

Healthier Communities,
Outstanding Care,
Compassionate People



Sherwood Forest Hospitals
NHS Foundation Trust

Sherwood Forest Hospitals 5-Year Strategy 2024-2029

TBC

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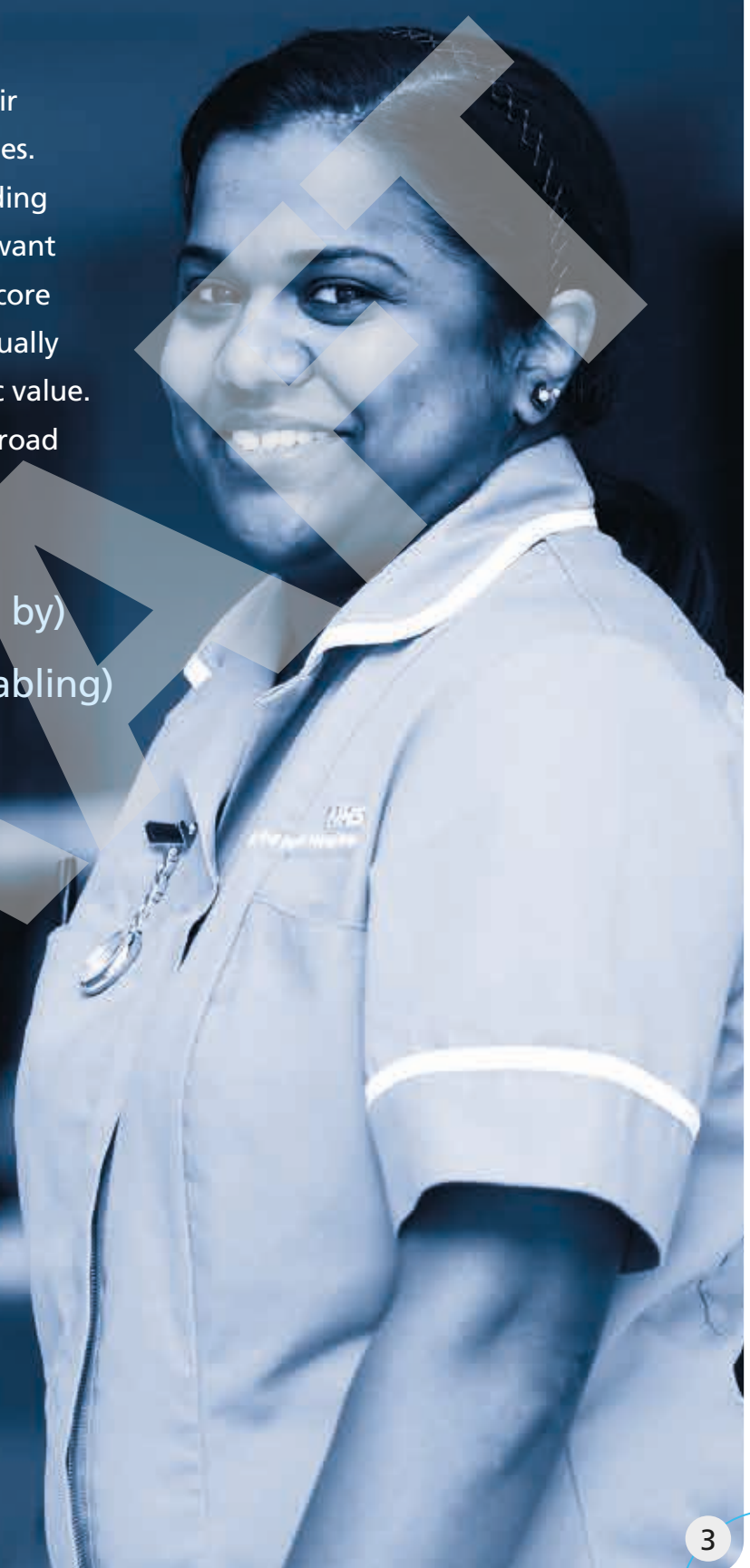
APPENDIX:

Glossary

Our Vision

We want the same for our patients, their families and carers and for our colleagues. We want to consistently work on providing people with a positive experience. We want to focus well at the things that are the core of why we are here. We want to continually develop so we continue to create public value. We will do that by focussing on three broad headings:

Outstanding Care (provided by)
Compassionate People (enabling)
Healthier Communities



1. Introduction - Patient story

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2. Welcome letter from the Chair and Chief Executive

We are proud of our achievements over the last five years and 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 well being, 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 while Health Inequalities, an ageing population and increasing rates of multiple co-morbidities, such as obesity and diabetes and mental health, drive higher and higher demand for health and care that cannot be fully met within the funding, estate and workforce available if we continue to do what we are doing. 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 these challenges.

In addition, 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 require that, from the frontline upwards, 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 and to deliver our vision.

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

In the next five years we want to be known as one of the best District General Hospitals (DGH’s) for the delivery of our services for our patients by delivering consistent and outstanding care provided by compassionate people who feel enabled and supported 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 Sherwood Forest Hospitals to look outside the walls of a traditional District General Hospital and to contribute more widely towards delivering healthier communities through our role as an ‘Anchor Organisation’ and through our various other commitments such as 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, work with other providers, the voluntary and education sectors and the Council, be one of the best hospital trusts to work with and to work for, be open to delivering services in ways that previously a District General Hospital would not, and to seize opportunities to provide local services not traditionally provided by a District General Hospital where this would benefit our local population that we serve.

2. Welcome letter from the Chair and Chief Executive

We also recognise we need to do more on prevention of health related conditions. 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.

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 challenged services 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 commercial opportunities using our freedoms as a Foundation Trust where again this would serve 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, which may involve delivering our services in the community. 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 colleagues, partners and our patients in its implementation, and we will strive to do the very best for the population and communities we serve.



Claire Ward
Chair



Paul Robinson
Chief Executive

3. What you said

We would like to share our thanks with everyone who gave their time so generously in feeding back their views on the future provision of services at Sherwood Forest Hospitals. Alongside our regular engagement and feedback opportunities, your views ensure as a Board and provider of NHS services that we remain in touch. We regard our patients, volunteers, local communities and colleagues as equal partners in developing the strategy and delivery of our services and you will see this as a theme through the lifetime of this strategy where ongoing conversations will help inform our annual and multi-year delivery plans.

The feedback received re-enforces our ambition to continually demonstrate openness, candour, learning from things that could have gone better and having a continuous quality improvement mindset.

The information below summarises the feedback we gathered from members of the public, our patients, our colleagues, volunteers, foundation trust members and partners during the summer months of 2023.

SUMMARY

At the heart of the feedback given so generously by the public are four consistent themes:

- 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 patients and partners 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.



3. What you said

The key themes from engaging with our colleagues were:

- 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 every day 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.



4. What is driving us to do better?

We recognise that in order 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.

We do well in many areas and have opportunities for further improvement in others. We are recognised across many areas as 'Outstanding' by the Care Quality Commission, however this has not always been the case and even where we are recognised as outstanding we will not maintain this if we do not continue to focus on our culture and CARE values and anticipate and respond to external changes that impact on us.

Leadership

Leadership within our roles is the responsibility of everyone at Sherwood Forest Hospitals, and is the most influential factor in achieving our vision. There are many external factors that are outside of our direct control that we manage on a daily basis and 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.

Workforce

We face a national chronic shortage of staff across several professions that require us to redesign our models of service delivery; developing and employing different groups of staff to deliver care, and seeking solutions with our partners who are also facing similar problems. This creates challenges in transforming our services where there is limited opportunity for the people closest to the patient to engage in transformation. This impacts on our ability to balance recovery of our services after COVID with truly transforming our services in the longer term and to look at things we can do to reduce future demand.

Demand for services

We have ongoing growth in demand for our adult urgent care and planned care services. With an ageing population, increased acuity (people are frailer with more co-morbidities such as obesity) leading to more admissions and longer length of stay, increasing demand for hospital beds. While we have high quality buildings, when compared to many other hospitals, we do not have enough space to safely deliver the predicted growth in demand and acuity or the capital funding to build new buildings.

This is not restricted to adult services with growth in demand for care in our maternity services and for our children's urgent and planned care services.

Financial resource

The local health system has significant financial challenges with Sherwood Forest Hospitals and the rest of the Integrated Care System spending more money than is allocated to it by NHS England, and a requirement that we return to a financially balanced model of service delivery during the life of this strategy.



5. Who we are 2022 -2023

WE SERVE A POPULATION OF
355,000 people across Mid-Nottinghamshire



WE EMPLOY



6,000

members of staff

WE HAVE

400

Volunteers



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 & Urgent Care attendance every year

WE HAVE

3,500

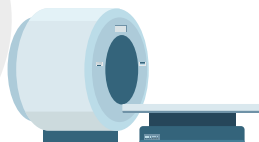
Births per annum



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

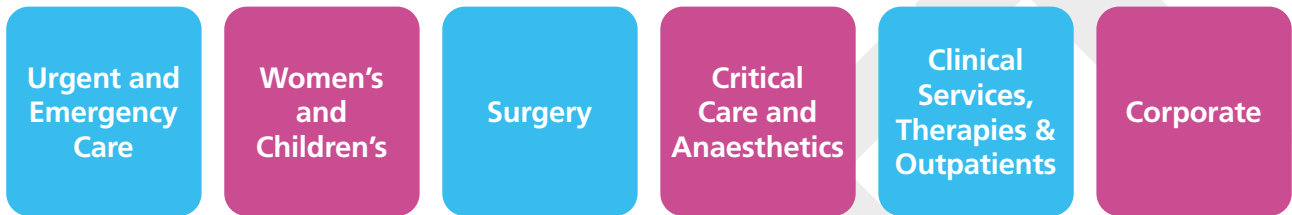
£10 million

on energy



5. Who we are 2022 -2023

- We have 5 clinical divisions (Urgent and Emergency Care, 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).



- 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

5. National and local context

Integrated Care Systems and integration by default

Since our last strategy, the healthcare system that we operate within has changed. Integrated Care Systems became 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).

The ambitions of the JFP are:

- More integrated services
- Proactive care to prevent ill health
- Helping people stay healthier at home for longer
- Scale up personalised care planning
- Co-create solutions that build on personal strengths as well as community assets
- Actively seek out voices that are seldom heard
- Redeploy investment and resources into services that support prevention, earlier detection and interventions that impact on public health

For NHS organisations such as Sherwood Forest Hospitals Trust, this means our plans will focus our response to the JFP and our vision of Healthier Communities and Outstanding Care by:

- Ensuring services are available when needed
- Reducing / preventing people dying early from treatable conditions
- Better use of resources to benefit more people
- Creation of streamlined care pathways
- Increased staff support and wellbeing
- Maximise efficient use of estates
- Implementing more personalised care

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 NHS provider 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.

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.

The 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. These are not traditionally areas that an acute trust would support however 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.

Outstanding care and outstanding patient experience is not simply about the person today it is also how we can influence and empower them and their environment through their lifetime directly and working with others. Many living, working or volunteering here were born in Kingsmill Hospital and will receive care from Sherwood Forest Hospitals at different points in their life. 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.

Our predominant coverage encompasses Ashfield, Mansfield, Newark and Sherwood with a population size of circa 343,000 however we also see patients from the borders of Derbyshire, Lincolnshire and Bassetlaw as well as South Nottinghamshire. Some of the determinants faced by the se communities include deprivation, fuel and food poverty, less successful educational attainment leading to barriers into meaningful employment. This is leading to increasing frailty, loneliness, poorer health outcomes and reduced healthy life expectancy.

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

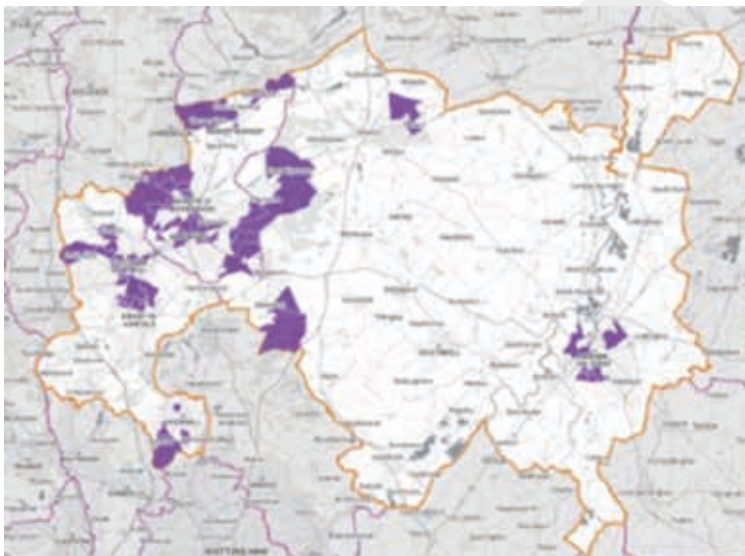
Mid Notts population is less diverse than the national average

- **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

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, the 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 including a focus on targeted priority neighbourhoods. Development of our clinical services strategy will ensure we adopt the principles of 'every contact counts' and explore transformation of our service delivery model into a broader offer than traditional healthcare alone. Our clinical services strategy and quality strategy will further describe our delivery plans to meet our ambition of providing outstanding patient experience consistently.

6. 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.



C **Communicating and Working Together**
We will work as one **compassionate** and **inclusive** team, **involving, informing** and **listening** to colleagues and local communities.

A **Aspiring and Improving**
We will choose to **work** or be **cared** for by **Sherwood** as we focus on **improving** patient **care** and colleague **wellbeing**.

R **Respectful, Inclusive and Caring**
We will show **kindness** to all, **embrace** diversity and **challenge** inappropriate behaviours.

E **Efficient and Safe**
We will be **consistent** and do the **right thing**, at the **right time, first time**.

Overview

Strategic Objectives

Values

VISION:
Healthier
Communities,
Outstanding Care,
Compassionate
People

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

7. Strategic objectives:

S01 - Provide outstanding care in the best place at the right time

Quality Committee

People who use our services place their trust in Sherwood Forest Hospitals and the NHS to provide efficient safe and timely diagnosis and treatment, and to communicate effectively. To do this we want our clinical services to recognise and respond to people's individual needs. To provide safe, joined up care and treatment. Both internally and with others, providing high quality wherever they take place and to maximise the use of new technologies and ways of working to support this. We also recognise that following COVID-19 we will also need to prioritise reductions in waiting times across all aspects of urgent and elective care as timely care is a key part of outstanding care. We will work at reducing episodic silo pathways to value added interventions.



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.

Our ambition is to be one of the leading healthcare organisations in the country, in the top quartile for performance against National standards. And to be at the forefront of service provision that will see us collectively and with partners providing innovative, efficient, effective, and meaningful health and care against a backdrop of rising demand, constrained funding growth and increasing patient expectations. We want our patients, families and colleagues to be confident that the Trust is delivering the highest quality, safe and timely patient focused care where colleagues and patients recommend Sherwood Forest Hospitals as the best place to receive care.

Over the life of this strategy our population will wait less time to see a specialist for their planned care and we will ensure our urgent and emergency care, cancer and maternity services deliver timely care that meets or exceeds the quality and performance standards of our peers against a 2023-24 baseline and increase the number of areas where we are in the top 25% of similar District General Hospitals.

The Trust Quality Committee, a Sub-Committee of the Trust Board, has overall responsibility for this Strategic Object and any directly associated Sub-Strategies however all of the Sub-Strategy delivery plans contribute directly or indirectly to the achievement of these ambitions.

SO2 - Empower and support our people to be the best they can be

Partnership and Communities Committee

Our people are essential to delivering high-quality, safe and outstanding care for all our patients. It is recognised the NHS and Sherwood Forest Hospitals have experienced unprecedented challenges over the last few years. It's therefore fundamental that we support our people's health and wellbeing needs, ensuring they are physiologically safe, with the practical and emotional support needed to do their jobs. Embedding a culture of kindness is key. By following a person-centred approach, we will provide support to all our people based on their individual needs, acknowledging there is an overlap professionally and personally.

We have a variety of roles at Sherwood Forest Hospitals, from permanent to temporary, bank staff, volunteers and sub-contractors. All of our people are crucial to the running of our services and delivering outstanding care at Sherwood Forest Hospitals.

All of this supports the delivery of our vision of 'outstanding care, provided by compassionate people, enabling healthier communities'.

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.'*

In 2022 72% of our colleagues voted Sherwood Forest Hospitals as a great place to work ranking the Trust first in the Midlands and third in the Country. Our ambition is to be a great place to work and we will continue to build on the firm foundations we have established at Sherwood Forest Hospitals over a number of years. We will continue to review and develop our core offer to ensure we are recognised as the employer of choice in the local area.

The delivery pillars for empowering and supporting our people to be the best they can be are:

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

Our People Strategy outlines how we intend to achieve this strategic objective. The People Strategy has an annually updated action plan which is aligned to the NHS People Plan, NHS People Promise, NHS Future of HR & OD, NHS Long Term Workforce Plan and our work with system partners and other stakeholders.

S03 - Improve health and wellbeing within our communities

Partnership and Communities Committee

Our health and care needs are changing and our behaviours are increasing 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. If we only look at people's symptoms now and don't recognise that a person's physical and mental health is heavily influenced by other factors like behaviours, housing, employment and education; the 'wider determinants of health', our services will be overwhelmed and we will not play our full part in improving our populations overall health and wellbeing.

In England, the current rate of smoking at the time of birth is 8.8%. At SFH, 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 preventable 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."

Working with our health and care partners across Nottinghamshire, we will focus on providing joined up services to improve the lives of our population who work and live in Nottinghamshire. We will ensure we make 'every contact count' by delivering support, guidance and treatment to prevent further health issues e.g. smoking cessation. We will review how we deliver our services and work to ensure access directly or indirectly through other partners in the ICS access to a different level of resource and support for people who need it to achieve a good health outcome.

We will collaborate 'by default' with our communities and partners to understand the health care needs of our local population and together address the response required to improve health and wellbeing underpinning this with access to shared care records across Nottingham and Nottinghamshire ICS.

We believe collaboration and working together will enhance and accelerate our approach to tackling health inequalities, reduce the health care burden on our population through a consistent approach to prevention, improve health outcomes for people with long term conditions and ensure the best use of every taxpayers pound.

We want to build further on the successes we've achieved to deliver the very highest quality of care and outcomes for our patients alongside ensuring our staff well-being. Our ambition is to be one of the leading healthcare organisations in the country, and to be at the forefront of services that will see us provide innovative, efficient, effective, and meaningful health and social care pathways.

Our patients will have a stronger voice than ever before, and we will continue working closely with the people and communities we serve to make sure that the care they receive is centred on their needs.

S04 - Continuously learn and improve

Quality Committee

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.

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.

During the lifetime of this strategy we will embed a continuous improvement strategy and delivery plan that brings together our focus areas of patient safety, digital and technological opportunity, quality improvement, joined up care, resource usage, people focus and standardisation. The plan will use the NHS Impact framework as the basis for our development.

As part of continuously learning, we will ensure we are actively involved in research, clinical audit and clinical effectiveness alongside listening to and learning from experiences of care from our patients, their families and carers and our colleagues.

We will build on our foundations of empowering our colleagues to improve care through dedicated Quality Improvement programmes that are tailored to the complexity of challenges, and we will develop and optimise our Improvement teams to meet new and upcoming challenges and opportunities ensuring that improvement is everybody's business and not just the role of a small select group of people.

S05 - Sustainable use of resources and estate

Finance Committee

As a public service provider, we have a duty to ensure we deliver the best value for tax payers from the spending we incur. This allows us to deliver as much outstanding patient care as we can for every penny of funding we receive. NHS funding is limited, and therefore it is essential that we make evidence based investment decisions. Whilst our income, mainly from NHS England, is provided for the care we deliver today, 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'. This means through the partnerships we have, we will explore attracting funding sources from less traditional routes in order we can fund our ambitions.

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 Kingsmill 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.

We are an organisation that is spending £1.38 million per day of public money within an Integrated Care System that received £2.4 billion of NHS funding in 2023-24. 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 tax payers money. This is a challenging ask with rising demand, people living longer with often more complex needs, constrained finances, and increasing expectations of what healthcare can do. 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.



S06 - Work collaboratively with partners in the community

Partnership and Communities Committee

At Sherwood, we cannot fully deliver our vision of 'Healthier Communities and Outstanding Care for all' working in isolation. By working with partners outside of our traditional organisational boundaries in areas where we can achieve more than alone we will increase our impact, achieving better outcomes for the communities we serve.

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.

While Sherwood has a long history of working in partnership for the benefit of our communities this was also at a time when national guidance required NHS Foundation Trusts to compete often creating barriers to change. Since then national policy has developed to align more with the aspirations of our Organisation with an expectation that we work together as part of an Integrated Care System to plan and deliver joined up health and care services and to improve the lives of people who live and work in our area. 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 and to change ingrained behaviours from years of competition so that wherever we can achieve more working together than alone every individual and team within Sherwood feels empowered and supported to do this, integrating by default.



8. Measures of success - How we will ensure the Strategy is delivered

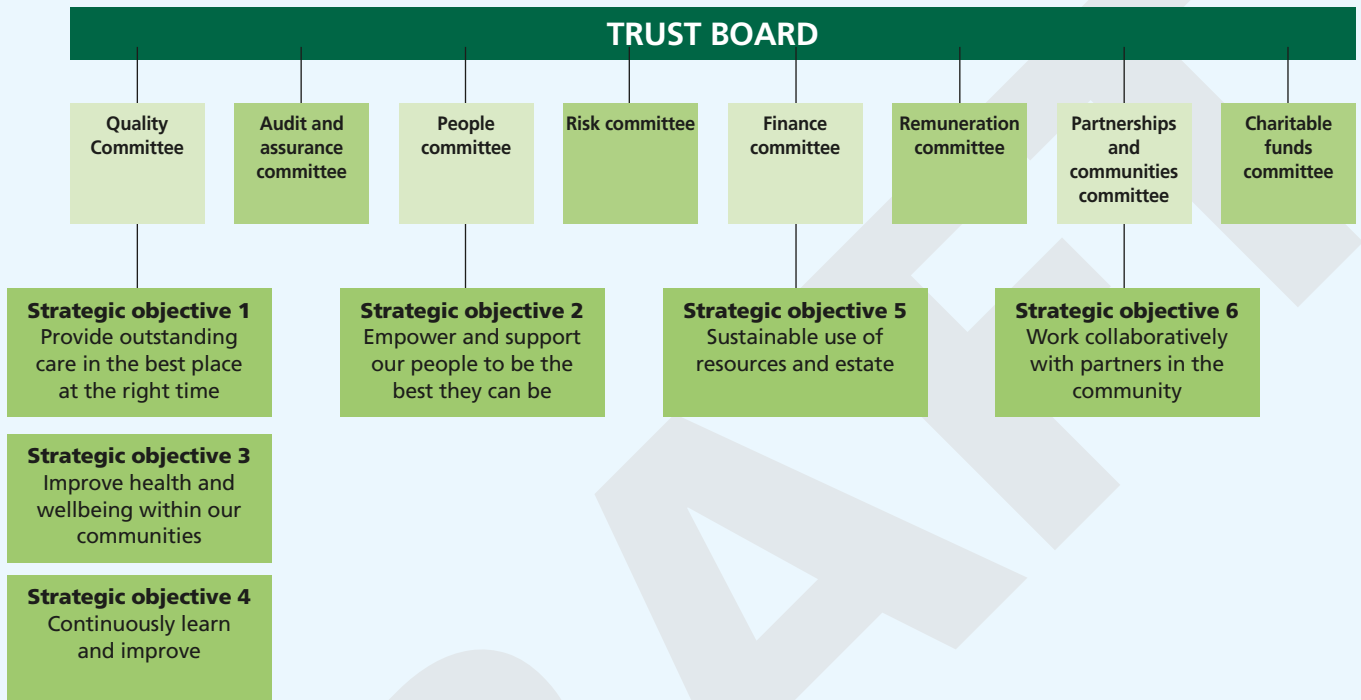
Our Strategic Objectives are underpinned by our Supporting Strategies that set out priorities alongside yearly or multi-year action plans that contribute to the achievement of our Strategic Objectives over the life of this Strategy. Trust Board is accountable for delivery of the Trust Strategy which sets the vision and strategic direction.

Each Strategic Objective is aligned to a Sub-Committee of the Trust Board that develops, approves and monitors the supporting strategies, priorities and action plans, takes responsibility for oversight of remedial actions where necessary, and updates these annually ensuring alignment with the Trust Strategic Objectives, major risks and the Board Assurance Framework.

There will be an annual refresh of this strategy published each year reviewing delivery of the previous year of the strategy, including an update to the case studies and the introductions from our Chair and Chief Executive to reflect on the previous year and the next year of the strategy.

Our strong governance structure will ensure strategy deliverables are continuously progressed through sub-committees of the Board.

Governance structure to enable delivery of the strategy



The SFH Trust strategy will be underpinned by supporting strategies

Other technical strategies will be delivered through functional meetings



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, GPs, 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 to 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)**

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**.

