

Outstanding Care,
Compassionate People,
Healthier Communities



Sherwood Forest Hospitals
NHS Foundation Trust

Strategy

2024-2029

**IMPROVING
LIVES**





Contents

01	Welcome	03
02	Our vision	05
03	Patient story	06
04	Who we are	08
05	What is driving us to do better	10
06	Commitments	18
07	CARE values	20
08	Strategic objectives	22
09	Appendix	34
10	Glossary	36

Home • Community • Hospital

1. Welcome

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

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

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 that the current speed of change across health and social care, such as the spread and adoption of new ideas, is too slow to meet current and upcoming challenges including higher demand for health and care.

Every NHS service recognises that a culture of listening is central to providing safe, high-quality care. Despite this, 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 an outstanding local hospital that consistently delivers quality 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. If our people recommend us as the provider of choice for their family and friends and as a place to work, we will have gone a long way to meet this ambition.

We also want to look outside the walls of a traditional local hospital. We want to contribute towards delivering healthier communities in the areas we serve of Ashfield, Mansfield, Newark and Sherwood (Mid Nottinghamshire) and wider. We will achieve this through our role as an ‘anchor organisation’, through our commitments to the Armed Forces Covenant, through the partnerships we have already developed, for example with West Nottinghamshire College, as well as ones we are still developing.

We also recognise we need to do more on preventing ill health and promoting healthy behaviours. Supporting prevention, alongside other providers, is an important part of our business. Through the lifecycle of this strategy we want to positively impact upon prevention to reduce the need for our citizens to require healthcare in the future and to support those who already have a long term condition to manage this differently.

We will do this by expanding the current offer for health and wellbeing. We will promote healthy behaviours in the workplace and at home for our over 6,000 people which will improve lives.

Building on the expertise of our colleagues, over the next five years we will drive a vibrant culture where people choose us as a place to come and work. They will 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 people's 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 by 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. The goal for our estate is to be fit for purpose and inclusive for the people we see and treat.

In creating this strategy, we engaged with our 6,000 people at workshops and events. We asked 14,000 Trust members, 400 volunteers and our partners what matters to them in delivering and receiving healthcare. We've heard from the public and our patients the importance of timely communication. To achieve that aim we will make the best use of technology, implementing an electronic patient record during the lifetime of this strategy. This will align communication within and between our hospital services and also across other sectors such as primary care.

This strategy is ambitious and sets the direction of travel for the forthcoming five years. We will achieve this through our six strategic objectives, which describe how we will deliver our vision:

- 1. Provide outstanding care in the best place at the right time**
- 2. Empower and support our people to be the best they can be**
- 3. Improve health and wellbeing within our communities**
- 4. Continuously learn and improve**
- 5. Sustainable use of resources and estate**
- 6. Work collaboratively with partners in the community**

The Trust Strategy is also delivered through supporting strategies for Clinical Services, Quality, People, Finance and Partnerships and several technical strategies. These supporting strategies detail actions and measures of success.

We will work with our patients, our people 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



2. Our Vision

**Outstanding
Care**

**Compassionate
People**

**Healthier
Communities**





3. Patient story

Preventing ill health is becoming more and more important across our NHS, as we work to improve the lives of the people we serve – now and in the future. We also know that smoking has a significant impact on the health of whole families.

In our maternity services, we know that smoking can cause serious health problems for mothers and babies, including miscarriage, premature birth, low birthweight of the baby, stillbirth and increased risk of sudden infant death.

Stopping smoking immediately helps to reduce health risks and the development of preventable diseases during pregnancy and – in the longer term – for the whole family.



How we're helping people to quit smoking here at Sherwood

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

Our Phoenix Team is part of the nationally-recognised maternity tobacco dependence treatment service. The service recognises that smoking is a nicotine addiction and helps improve the health and wellbeing of families by supporting parents to give up during pregnancy – and help them to remain smokefree beyond birth.

Their support is tailored to each individual and is completely free to them, with people able to refer themselves or accept a referral from a health professional – such as one of our midwives or doctors. The service can also offer financial incentives to further encourage people to overcome their addiction.

At the start, I felt embarrassed and anxious because I was still smoking while carrying a baby.

I was determined to quit and I'd already tried to do it by myself, but I was finding it really difficult, so I asked for support at my first midwife appointment.

The Phoenix Team was very welcoming and made me feel comfortable. There was no judgement and they reassured me that I wasn't alone.

I couldn't have done it without their support: even since I had Charlie, any time I need a little bit of support they were always available over the phone.

My partner gave up with support from the team around the same time after seeing my initial progress, so the future is now better for Charlie and our entire household.

Since the scheme launched here at Sherwood, the team has helped over **200 families to quit smoking** – including families like Fiona, Rick and baby Charlie from Warsop.

Fiona and Rick were each smoking at least 20 cigarettes a day before they quit. Now they're living a happy, healthier life with Charlie – and are even putting the money they have saved towards planning their wedding later this year.

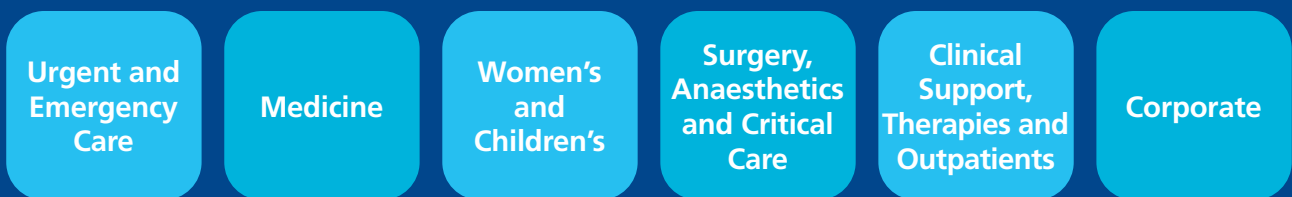
After a successful trial, Sherwood Forest Hospitals has made the Phoenix Team a permanent part of its maternity services from 2024, meaning more families will benefit from the invaluable support they can offer.

4. Who we are 2023

We run services from three sites (King's Mill Hospital, Mansfield Community Hospital, Newark Hospital) and in the community.



We have five clinical divisions and a corporate division (Strategy and Partnership, People, Finance, Nursing, Medical, Governance and Operations).



Our Council of 22 Governors is elected by our members and represents our patients, local communities and our people.

As a foundation trust, we are a membership organisation. We have 14,000 members, made up of patients, local residents, our people and partners.



NHS
Foundation Trust
We gained foundation status in 2007.





We employ **6,000** people



We have a vibrant community of **400** volunteers

We spend over **£500 million** each year to provide healthcare to our local population



We serve a population of **350,000** people in Mid-Nottinghamshire and beyond



We have over **650** beds



We prepare **630,000** meals for patients every year



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



We have **190,000** emergency department and urgent care attendances every year



We perform **30,000** scans every year



We deliver **3,500** babies each year at our hospital



We have achieved the UNICEF Baby Friendly **bronze** award



We achieved the Pathway to Excellence designation, a globally recognised nursing excellence framework



We recruited **12** people from our local area through 'Step into the NHS' events held with West Notts College



We achieved the **gold** standard Veterans Aware accreditation



We have planted over **200** fruit trees in our Hope Orchard and more in local community orchards in Warsop and Mansfield

5. What is driving us to do better?

In preparing this strategy, we examined the internal and external driving forces that must be considered in our future planning. In this section we set out how the population we serve is changing and the implications for healthcare needs, new NHS policy and what that means for us and feedback from our people and communities about the improvements they would like to see.

Consistently outstanding care provision

We do well in many areas, as supported by our good and outstanding CQC ratings. We also know that there are opportunities for further improvement. We have a collective drive to do better and deliver consistently outstanding care. We know we must learn lessons from when things go wrong and to proactively reduce the risk of them happening here at Sherwood Forest Hospitals.

Our compassionate people

Many health professions are facing a national shortage of staff, leaving some of our services challenged in the delivery of consistent care. We will continue to shape and align our services and train our people to gain alternative skill sets to deliver the best care for our local communities.

We know nationally there are not enough training places to meet our upcoming workforce shortages and so we are driven to identify new ways of working alongside our partners in health, care and education.



Health inequalities, healthier communities and use of health services

Demand for our services continues to grow. Our population is increasing in age, fragility and more people have two or more health conditions requiring more complex care. A significant proportion of our population live in areas of high deprivation and suffer from health inequalities. We also see more younger people requiring hospital care to manage their health conditions.

Over the next eight years, the number of people over 65 years of age with moderate or severe frailty is predicted to increase by 25%. For those living in our most deprived areas 50% will have moderate or severe frailty which is three times greater than those living in the least deprived areas. The onset of frailty occurs at a much earlier age in those with deprivation; in the 50-54 age group 34% are living with frailty, which is equivalent to the 65-69 age group in least deprived areas. This has significant consequences; not only is their life expectancy shortened, but those in the most deprived areas experience a much longer period of poor health before they die (26 years compared to 15 years for those least deprived). Social isolation and living with two or more conditions are key factors in frailty. A failure to meet the health and care needs of those living in the most deprivation fuels the unrelenting rise in urgent care demand we are experiencing.

For those who die before reaching the expected age, cardiovascular disease, cancer and respiratory illness account for 65% of deaths, with smoking, obesity and high blood pressure as key contributors. Heart attacks, stroke, cancer, chronic lung disease, arthritis and dementia are major causes of ill health with obesity, alcohol and diabetes significant contributors.



Continuously learn and improve

Our people often feel empowered to deliver continuous improvement. We can develop this further culturally across our organisation and ensure we co-design services with the people who use them.

We must adopt innovations and technology where they provide us with opportunities to deliver improvements and efficiencies in response to the increased demand and complexity of healthcare conditions in our citizens.

The NHS impact self-assessment will also provide the underpinning framework in our improvement strategy.

Sustainable use of resources and estate

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.

Due to the growing demand for our services and increasing complexity of clinical need, our finances are stretched and capital investment (in our buildings and equipment) remains challenged.

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

Responding to the climate emergency is an aim as we work towards NHS Net Zero by 2040.

Our climate action team have made significant progress already in reducing our emissions and are passionate in making sure everybody feels they too can contribute to making a difference. We know poor air quality impacts long term conditions and affects our most deprived local areas more than the least deprived. We will continue to be driven to work with our local population and our partners to continue this work.

Working with our partners

We are not alone in the challenges we face and the drivers of why we want to develop our services. Working collaboratively with our local partners gives us greater opportunities to successfully achieve our objectives. Collaborative working supports quality, sustainable, efficient services and positively impacts on the lives of our local population.



Population health management

Population health management is an important focus as health and care needs are changing and behaviours may increase the risk of preventable disease. As we live longer, the risk of living with multiple long-term conditions, like asthma, diabetes and heart disease, increases. The gap between living longer in good health versus poor health is widening, with the effects of Covid-19 still to be fully realised.

Taking a population health management approach to future healthcare delivery will be a key to our success. Sherwood Forest Hospitals' role in population health is to understand the health needs now and in the future of our local communities in Mid Nottinghamshire and to work with our partners to reduce inequalities.

As an anchor organisation we can positively impact on the wider issues that support health and wellbeing of the local population, our people and our patients. We will make positive contributions to the wider determinants of health and wellbeing such as housing, employment and education.

Significant numbers of our people and their families work and live in our area of healthcare provision and we have an ambition to support living 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 people with the skills and experience to deliver modern healthcare treatment that provides an outstanding experience for our patients.

Mid Nottinghamshire is more deprived overall than the England average, with a higher proportion of people aged 65 years and over and more people reporting a long-term illness or disability and poor health. The period of life people have before illness or disability is lower overall in Mid Nottinghamshire than other areas of the county. The prevalence of major illness such as diabetes, respiratory illness, heart failure, dementia, asthma and stroke and use of tobacco and alcohol is also higher than the England average but it is not equally distributed across all Mid Notts areas.

Working with our partners to reduce health inequalities, focus on prevention and improve the amount of time our population lives a healthy life is our ambition. We will take a targeted approach across our local population to better support health outcomes. Our clinical services strategy will set out our approach to targeted interventions.

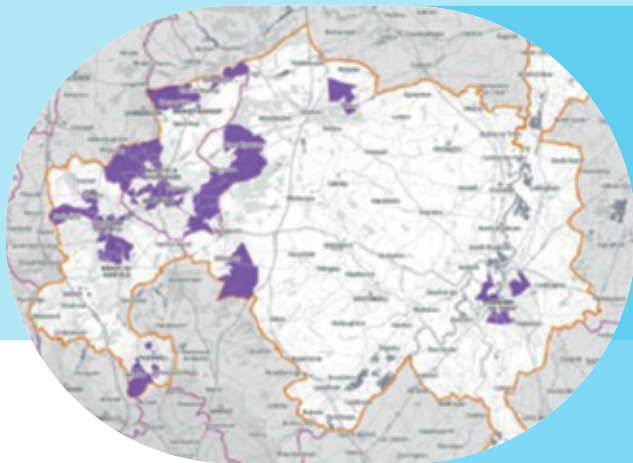
FACTS

Mid Nottinghamshire
population: **343,059** (2023)

In Mid Nottinghamshire 28% of the population are living in the most deprived areas of England (defined as in the most deprived 20%.

Source eHS Profile Tool, N&N ICB SAIU).

Mid Nottinghamshire is made up of Ashfield, Mansfield, Newark and Sherwood and the level of deprivation is not spread equally, as shown below:



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

The 2019 Indices of Multiple Deprivation (IMD) score for Mid Notts is **24.6%** which is **2.9%** more deprived against an England average of **21.7%**.

The Mid Nottinghamshire population is older than the England average and getting older.

- **20.1%** are aged 65+ versus England average of **18.6%**.

Of those people with a known electronic frailty index (eFI) score:

- Mild frailty is estimated to be **30%**
- Moderate frailty at **17%** and
- Severe frailty at **12%**

The estimated growth in those aged over 65 years over the next five years is over 10% (ONS 2018 Population projections) with:

- 21% aged over 65 years living within the most deprived areas.

The number of people aged over 65 years in Mid Nottinghamshire has increased by 15.6% since 2011

Comments and feedback from our communities

We asked our patients, members and volunteers 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 people

We asked our people for thoughts on what we can do better or more consistently. The themes are captured below:

1. People our people want to be supported through clear career development and good quality, appropriate and accessible training and development. This should include 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.

Feedback received from engagement with our patients, our people, our members and our volunteers shaped the commitments within this strategy.

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.



6. Commitments

We want to improve lives by delivering consistently outstanding care to our patients, by supporting our compassionate people and by improving the health and wellbeing in the community we serve.

We commit to improving lives of our patients

- We will deliver consistently outstanding care at the right time and in the right place, ensuring we are a provider of choice for our patients, people and their family and friends
- We will ensure our patients are partners in their personalised care decisions, through shared decision making, to improve health outcomes
- We will provide healthy food choices and a healthy, safe, clean environment across our hospitals which will encourage and support our patients to make healthy choices
- Embedding the Patient Safety Incident Response Framework will allow us to continue learning from when we don't always get it right
- Implementing and using an electronic patient record and other digital solutions will support seamless care, timely communication and a joined up approach for our patients
- We will improve access to locally delivered services including diagnostics at a community diagnostic centre at Mansfield Community Hospital, and elective care services at Newark Hospital which will offer prompt appointments and a diagnosis as quickly as possible
- We will deliver locally accessible services that contribute to reducing health inequalities across our local population, supporting our patients who are managing complex health needs and frailty
- We will provide accessible services that meet the needs of our patients and support us in reducing our harmful emissions

We commit to improving lives of our people

- All our people will consistently demonstrate the CARE values, creating an inclusive and respectful culture where our people are treated with compassion and kindness
- We will empower and support our people to be the best they can be, so they can deliver consistently outstanding care
- Expanding our health and wellbeing offers to promote better work life balance for our people where they can flourish and reach their potential
- We will provide opportunities for career development for our people to thrive at Sherwood Forest Hospitals to attract and retain the best people and become an employer of choice
- Our people will strive to deliver continuous quality improvement, ensuring the care we deliver is safe, effective, and efficient, utilising digital and technology opportunities





We commit to improving lives of our local population

- We will work collaboratively with local partners to deliver healthier communities through our role as an anchor organisation
- Expanding our health prevention approach and working alongside our partners will make every contact count through better screening, and discussions that support living a healthy life
- We will collaborate with primary care to tackle health's biggest killers and support healthier choices and behaviours within our local population
- Reducing our impact on the environment and re-affirming our commitment to achieving Net Zero will lead to improvements in the climate and long term health of our most deprived populations
- We will ensure our buildings, estate and equipment are fit for purpose and sustainable, and where possible used collaboratively with partners
- We will deliver on our statutory requirement to work in partnership, collaboration and integration as an Integrated Care System, sharing delivery of system wide strategic objectives that support improved health outcomes and improve system resilience and sustainability

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 our people who recommend Sherwood Forest Hospitals as a place to work
- Increase the percentage of people who recommend Sherwood Forest Hospitals as a place to be cared for
- Increase the percentage of our local population engaging in healthy choices and behaviours
- Be recognised locally and nationally as a committed anchor organisation who works in partnership by default

7. CARE Values and Behaviours

The Trust CARE values are well embedded across Sherwood Forest Hospitals and set out expected standards and behaviours for 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 CARE values 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.



IMPROVING LIVES

VISION:

Outstanding care, compassionate people,
healthier communities.

Strategic Objectives



Values

Scan the QR code for
the full Trust Strategy
and deliver plans.



C

Communicating
and working
together

A

Aspiring and
improving

R

Respectful,
inclusive
and caring

E

Efficient
and safe

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
- Implementing and embedding an 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
- Implementation of an electronic patient record
- Our performance against outcome and experience measures reported by patients, carers and families

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.



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

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 Sherwood, across Nottinghamshire and throughout the East Midlands.

We will deliver it by :

- 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. This will include designing multi-professional teams to make the best use of our people's skills and actively seeking ways to reduce the use of agency workers from employment agencies.

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.'

Strategic Objective 3

Improve Health and Wellbeing within our Communities

Working with our health and care partners across Nottinghamshire, we will focus on providing joined up services to improve the health of our population who work and live in Nottinghamshire. We will ensure we make every contact count.

What this means in practice:

- We will deliver support, guidance and treatment to prevent further health issues eg smoking cessation and alcohol
- 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, ourselves and with partners, 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
- Implementing and embedding an electronic patient record
- Involving our colleagues, many of whom live locally, 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

Sherwood Forest Hospital's Drug and Alcohol Liaison Team (DALT) work to improve the health and wellbeing of patients identified as having substance misuse issues.

The team are employed by Change Grow Live, a social care and health charity commissioned by Notts County Council. Working together with us, they support the health and wellbeing of individuals across the hospital and community.

The work of DALT includes ensuring a safe patient journey, specialist assessment and tailored advice, health education and promotion, motivational work to reduce harm and promote healthier behaviours, signposting, and referral on for continued support. They offer education to hospital staff and community clinicians to support them and share best practice.

Together with Gastroenterology services, they offer fibro scan diagnostics (a type of ultrasound to measure inflammation and scarring of the liver). This contributes to the identification and support of some of the most complex cases and high intensity users of the hospital and other services. It also helps to reduce the wider social and economic harms associated with drug and alcohol use.

Nationally, the annual social and economic costs of alcohol related harm amount to £21.5 billion, while harm from illicit drug use costs £10.7bn. For the taxpayer drug and alcohol services are good value for money because they improve health, cut crime, and can support individuals and families on the road to recovery.

As well as contributing to 'Improving Lives' and the health and wellbeing of our communities, evidence shows the work of teams like DALT can reduce overnight stays in hospitals and re-admissions by 3%, and emergency department attendances related to alcohol by 43%.

This reduces the pressure on our urgent care services and frees up beds and time for others to receive care.



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 enables better outcomes for our patients, our service delivery and safety, our people's experience, our finances and our population's health and wellbeing.

What this means in practice:

- The leadership and governance of the organisation supports learning and promotes an open and fair culture
- We listen and act on patient concerns, complaints and compliments
- Our people feel able to report incidents and speak about concerns
- We maintain a strong and effective improvement approach

We will deliver it by:

- 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 review 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:

- Demonstrable learning outcomes from our Patient Safety Incident Response Framework
- 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 the team identified 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 was evidenced from formal sources, such as 'friends and family' feedback and complaints and less formal sources, such as clinics after birth and general conversations on the maternity ward. 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. 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 to deal with, an overall reduction in complaints and an increase in positive feedback.



Strategic Objective 5

Sustainable use of resources and estate

Our ambition is to deliver the best care possible for the community we serve within the funding we have available.

What this means in practice:

- We support our services to be high-quality, safe, productive and efficient and demonstrate value for taxpayers money
- We are committed to reducing health inequalities and improving equity of health outcomes for the communities we serve and therefore reducing the future impact on the 'public purse'

We will deliver it by:

- We will maintain robust processes and procedures to facilitate strong financial management across the Trust
- We will make evidence based investment decisions
- We will explore attracting funding sources from less traditional routes to fund our ambition
- 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 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. Through investing £5.6 million in a new state of the art theatre suite, we are turning Newark into an elective hub that will see up to 2,600 additional procedures every year. This will give our patients more certainty that their elective procedure will go ahead, even when the King's Mill Hospital site is experiencing extreme demand on urgent care services. 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**
- **contribute towards us achieving our ambition that our population will wait less time to see a specialist for their planned care.**

This project has also had wider community benefit with increased local employment and a lower carbon footprint through using modern construction methods. We have also contributed to healthier communities through care closer to home with reduced travel and easier access.



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 focused on delivering outstanding care
- We will deliver service transformations through collaborative working

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, six 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 recently as a local high street company went into administration, an event attracted people facing redundancy and directly engaged them into job opportunities.



9. Appendix

Life expectancy has been increasing over the past 20 years nationally and locally for both males and females. Within Mid Nottinghamshire, life expectancy varies considerably with more deprived districts having a shorter life expectancy than less deprived districts. (source Nottinghamshire Insight). Healthy life expectancy spans 58-66 across Mid Nottinghamshire, compared to 70 in Rushcliffe in South Nottinghamshire.

Area	Female	Male	Healthy life expectancy
Mid Notts	82.6	78.2	
Ashfield North	82.6	75.8	58
Ashfield South	81.7	77.6	62
Mansfield North	81.3	78	58
Rosewood	82	77.1	61
Newark	83.2	80.4	66
Sherwood	84.2	79.3	62
England (ONS Nat. Life tables 2024)	82.6	78.6	

(Source eHS PHM Outcome Dashboard, N&N ICB SAIU)

Patient reported health measures demonstrate a higher reporting of long-term illness or disability and poorer state of health across Mid Nottinghamshire compared to the England average.

78% of the Mid Nottinghamshire population report they are in good or very good health however this is below the England and Wales average of 80%. This is reported fairly equally across our five primary care networks (PCNs) in Ashfield, Mansfield and Sherwood with a slightly better picture in the Newark PCN:

Ashfield North	Report a limiting, long-term illness or disability	Rate health as bad / very bad
England	17.6%	5.5%
PCN	23.5%	7.6%

Ashfield South	Report a limiting, long-term illness or disability	Rate health as bad / very bad
England	17.6%	5.5%
PCN	22.9%	7.5%

Mansfield North	Report a limiting, long-term illness or disability	Rate health as bad / very bad
England	17.6%	5.5%
PCN	25.3%	8.7%

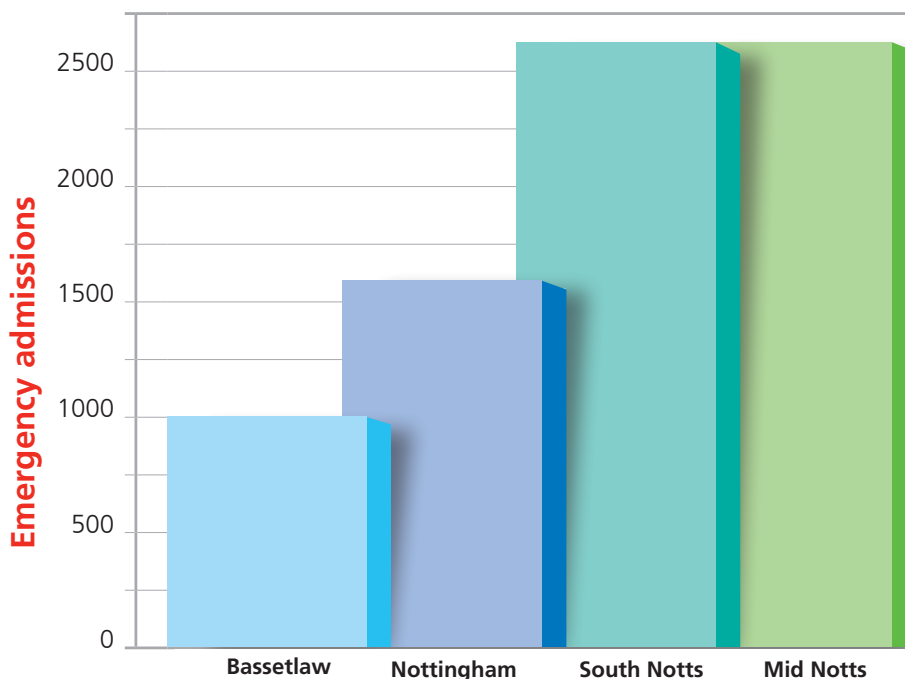
Newark	Report a limiting, long-term illness or disability	Rate health as bad / very bad
England	17.6%	5.5%
PCN	18.7%	4.9%

Rosewood	Report a limiting, long-term illness or disability	Rate health as bad / very bad
England	17.6%	5.5%
PCN	22.5%	7.5%

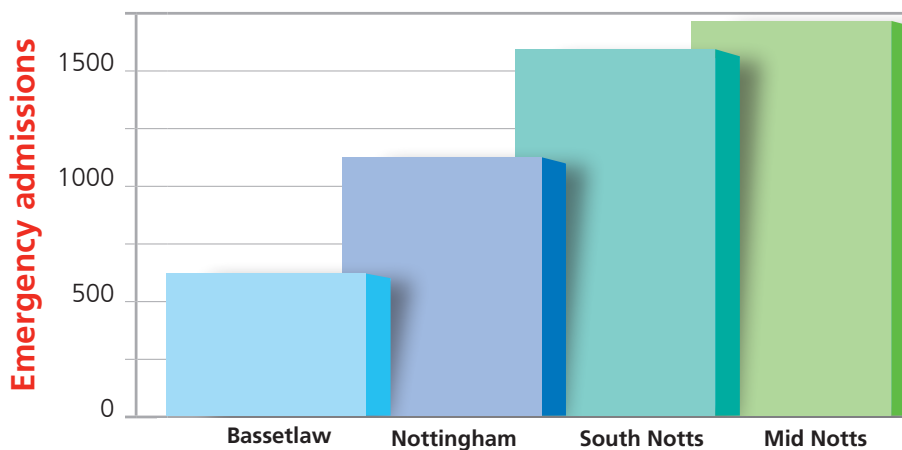
Sherwood	Report a limiting, long-term illness or disability	Rate health as bad / very bad
England	17.6%	5.5%
PCN	23.2%	7.4%

Emergency admissions for falls, injuries, fractures, flu and pneumonia are higher amongst our communities than the rest of Nottingham and Nottinghamshire. These emergency admissions make up 21% of admissions for people aged 65+ and are a reflection of the higher prevalence of long term conditions highlighted in the population health management section at page 13.

Emergency admissions for Falls, Injuries and Fractures
N&N ICS



Emergency admissions for Flu and Pneumonia
N&N ICS



10. Glossary

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

Clinical Audit This is 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.

Compact This is a written agreement that binds you to a promise.

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

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

Electronic Frailty Index (eFI) This enables the identification of older people who are fit, and those with mild, moderate and severe frailty.

Electronic Patient Record Also known as **EPR**.

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

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 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 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 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 the result after a treatment, intervention or interaction with healthcare services.

Index of multiple deprivation (IMD) This provides a means of identifying the most and least deprived areas in England and to compare whether one area is more deprived than another.

Integrated Care System This is a partnership 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**.

Integrated Care Partnership This is 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 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**.

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.

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**

Patient Safety Incident Response

Framework (PSIRF) Sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

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

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

Primary Care Network Is the term used to describe the group of GP practices who 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).

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.

Secondary prevention This is 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.

Wider determinants of health These are the social, economic, environmental and structural factors that affect health, well-being and **health inequalities**.

Improving Lives in Mid Nottinghamshire with our partners...





