - Indian	168,979	3.42%	39	0.29%	40	0.30%
Asian or Asian British - Pakistani	48,941	0.99%	10	0.07%	10	0.07%
Asian or Asian British - Bangladeshi	13,259	0.27%	8	0.06%	8	0.06%
Asian or Asian British - Chinese	24,433	0.49%	16	0.12%	16	0.12%
Asian or Asian British - Other Asian	37,936	0.77%	16	0.12%	16	0.12%
Black or Black British - African	41,801	0.84%	13	0.10%	15	0.11%
Black or Black British - Caribbean	28,926	0.58%	19	0.14%	19	0.14%
Black or Black British - Other Black	10,807	0.22%	4	0.03%	4	0.03%
Other Ethnic Group - Arab	9,747	0.20%	0	0.00%	0	0.00%
Other Ethnic Group - Any Other Ethnic Group	15,999	0.32%	8	0.06%	8	0.06%
Not stated	400,387	8.09%	1,359	9.97%	1,353	9.99%
Staff membership						
Total staff members	-					

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Healthier Communities,



Sherwood Forest Hospitals
NHS Foundation Trust

Five year Strategy

2024-2029

**IMPROVING
LIVES**





Outstanding Care,
Compassionate People
Healthier Communities,

01. Our Vision

**Outstanding
Care**
(provided by)

**Compassionate
People**
(enabling)

**Healthier
Communities**

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2. Introduction - Patient story

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3. Commitments

We want to be known as one of the best healthcare providers for delivery of our services to our patients by delivering consistently outstanding care provided by compassionate people who feel enabled and supported by Sherwood Forest Hospitals. Our strategy will improve lives.

We commit to improving lives of our patients

- Be a provider of choice for our patients, colleagues and their family and friends by delivering consistently outstanding care at the right time and in the right place
- Ensure our patients are partners in their personalised care decisions to improve health outcomes
- Provide healthy food choices and a healthy, safe, clean environment across our hospitals
- Embed the Patient Safety Incident Response Framework to learn from when we don't always get it right
- Implement and use an electronic patient record and other digital solutions that support seamless care
- Improve access to locally delivered services including diagnostics at a community diagnostic centre at Mansfield Community Hospital, and elective care services at Newark Hospital
- Deliver locally accessible services that contribute to reducing health inequalities

We commit to improving lives of our people

- Ensure all our colleagues continuously demonstrate the CARE values
- Expand our health and wellbeing offer to be inclusive of healthy behaviours in the workplace
- Continue our promise to the Armed Forces Covenant
- Provide opportunities for career development for our colleagues to thrive at Sherwood Forest Hospitals, and attract the best people who choose us as a Trust to work for
- Be determined in our pursuit of continuous quality improvement in everything we do



We commit to improving lives of our local population

- Deliver healthier communities through our role as an Anchor organisation
- Expand our health prevention approach and make every contact count through better screening and discussions that support living a healthy life
- Align our prevention approach with primary care to tackle health's biggest killers and support healthier lifestyle behaviours
- Reduce our impact on the environment and re-affirm our commitment to achieving Net Zero
- Ensure our resources are fit for purpose and sustainable
- Develop our Foundation Trust opportunities that support our local communities
- Deliver on our statutory requirement to work in partnership, collaboration and integration as an Integrated Care System, sharing delivery of system wide strategic objectives
- Intentionally engage in partnerships that support delivery of our strategy and achieve better outcomes for our local communities

To achieve our commitments, our strategy and supporting strategies will come together through the Board and sub-committees to review strategic direction, delivery of strategic objectives and to address changes in directions as we navigate a complex external environment.

We will refresh this strategy annually.

In delivery of our commitments, we will:

- Be rated Outstanding by the CQC
- Increase the percentage of colleagues who recommend Sherwood Forest Hospitals as a place to work
- Increase the percentage of colleagues who recommend Sherwood Forest Hospitals as a place to be cared for
- Increase the percentage of our local population engaging in healthy lifestyle behaviours
- Be recognised locally and nationally as a committed Anchor organisation who works in partnership as standard

4. Welcome letter from the Chair and Chief Executive

We will improve lives of our patients, our people and our local population.

We are proud of our achievements over the last five years and yet recognise people want more from us. We are grateful to our colleagues who set out to deliver outstanding, compassionate care and treatment every day 24 hours a day, 365 days a year and to all those behind the scenes who support this.

The NHS Constitution tells us that **“The NHS belongs to us all. It is there to improve our health and wellbeing, support us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives.”**

Improving people’s lives and experience of care is at the heart of what matters to us and helps to drive the change we want to see. It is widely accepted nationally that the current speed of change across health and social care, including the spread and adoption of innovation is too slow to meet current and upcoming challenges including higher demand for health and care.

Despite every NHS service recognising that a culture of listening is central to providing safe, high-quality care across the NHS there have been multiple

incidents and subsequent inquiries that have shown how failing to listen and act on people’s concerns can result in poor experiences and in extreme cases catastrophic consequences.

Our CARE values will ensure the concerns of staff and patients are viewed as an early warning system to highlight safety issues, and that the concerns of staff and patients is seen as integral to continually improving the quality and safety of care which delivers our vision. We will improve lives.

‘Outstanding care, provided by compassionate people, enabling healthier communities’. Improving lives.

In the next five years we want to be known as the best local hospital who consistently delivers services for our patients and improves lives. We will achieve this by delivering consistently outstanding care by compassionate people who feel enabled and supported to do their best by Sherwood Forest Hospitals. We know that if our colleagues recommend us as the provider of choice for their family and friends and as a place to work that we will have gone a long way to meet this ambition.

We also want to look outside the walls of a traditional local hospital and contribute more widely towards delivering healthier communities through our role as an ‘Anchor Organisation,’ through our commitments to the Armed Forces Covenant, and the partnership agreement we signed with West Nottinghamshire College in February 2023.

To achieve this, we must remain at the forefront of modern healthcare delivery.

We will do this by:

- Working with other health, care, voluntary and education providers
- Continue our journey to become one of the best hospital trusts to work with and to work for
- Be open to delivering services in ways that previously a local hospital would not
- Deliver services in new and innovative ways that benefit all the people that we serve

We also recognise we need to do more on prevention. Tertiary and secondary prevention is our core business and increasingly through the lifecycle of this strategy we want to positively impact upon primary prevention in ways that reduce the need for our younger healthier communities to require healthcare in the future, and for others who already have a long term condition (2 in 7 people live with two or more long term conditions) to manage this differently.

We will do this by expanding the current offer for health and wellbeing to be inclusive of healthy behaviours in the workplace and at home for our 6,000 plus colleagues which will improve lives.

Building on the brilliance of our colleagues, we will work over the next five years to drive a vibrant culture where people choose us as a place to come and work, to remain at work, to access opportunities supported by us to develop their career aspirations and to thrive in the work they do. Sherwood Forest Hospitals will be a healthy place to work with choices that enhance our colleagues own health and that of their patients, families and friends.

In providing outstanding services we also expect to transform them. We will support and develop

services identified as challenged moving them to become more sustainable. We expect to work on our longer term sustainable financial health because having sustainable finances will lead to better investment decisions. We also need to do more to develop our opportunities with our partners where this serves the interests of our local population. Our goal for our estate is to be fit for purpose and inclusive for the people we see and treat.

We’ve heard from the public and our patients the importance of timely communication. We want to make best use of technological solutions to delivering that and so a single digital record that aligns communication not only within and in between our hospital services but also across other sectors such as primary care will be in place during the lifetime of this strategy.

This strategy is ambitious and sets the direction of travel for the forthcoming five years with its success achieved through the implementation of the delivery plans in our supporting strategies. We will work with our patients, colleagues and partners in its implementation, and we will strive to do the very best for the population and communities we serve. Together we will improve lives of our patients, our people and our local communities.

Claire Ward
Chair



Paul Robinson
Chief Executive



5. What is driving us to do better?

We recognise that to deliver our vision of outstanding care, provided by compassionate people, enabling healthier communities requires us to nurture a leadership culture at Sherwood Forest Hospitals that embraces the delivery of continuously improving high-quality, safe and compassionate healthcare and that looks both inside and outside of our organisation for opportunities and solutions.

Consistently outstanding care provision

We do well in many areas and have opportunities for further improvement in others for example King's Mill Hospital, where 90% of our services are based, is rated Outstanding by the Care Quality Commission and is the only Outstanding NHS hospital in the East Midlands. Newark Hospital and Mansfield Community Hospital are both rated Good and all 15 of our services are rated Good for Safety with five Outstanding services.

Leadership is the responsibility of everyone at Sherwood Forest Hospitals and is the most influential factor in achieving our vision through shaping organisational culture. This means we all need to have the necessary leadership behaviours, strategies and personal qualities. Opportunities for us to learn from other areas where things have gone wrong and to proactively reduce the risk of them happening here at Sherwood Forest Hospitals is also part of our collective drive to do better.

Workforce

Many health professions are facing a national shortage of staff leaving some of our services challenged in delivery of consistent care. We will continue to redesign our models of service delivery and develop alternative skill sets amongst our people to deliver care, alongside seeking solutions with our partners who face similar obstacles.

Health inequalities and use of health services

Demand for our services continues to grow. Our population is increasing in age, fragility and more people have 2 or more health conditions requiring more complex care. Our local population has several areas of deprivation and known health inequalities - more younger people are requiring hospital care to manage their health conditions.

We have high quality buildings compared to many other hospitals but we will not have enough space to safely deliver the predicted growth in demand.

We need to work with our partners across the local area to identify better local places and pathways to deliver care that also supports delivery closer to home.

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Population health management

Taking a population health management approach to future healthcare delivery will be a key to our success. Population health management is a growing focus across the ICS and within acute trusts. Our health and care needs are changing and our behaviours may increase our risk of preventable disease. As we live longer, we develop the risk of living with multiple long-term conditions like asthma, diabetes and heart disease. The gap between living longer in good health versus poor health is widening, with the effects of Covid-19 still to be fully realised.

Sherwood Forest Hospitals role in population health is to understand the health needs now and in the future of our local population and to work with our partners to reduce inequalities. We will increasingly make positive contributions to the wider determinants of health and wellbeing such as housing, employment and education. As an Anchor Organisation we can positively impact on the wider issues that support health and wellbeing of the local population, our colleagues and our patients. Significant numbers of our colleagues and their families work and live in our area of healthcare provision and we have an ambition to support their quality of life leading to a longer healthier life.

We know that a one-size-fits-all approach to delivering healthcare is an outdated model that we seek to improve over the course of this strategy. Our strategy will also focus on designing more joined up and sustainable health and care services along with making better use of public resources. We will equip our colleagues with the skills and experience to deliver modern healthcare and treatment that provides an outstanding experience for our patients.



Sherwood Forest Hospitals
NHS Foundation Trust

HEALTH INEQUALITIES Health: 78% of Mid Notts Population report they are in good or very good health however this is below the England and Wales average of 80%.

AGE

Mid Notts population is older than England average and getting older

- 20.1% are aged 65+ [Higher than the national average of 18.6%].

Since 2011:

- 65+ population has increased by 15.6%
- 0-19yrs has reduced by 5.4%

POPULATION

The registered population in Mid Nottinghamshire was 343,059 in 2023

- The population is made up of **50.3% female** and **49.7% male**
- The area's 10 year population increase since 2013 is **9.6%**

ETHNICITY

Mid Notts population is less diverse than the national average

- **91.1%** of the population identifying as White British compared to **74.4%** nationally
- Asian / Asian British is the second largest ethnic group in Mid Notts (1.8%) [2021 Census]

LIFE EXPECTANCY

Mid Notts females and males are below the England average for life expectancy.

Area	Females	Males
Mid Notts	82.1	78.1
England	83.1	78.1



27.1% of population living in most deprived quintile.

- **Ashfield - 26.9%**
- **Mansfield - 41%**
- **Newark Sherwood - 14.6%**

Mid Notts IMD score is **24.6%**.
2.9% higher than England IMD score (21.7%).

7,465 0-14yr olds and 14.1% aged 65+ living in income deprivation decile 1.

There is a total of 211 Lower Super Output Areas (LSOA) in Mid Notts.

- Approximately 58 LSOA areas are in the 20% most deprived nationally.
- Approximately **27% of the Mid Notts population live in an area of high deprivation.**

We will work with our partners in the Place Based Partnership which includes district councils, social care, county council, primary care networks and the voluntary sector. We will come together to focus on the things we can do better together than alone. Our clinical services strategy and quality strategy will further describe our delivery plans to meet our ambition of providing outstanding patient experience consistently.

Financial resources

The Integrated Care System (Sherwood Forest Hospitals and Health partners) is spending more money than is allocated to it by NHS England. We have a duty to provide services within a financially balanced model during the life of this strategy.

Comments and feedback

from our patients and members

We asked our patients, members and colleagues for thoughts on what we can do better or more consistently. The themes are captured below:



1. Shorter waiting times. *You want us to offer prompt appointments and a diagnosis as quickly as possible. Continue to provide the best care and to provide access to consultants and treatments without delay.*

2. Better communication *from us that supports continuity of care inside and outside of the Trust in a timely way. This includes informing both our partners and patients of appointments, decisions and treatment summaries. It also includes improving our verbal communication in a way that is sensitive and inclusive to individuals.*

3. Joined up care. *We've been asked to reduce inconvenience (e.g. duplication, unnecessary appointments or tests) in any form. People tell us they know resources are scarce and need to be used wisely as well as correctly by delivering care together. We've been asked to provide as much care as possible locally.*

4. Personalised care. *We need to pay attention to people's individual needs such as wheelchair users, people with dementia, older adults, children and young people and people with sight difficulties for example. Our service delivery and the environment should take into account that we all have individual requirements of healthcare. Equity and equality should drive future service improvements and estate improvements.*



Comments and feedback

from our colleagues

We asked our patients, members and colleagues for thoughts on what we can do better or more consistently. The themes are captured below:



1. People *for colleagues to be supported through clear career development and good quality, appropriate and accessible training and development. Including personalised career chats and equitable access to development opportunities. For teams to have the right skill mix to both lead their services well and be well led at all levels of the organisation. So that people feel that the Trust recognises them as our most important element of outstanding care that they are.*

2. Patient pathways and transformation *team members highlighted many good areas for improving pathways and transforming services including strengthening and developing our partnerships, reviewing discharge processes, better use of digital and new technologies and integration.*

3. Communication *staff members talked about communication in the light of the organisation needing a multifactorial approach to ensuring information is shared with the correct people, both internally and externally in a timely fashion and using varied delivery methods that reflect different needs and working practices.*

4. Getting the basics right *team members highlighted the importance of ensuring we are consistently doing the everyday things really well as well as looking to transforming our services. For the need for everyone to adhere to the CARE values of the organisation, that our team members feel valued and are given sufficient time to care and for services to be developed involving our communities and team members from the outset.*



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Compassionate People
Healthier Communities,



Sherwood Forest Hospitals
NHS Foundation Trust

Integrated Care Systems and integration by default

The healthcare system that we operate within has changed with Integrated Care Systems becoming a legal requirement in July 2022. Nottinghamshire was one of the first areas in England to develop an Integrated Care System (ICS). Integrated care systems are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Being part of the ICS places a legal duty on Sherwood Forest Hospitals to be accountable for our own delivery of services and accountable for delivery of the system-wide requirements.

The Nottingham and Nottinghamshire Integrated Care System strategy (2023-27) leads with three principles and four aims that all partners will deliver. The principles are:

1. Prevention is better than cure.
2. Equity in everything
3. Integration by default

The four aims are:

1. Improve outcomes in population health and healthcare.
2. Tackle inequalities in outcomes, experiences and access
3. Enhance productivity and value for money.
4. Support broader social and economic development.

Sherwood Forest Hospitals has contributed to the Joint Forward Plan (JFP), a 5-year delivery plan created by partners in the ICS which ensures progress is made towards the ICS Strategy. The Sherwood Forest Hospitals strategy responds to all of the principles and aims above - whilst retaining the requirements that meet our local population's health needs and our vision of Outstanding care, provided by compassionate people, enabling healthier communities.

The JFP sets out a "collective ambition to improve the health and wellbeing of our local population... will require us to accelerate our collaborative working at neighbourhood, Place, System and Regional level" (Nottingham and Nottinghamshire JFP)

Sherwood Forest Hospitals has a long history of working in partnership across our community and during the lifecycle of this strategy that will be developed further to ensure care is delivered as close to home as possible and that we are using our resources wisely for maximum quality and efficiency.

Impact of Covid-19

The Sherwood Forest Hospitals response to the Covid-19 pandemic should also be noted for context. During the height of the pandemic, services were delivered differently to ensure safety of our colleagues and patients. This means that aspects of our strategy were paused to ensure we could meet the challenges of that time. As a result of the pandemic, our population's health needs have changed with more people seeking healthcare with more complex health needs. This has led to longer waits for appointments and treatment which is noted as a trend across England and we are not alone in working to improve our response times in the months and years after Covid-19 was downgraded from pandemic status.

Our people have also been affected as a result of the pandemic, both personally and through working practices. Our sickness rates for staff have increased and our staff survey responses demonstrate burnout in more people. Healthcare delivery is challenging and ongoing national industrial action amongst several occupational groups is one symptom of those challenging times.

Our people and services are not without hope, and our staff survey repeatedly puts us as the top place in the Midlands to work for (1st in the Midlands, 3rd Nationally) which is testament to the culture and relationships we have continued to develop. We will continue to build upon this over coming years in a targeted way to ensure all our people feel valued and recommend Sherwood Forest Hospitals as a place to work and be cared for.

6. Who we are

 We serve a population of **350,000** people across Mid-Nottinghamshire

 We employ **6,000** members of staff

 We have **400** volunteers

 We deliver **3,500** births per annum

We spend **£500 million** of tax payers money per annum

Plus an additional £31 million looking after our buildings and developing our technology (Capital spend)

We had **1,472** compliments in **2022-23**

We had **299** complaints in **2022-23**

 We have over **650** beds

 We have **450,000** outpatient appointments every year

 We have **190,000** ED and Urgent care attendances every year

 We performed **30,000** MRI and CT scans

 We cleaned **2.6 million** pieces of laundry

 We generated **750,000** tonnes of waste

 We prepared **630,000** meals for patients

 We spend **£10 million** on energy

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We have 5 clinical divisions (Urgent and emergency care, Medicine, Women's and children's, Surgery, Critical care and anaesthetics, Clinical services, therapies and outpatients (CSTO) and a Corporate division (Strategy and Partnership, People, Finance, Nursing, Medical, Governance and operations)

Urgent and
emergency
care

Medicine

Women's
and
children's

Surgery,
critical
care and
anaesthetics

Clinical
services,
therapies
and
outpatients

Corporate

- We gained Foundation Trust Status in 2007 and are accountable to patients, local people and staff who have a voice through becoming a member of our Trust and through our council of elected Governors.
- We run services from three sites (King's Mill Hospital, Mansfield Community Hospital, Newark Community Hospital) and in the community. **King's Mill Hospital, where 90% of our services are based, is rated Outstanding by the Care Quality Commission and is the only Outstanding NHS hospital in the East Midlands. Newark Hospital and Mansfield Community Hospital are both rated Good and all 15 of our services are rated Good for Safety with five Outstanding services.**



King's Mill
Hospital

 Sherwood Forest Hospitals
NHS Foundation Trust

CQC rating

Outstanding ★

Inspected and rated by
 Care Quality
Commission

Newark & Mansfield Community Hospitals

CQC rating

Good

Inspected and rated by
 Care Quality
Commission

7. CARE Values and Behaviours

The Trust CARE values are a well embedded set of shared values and behaviours across Sherwood Forest Hospitals that sets out a clear set of standards and behaviours of our people.

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

Our CARE values were developed through engagement with our people, patients, service users and volunteers. In October 2023 we refreshed our CARE values to show our ongoing commitment to empower our people, to support one another and to deliver outstanding care to our patients.

The People, Culture and Improvement sub-committee to the board oversees the implementation of the CARE values and our People Sub Strategy. The approach is well developed and has brought about significant improvements to the experience of our colleagues. To remain fit for purpose they were relaunched during 2023 to ensure the organisation remembers the very heart of our culture and supports us on our journey to providing consistently outstanding care.



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Overview

Strategic Objectives

Values

Provide outstanding care in the best place at the right time

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

Improve health and wellbeing within our communities

Continuously learn and improve

Sustainable use of resources and estate

Work collaboratively with partners in the community

C
Communicating and working together

A
Aspiring and improving

R
Respectful, inclusive and caring

E
Efficient and safe

VISION:
Outstanding care,
compassionate
people, healthier
communities.

8. Strategic objectives:

Strategic Objective 1

Provide outstanding care in the best place at the right time

Our ambition is to be one of the leading healthcare organisations in the country and rated as Outstanding across all our services

What this means in practice:

- We will be at the forefront of service provision delivering innovative, safe, efficient health care
- We will build on our current Care Quality Commissions (CQC) ratings and work towards 'Outstanding' across all our services
- We will provide timely access to specialist health care across all our pathways
- We will consistently work with our patients, partners and within provider collaboratives to design and deliver service transformations

We will deliver it by:

- Building on our reputation as a caring organisation
- Working with our partners to deliver modern estate for modern healthcare delivery
- Delivering the electronic patient record
- Building our offer as an anchor institution to support local

communities

We will measure success by:

- Our score in the national staff survey
- Our CQC rating
- Delivery of the Electronic Patient Record (EPR)
- Our performance against outcome and experience measures reported by patients, carers and families

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NHS

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NHS Foundation Trust

Case study:

When being referred for an operation to have cataracts removed, 101 year old Doris Sale, who lives in Newark asked if she could have the operation done at Newark Hospital. The Newark option was not available for Doris four years ago when she had the same surgery on her other eye 23 miles away at King's Mill Hospital. Following the successful operation, Doris said: "It made a big difference straight away. My vision was very misty but it's clear now.

I can see the garden better, watch TV and safely do other things like chopping vegetables and doing the washing up. This will keep me going for another couple of years, which is all I want.



Doris, who lives with her son Michael, said she had nothing but praise for the care she received at Newark Hospital and this reflected the patient centred approach to Doris' care where Louise and Sarah from the Newark Pre- Operative Team ensured that everything needed was done in as few appointments as possible for Doris.

8. Strategic objectives:

Strategic Objective 2

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

We will make Sherwood a great place to work and belong by empowering and supporting our people to be the best they can be.

The delivery pillars for this strategic objective are:

- Looking after our people
- Belonging in the NHS
- Growing for the future
- New ways of working

Our vision – What this means in practice:

- Our people are healthy and psychologically safe, allowing them to deliver safe, high-quality care.
- We have an embedded culture of kindness, civility and respect at SFH, where our people feel a sense of belonging and have a voice.
- We are the employer of choice in the local area, with recruitment, development and promotion practices that are inclusive, fair and equitable. We retain and attract talent.
- We are leaders in transformation, innovation and partnership working within the Sherwood and the Nottinghamshire system.

Our priorities – How we will deliver this:

- We will follow a person-centred approach, where our people are supported based on their individual needs, acknowledging there is an overlap professionally and personally. We will provide the practical and emotional support our people need to do their jobs.
- We will create an inclusive culture and take action to reduce our people's experience of discrimination, violence and bullying. We will recognise and reward colleagues through key celebration events.
- We will develop our workforce by investing in our people, utilising internal and external education opportunities, growing our people through apprenticeships.
- We will empower our people to work flexibly and in different ways, working more digitally and efficiently, including designing multi-professional teams to make the best use of our people's skills and actively seeking ways to reduce agency usage.

Key metrics – We will measure success by:

- Providing a health and wellbeing support offer that implements a just culture, supporting the delivery of sickness absence and employee relations targets.
- High levels of workforce engagement as measured by the annual NHS staff survey and quarterly pulse surveys, resulting in delivery of our engagement score.
- Achieving mandatory training and appraisals compliance.
- Performance across a range of workforce metrics that demonstrate productive services and efficiencies, for example: agency costs, vacancy and turnover rates, plus ESR and Health Roster utilisation scores.

Case study

Apprenticeships are a key part of our Sherwood Forest Hospitals People Strategy. A great example of how we empower and support our people to be the best they can be is the recent recruitment of our Health and Safety Advisor Apprentice.

We asked **Rob Simcox, Director of People** how the opportunity arose:

'Our Health and Safety service is essential to supporting our people to be safe and well at work. As part of succession planning, we scoped out ways to ensure the service had solid business continuity plans in place, being mindful it can be a challenging speciality to recruit to'

Deborah Kearsley, Deputy Director of People added:

'We advertised the position using our traditional methods and were unsuccessful at recruiting, we recognised we needed to think differently about how to recruit into the role. An apprenticeship role felt like the natural solution and a great way to show our commitment to developing our people. We developed a role that meant the person would be trained up on the job.'

Iain Downie who previously worked as a Vaccinator in the Vaccination Hub was successfully appointed to the **Health and Safety Advisor Apprentice** role. Iain shared his personal reflections on the apprenticeship so far:

'After 7 months in post, the apprenticeship has already proven to be a brilliant opportunity which I am very grateful for. I've been able to use my skills and experience from previous roles, both inside and outside the NHS. The training and development I have already received has boosted my knowledge and I feel I can contribute more to supporting and protecting the Sherwood Forest Hospitals workforce and patients. I'm really looking forward to being able to complete professional qualifications whilst working in this role.'

8. Strategic objectives:

Strategic Objective 3

Improve Health and Wellbeing within our Communities

We will make Sherwood a great place to work and belong by empowering and supporting our people to be the best they can be.

What this means in practice:

- We will deliver support, guidance and treatment to prevent further health issues eg smoking cessation
- We will review how we deliver our services and ensure access is equitable
- We will collaborate with our communities and partners to better understand the health needs of our local population

We will deliver it by:

- Providing different levels and types of services to support people who have additional needs in accessing and using our services
- Coming together with our population and partners to design the response needed to improve health and wellbeing
- Deliver our Electronic Patient Record
- Ensure our colleagues, many of whom work and live in our population are involved in improving health and wellbeing at work

We will measure success by:

- Patient, carers and family feedback through compliments and complaints
- Patient and population health participation in service development
- Recognised metrics within our services about health and wellbeing such as smoking cessation in maternity services.

Case study

In England, the current rate of smoking at the time of birth is 8.8%. At Sherwood Forest Hospitals, it is 14.12%.

Smoking can cause serious health problems for both mother and baby, including miscarriage, premature birth, low birthweight of the baby and increased risk of sudden infant death. Stopping smoking will immediately reduce health risks and prevent table diseases during pregnancy and in the longer term for the whole family.

The Phoenix Team, a nationally recognised maternity tobacco dependence treatment service, has been running for almost two years improving the health and wellbeing of families by supporting pregnant women and birthing parents to give up smoking during pregnancy and remain smokefree beyond birth. The service recognises that smoking in pregnancy is the result of addiction to nicotine, which requires treatment. Their support is tailored to each individual and is completely free to them. People can refer themselves or be referred by a health professional such as a midwife or doctor. The service also offers a financial incentive scheme as part of the smokefree quit journey to reward abstinence from tobacco use.

Quotes from families who have been cared for by the Phoenix team in 2023:

"The whole team is just really friendly and supportive and go above and beyond, more than what they need to"

"I just felt like they did not judge anything."

"...dignified...rather than coming out of an appointment, feeling like a scumbag, you go out feeling empowered that you are going to be able to do this because they have made you feel like you are not a bad person."



8. Strategic objectives:

Strategic Objective 4

Continuously learn and improve

Our ability to deliver all our strategic objectives and the highest quality and safest possible care relies upon us continuously learning and improving as a Trust and across the Integrated Care System. A strong culture of continuous improvement improves outcomes for our patients, our service delivery and safety, our colleagues experience, our finances and our populations health and wellbeing.

What this means in practice:

- We will embed a continuous quality improvement strategy and delivery plan that brings together our focus areas of patient safety, quality improvement, digital and technological opportunities
- We will use nationally recognised tools and assessments to assess our maturity of delivery, skillset and culture within continuous improvement
- We will embed and refine our delivery of the Patient Safety Incident Response Framework (PSIRF)
- We will ensure active involvement in clinical research and clinical audit

We will measure success by:

- Demonstrated learning outcomes from PSIRF
- Self-assessment of our maturity towards continuous improvement
- Skill set analysis of all our colleagues with improvement skills and knowledge
- Our score in the national staff survey
- Monthly improvement ambassador awards

Case study:

A team of maternity staff recently came together to listen and improve their services. Early on this team identified from formal sources, such as 'family and Friends' feedback and complaints and less formal sources such as clinics after birth and general conversations on the maternity ward, that many found the Post-natal discharge process frustrating and were often left confused not knowing what was going on or when they would eventually be able to go home. This service is different as effectively two people are being cared for following the birth requiring input from both Obstetrics services for the parent and Paediatrics services for the baby.

Members of the team spent every day for four weeks on 'walkabout' talking to everyone about their experience and listening to their suggestions on what sort of things would improve their experience. Following this a whole new discharge process and supporting documentation was developed and tested with people to see how this improved their experience. Following further feedback and refinement this was put in place and while 'paperless' digital only forms are now normal practice paper copies are still provided as some families prefer to see this physically at their bedside as with a newborn to care for they don't always have the motivation to follow QR codes or log into phones. This has resulted in a better experience for service users and their families, improved experiences for the staff on ward as there are lower levels of frustration they are having to deal with and an overall reduction in complaints and an increase in positive feedback.

Strategic Objective 5

Sustainable uses of resource and estate

Our ambition is to deliver the best care possible for the community we serve within the funding we have available. We will support our services to be high quality, safe, productive and efficient and demonstrate value for taxpayers money.

What this means in practice:

- We will support our services to be high-quality, safe, productive and efficient and demonstrate value for taxpayers money
- We will not shy away from difficult decisions where they are needed and will work with our communities, colleagues and partners to deliver both excellent care and financial sustainability through internal and system transformation and new ways of working
- We are committed to improving health inequality, improving the health outcomes for the communities we serve and reducing the future impact on the 'public purse'
- We will make evidence based investment decisions
- We will explore attracting funding sources from less traditional routes in order we can fund our ambitions

We will measure success by:

- Playing our part in ensuring financial sustainability and viability within the ICS
- Demonstrating a sustainable financial and resource plan to 'break even'
- Redesigning services and pathways with our partners

Case study:

Newark Hospital is an invaluable part of the Sherwood Forest Hospitals estate that is supporting us to protect our planned care services. By turning Newark into an elective hub through a £5.6 million theatre suite investment our patients will be given more certainty that their elective procedure will not be cancelled due to pressures on bed availability at times of extreme demand on urgent care services at King's Mill Hospital. At the same time this allows us to organise our services in a more cost-efficient way, maximise the utilisation of our existing estate and supports us to achieve our ambition that our population will wait less time to see a specialist for their planned care with the new theatre suite being part of changes that will enable up to 2,600 new procedures to be carried out there.

Recognising our wider social and economic obligations it has also provided local employment and reduced the carbon footprint of our services with the modern method of construction having minimal impact on the environment during its construction, the ongoing financial benefit of being more efficient to run than our older estate and Newark residents having to travel less distance for their care.

8. Strategic objectives:

Strategic Objective 6

Work collaboratively with partners in the community

Sherwood Forest Hospitals has a long history of working in partnership for the benefit of our communities. Our ambition during the life of this strategy is to support broader economic and social development, recognising this has a major impact on good versus poor physical and mental health.

What this means in practice:

- We will strategically assess our partnerships to ensure outcomes that impact on the Trust's delivery of its strategic ambitions
- We will ensure everyone involved in partnerships understands the importance of an outcome focussed on delivering outstanding care
- We will deliver service transformations where collaborative working is the only way

We will measure success by:

- Our CQC rating
- Our performance against effectiveness measures as reported by patients, carers and families
- Annually assessing the impact of our partnership work on delivery of the Trust's strategic objectives

Case study:

Educational routes into meaningful employment contribute directly to the local economy, provide opportunities for local people and done well can inspire young people to make career choices for a secure future. Such a strategic pipeline approach was taken with 'Vision West Notts College'. Taking the form of a Compact, 6 priorities were agreed and delivered through various events such as Step into the NHS - working between the people directorate and the communications team. People arrived with their CV and had interviews on the night, directly employing people at the event as well as various stands providing career choices for young people. More latterly as a local high street company went into administration, an event attracted people facing redundancy and directly engaged them into job opportunities.



9. Glossary

Anchor Institution talks about 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 or work there. Also known as **Anchor Organisations**

By default This is a saying to mean that this is the only option / action being taken or considered.

Care Pathway See entry for **Patient Pathway**

Care Quality Commission This is the legal organisation that keeps an eye on and checks on the quality of services we get from hospitals, GP's, dentists, care homes, ambulance and mental health services for example. There are 4 ratings: outstanding (service is really good); good (gives a service that we would expect); requires improvement (service could be better); inadequate (service is poor and action is being taken). Name is often shortened to **CQC**.

CARE values This talks about the moral code of Sherwood Forest Hospital Trust (communicating and working together; aspiring and improving; respectful and caring; efficient and safe).

Clinical Audit This talks about the method of testing the result of a process (here the process would be the treatment received) and the aim is the get better results from the process.

Community (Provider)

Compact In this document this is talking about a written agreement that binds you to a promise.

Continuous Improvement This is talking about 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 deliver patient care as well as the way it operates.

County Council Please entry for **Upper Tier Local Authority**

District Council Please see entry for **Lower Tier Local Authority**

District General Hospital These are usually smaller than teaching hospitals (these have very specialised services). District General Hospitals usually offer a good range of services.

Elective Care / Planned Care This talks about care or treatment that is scheduled in advance as is opposite to emergency or unplanned care / treatment.

Electronic Patient Record Also known as **EPR**. See entry for **Single Digital Record**

Episodic silo pathways Episodic care is a period of care that is typically marked by a beginning (referral/admission) and discharge. Healthcare Specialities have historically tended to act without consultation or consideration of the implications it might have for care being delivered at the same time to the patient. This behaviour is called a silo mentality. The term "episodic silo pathway" is talking about the patient care that is delivered in isolation of what might be

Equality This talks about giving individuals and groups the same resources or opportunities and does not take into account whether each individual or groups will have the same result (or outcome).

Equity This is different to **equality** in that it does take into account whether each individual or group will experience the same result (or outcome) and changes the resources or opportunities available so each individual or group do have the same the result (or outcome).

Every contact counts This is talking about the NHS's approach to behaviour change (make every contact count) which encourages health and social care staff to use every opportunity (or contact) they have with a patient to have discussions about how they can make changes that make their health and wellbeing better. Also known as **MECC / Make Every Contact Count**

Foundation Trust Hospitals that are Foundation Trusts are ones that have the additional freedom to decide how to organise their services to best meet the needs of the population it serves, but still have to meet the same standards as other NHS Trusts.

Friends and Family This is talking about the quick and anonymous survey that is used in the NHS to collect patient views about the treatment and care they've received. Collecting this information helps identify problems and things that can be improved in the future.

Good (in the context of a **CQC** rating) - Please see entry for **Care Quality Commission**

Healthcare system This is made up of all the organisations and people whose primary purpose is to promote, restore or maintain health. This includes work to influence the wider determinants of health, as well as direct health-improving activities.

Health and Care partners For care partners, this is often talking about local authority social services, but there are other organisations that provide care that would be also qualify. Examples of health partners are community, mental health, primary care or acute care providers.

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 Outcomes This is talking about the result after a treatment, intervention or interaction with healthcare services.

Integrated Care System This is talking about the partnerships of organisations that come together to plan and deliver joined up health and care services. The organisations in this partnership can include voluntary sector, as well as health services and local authorities and are based on a defined geographic area. Sherwood Forest Hospitals is part of Nottingham and Nottinghamshire ICS. Name is often shortened to **ICS**. See also entry for **System (Level)**

Anchor Institution talks about 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 or work there.
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Friends and Family This is talking about the quick and anonymous survey that is used in the NHS to collect patient views about the treatment and care they've received. Collecting this information helps identify problems and things that can be improved in the future.

Good (in the context of a **CQC** rating) - Please see entry for **Care Quality Commission**

Healthcare system This is made up of all the organisations and people whose primary purpose is to promote, restore or maintain health. This includes work to influence the wider determinants of health, as well as direct health-improving activities.

Health and Care partners For care partners, this is often talking about local authority social services, but there are other organisations that provide care that would be also qualify. Examples of health partners are community, mental health, primary care or acute care providers.

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 Outcomes This is talking about the result after a treatment, intervention or interaction with healthcare services.

Integrated Care System This is talking about the partnerships of organisations that come together to plan and deliver joined up health and care services. The organisations in this partnership can include voluntary sector, as well as health services and local authorities and are based on a defined geographic area. Sherwood Forest Hospitals is part of Nottingham and Nottinghamshire ICS. Name is often shortened to **ICS**. See also entry for **System (Level)**

Integrated Care Partnership This is talking about the statutory group is usually made up of the NHS **Integrated Care Board** and the Upper Tier Local Authorities in a defined geographic area. The group works together with the aim to improve the care, health and wellbeing of the population. The group is responsible for producing the plan (also known as the **integrated care strategy**) that sets out how they will work together to meet the health and wellbeing needs of the population the ICS area.
Name is often shorted to **ICP**.

Integrated Care Board This is talking about the statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging how health services are accessed in the **ICS** area.

Sherwood Forest Hospitals works with Nottingham and Nottinghamshire ICB to deliver services.
Often shorted to **ICB**. See also entry for **System (Level)**

Integrated Care Strategy This is the plan that sets out the most important problems that will be tackled by the **ICS**.

Long term condition These are health problems that need to be controlled or managed using medication or therapies because there is not cure at the moment.

Lower Tier Local Authority These exist in areas where the delivery of Council services is split between two councils (with a **County Council / Upper Tier Local Authority**). They deliver different services for a smaller defined area when compared to an Upper Tier Local Authority. The services they are typically responsible for including waste collection, council tax, housing and planning applications.
They are also known as a **District Council**.

Mental Health (Provider) Text..

National Standards This is taking about the framework (guiding rules) for what makes up a quality service in the NHS. There are several of these in the NHS e.g. Long Term Conditions, Mental Health. Also known as **National Service Framework**

Neighbourhood (Level) In the context of healthcare systems, this is talking about a geographical area where there are between 30,000 to 50,000 residents. **Primary Care Networks (PCN's)** is the term used to describe the group of GP practices who will work in partnership with other health and social care organisations to focus on this population.

NHS Future of HR and OD This talks about the report published by NHS England that outlines the vision for Human resources (HR) and Organisational Development (OD) services in the NHS to 2030, and how these services help deliver the **NHS People Plan**.

NHS IMPACT Framework Improving Patient Care Together is a methodology that healthcare providers/systems are encouraged to use to taking clinical, operational and financial challenges. As a framework (guiding rules), it

NHS Long Term Workforce Plan Text..

NHS People Plan Text..

NHS People Promise This part of the **NHS People Plan** and is a pledge "to work together to improve the experience of working in the NHS for everyone".

Outstanding (in the context of a **CQC rating**) - Please see entry for **Care Quality Commission**

Patient pathway This is a term to describe all the stages a patient experiences in the management of his or her disease /condition. Sometimes called **Care pathway**

Peers This can be talking about people or organisations, that have similar characteristics (e.g. size of organisation, person of the same age). When used in the context of NHS organisations it is often judging the performance between similar organisations e.g. ability to treat patients.

People Sub Strategy This is Sherwood Forests sub strategy on staff.
Also see entry on **Sub Strategy**

People, Culture and Improvement sub-committee Text..

Place (Level) This is a term to describe the size of the population being focused on of a size between 120,000 – 350,000 residents, and is the level above **Neighbourhood**, and below **Integrated Care System (ICS)**. Place Based Partnerships (PBP's) is the term used to describe the network of organisations that has formed to focus on this population. Sherwood Forest Hospitals primarily serves the Mid Nottinghamshire Place Based Partnership.

Place Based Partnerships is the term used to describe the network of organisations that has formed to focus on population ranging from 120,000 to 350,000 in size. In Nottingham and Nottinghamshire ICS there are four of these networks, one of which is Mid Nottinghamshire Place Based Partnership, which covers Mansfield, Ashfield, Newark and Sherwood.
This is often shortened to **PBP**.

Population Health Though is a term that is sometimes used interchangeably with **Public Health** there is a slight differences in the focus of their populations. Population Health is a subset of Public Health in that it's focus is on a specific group of people or community within the public at large. In the context of healthcare, it's focus is on the accessibility / availability of services and health outcomes of a very specific groups defined by such common demographic factors as geographic location, ethnicity, age, or a shared disability.

Preventable Disease Text..

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

Primary Care (Provider) Text..

Primary Care Network Is the term used to describe the group of GP practices who will work in partnership with other health and social care organisations to focus on populations ranging from 30,000 – 50,000 in size. In Mid Nottinghamshire Place there are six Primary Care Networks.
This is often shortened to **PCN**

Primary prevention This is taking about actions that prevent particular health effects occurring or developing e.g. vaccinations, encouragement to give up risky behaviours (e.g. smoking, poor eating habits).

Priority Neighbourhoods These are areas identified as the most deprived and to have the poorest health outcomes in the Place. They are usually the size of a council/electoral ward (around 5,500 residents).

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.

Public Health Though is a term that is sometimes used interchangeably with **Population Health** there is a slight differences in the focus of their populations. Public Health is focused on improving the health outcomes and overall well-being of the public at large rather than individual patients / specific community.

QR Codes This is the short name for **Quick Response** codes and are barcodes that contain information. When scanned (with a compatible device) they often direct the user to a defined webpage as part of a purpose.

Regional (Level) The NHS in England is covered by 7 areas (to cover the 42 ICS's). Nottingham and Nottinghamshire ICS are part of the Midlands Region.

Secondary prevention This is talking about regularly testing to find the early stages of disease and taking action before full symptoms develop, for example prescribing statins to reduce cholesterol and taking measures to reduce high blood pressure.

Single Digital Record This is talking about 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.

Also known as the **Electronic Patient Record (EPR)**

Strategy This is a plan with actions designed to reach a particular goal or aim. The level of detail of those actions and achievements can be contained in further documents (i.e. *sub-strategies*).

Also see entry for **Sub-Strategy**

Strategic Object Text..

Structural factors (in the context of *wider determinants of health*) - This is talking about the policies (e.g. economic and social) and processes that affect for example pay, working conditions, housing and food.

Sub-Committee Like the relationship between a **Strategy** and **Sub-Strategy**, this is a group of people who will focus on a specific area e.g. Quality Sub Committee focusing on issues that effect the quality of patient care.

Sub-Contractors These are usually people that carry out a specific work for an organisation / provider but are employed by a different organisation / provider / company.

Sub-Strategy This is a plan of action like a **strategy**. What makes it a sub strategy is that the plan is limited to a specific part of an organisation e.g. Clinical Services. It's also likely to be more detailed. Sherwood Forest Hospitals have taken this approach, with the Trust Strategy setting out the final aims and sub strategies with more detail. For example, the Clinical Services Strategy will set out how the clinical services action plans will work towards the aim of providing care at the right time.

Also see entry for **Strategy**

System (Level) This is a term to describe the size of the population being focused on of a size between 500,000 – 3 million residents, and is the level above **Place**, and below **Regions**.

Also see entries for **ICS** and **ICB**

Tertiary prevention This is talking about reducing the number and/or impact of complications of established disease / conditions through therapy and rehabilitation.

Top quartile This is a statistical term that talks about the point in this reference where 75% of the ordered observations are below that point, leaving 25% above it. In the NHS, this is often used in context of placing organisations in order of performance. Being in the top quartile can be both a positive (be in the best 25% performing organisations) or a negative (be in the worst 25% performing organisations) depending on the way organisations are ordered and the context.

Unitary Local Authority These organisations have both the responsibility for providing the services that **Lower and Upper Tier Local Authorities** do separately and often cover metropolitan (City) areas.

Upper Tier Local Authority These exist in areas where the delivery of Council services is split between two councils (with a **District Council / Lower Tier Local Authority**). They deliver different services for a larger defined area when compared to a Lower Tier Local Authority. The services they are typically responsible for including education, transport, social care, libraries, trading standards. They are also known as a **County Council**.

Value added interventions This is talking about interventions (in other words "treatment" or actions) that improves the patient's outcome. In the past there may have duplication of tests or assessments because Services did not take into account what may have been done before and may still be relevant e.g. patients who moved to a rehabilitation ward from an acute ward may have had a discharge assessment done before the move. That assessment is disregarded, and another request for a new assessment is raised by the new ward, increasing the length of time the patient is in hospital, and does not add to their recovery.

Wider determinants of health This is taking about the social, economic, environmental and structural factors that affect health, well-being and **health inequalities**.