

STRATEGIC PRIORITY 5 TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH AND CARE SERVICES										
EXECUTIVE LEAD PETER WOZENCROFT										
PROGRAMME/ACTION	LEAD MANAGER	BENEFITS REALISATION MEASURES /KPIs	MILESTONES					RAG	COMMENTS	
			Q1	Q2	Q3	Q4	18/19			
<b>1</b>	<b>Continue to play a leading role in delivering the Integrated Care System (ICS) for Nottinghamshire, and the Better Together Integrated Care Partnership (ICP) in Mid-Nottinghamshire as its local delivery vehicle.</b>									
1A	Deliver the SFH components of the Urgent and Proactive Care delivery programme in conjunction with Better Together Alliance partners	Divisional Leadership Teams for Urgent & Emergency Care and Medicine.	*	*	*	*	*		Specific plans, milestones and financial benefits realisation plans are contained within the Better Together programme work plan for 2017-19.	
1B	Deliver the SFH components of the Elective Care delivery programme in conjunction with Better Together Alliance partners	Divisional Leadership Teams for Medicine, Surgery, Diagnostics & Outpatients and Women's and Children's/Kim Ashall, Head of MSK	*	*	*	*	*		Specific plans, milestones and financial benefits realisation plans are contained within the Better Together programme work plan for 2017-19.	
1C	Deliver the SFH components of the Womens and Childrens Care delivery programme in conjunction with Better Together Alliance partners	Divisional Leadership Team for Women's and Children's	*	*	*	*	*		Specific plans, milestones and financial benefits realisation plans are contained within the Better Together programme work plan for 2017-19.	
1D	Deliver the SFH components of the Mental Health and Community Care delivery programme in conjunction with Better Together Alliance partners	Divisional Leadership Teams for Urgent & Emergency Care and Medicine/Ant Rosevear, Assistant COO for Newark	*	*	*	*	*		Specific plans, milestones and financial benefits realisation plans are contained within the Better Together programme work plan for 2017-19.	
<b>2</b>	<b>Implement the Newark Strategy.</b>		Q1	Q2	Q3	Q4	18/19			
2A	To create a primary care led model for <b>urgent care</b> at Newark delivering a single streamlined service with an integrated clinical workforce, including GPs and ANP/ENP roles to deliver a minor illness service in addition to minor injuries	Ant Rosevear (Assistant COO, Newark Hospital)		*	*	*	*		Plans to implement the nationally defined Urgent Treatment Centre (UTC) model for a primary care led front door service at Newark are in development. Levels of primary care engagement have been sub-optimal. Implementation is predicted to be in two phases, with limited integration of primary and secondary care services from March 2018 and more comprehensive integration when primary care workforce and leadership requirements have been secured.	
2B	To develop an inpatient <b>bed utilisation</b> model that is flexible with rehabilitation and reablement as its primary focus, aimed at reducing sub-acute medical activity in line with existing and emerging models of care within surrounding acute hospitals and community services	Ant Rosevear (Assistant COO, Newark Hospital)		*					As part of the winter plan for 2017/18, the Fernwood Unit has been located adjacent to Sconce ward. Uniting nursing leadership has enabled greater flexibility in the use of beds at Newark.	
2C	To continue to develop and enrich the range of <b>planned diagnostic and treatment services</b> delivered from Newark Hospital, so that local people can access the greatest possible range of safe and sustainable services locally to avoid them travelling unnecessarily to other hospitals.	Ant Rosevear (Assistant COO, Newark Hospital)	*	*	*	*	*		The range of planned care services at Newark has continued to increase, and utilisation rates have risen modestly. Minster Ward is now operating flexibly to accommodate a range of medical and surgical day cases, with staff extending their skill bases accordingly. Targets and specific strategies for increasing market share for planned care at Newark are in progress.	
<b>3</b>	<b>Develop our strategic partnership with Nottingham University Hospitals NHS Trust, and explore partnership opportunities with other organisations for mutual benefit and in the interests of our communities.</b>		Q1	Q2	Q3	Q4	18/19			
3A	Formulate a joint clinical services strategy between NUH and SFH.	ICS/SPF			*	*	*		Work on the development of a joint clinical services strategy has been reinvigorated through the ICS, with Tracy Taylor, CEO, NUH taking SRO leadership. Commissioned support has been obtained from Deloitte for the initial phase of this work and a Programme Director has been appointed. Workshop took place 16/2/18 to define parameters and next steps.	
3B	Develop a range of plans for collaborative working on clinical and non-clinical support services with NUH, other ICS partners and select partners further afield.	ICS/SPF		*	*	*	*		This work continues under the auspices of the Strategic Partnership Forum, with implementation of Urology joint service and NUH@ Neurology service at advanced stages, and other service line plans in development. The overall framework for this will be refined through the joint CSS work described above.	