

Newark Strategy Quarterly Board Update

January 2018 (Quarter 3)



Background

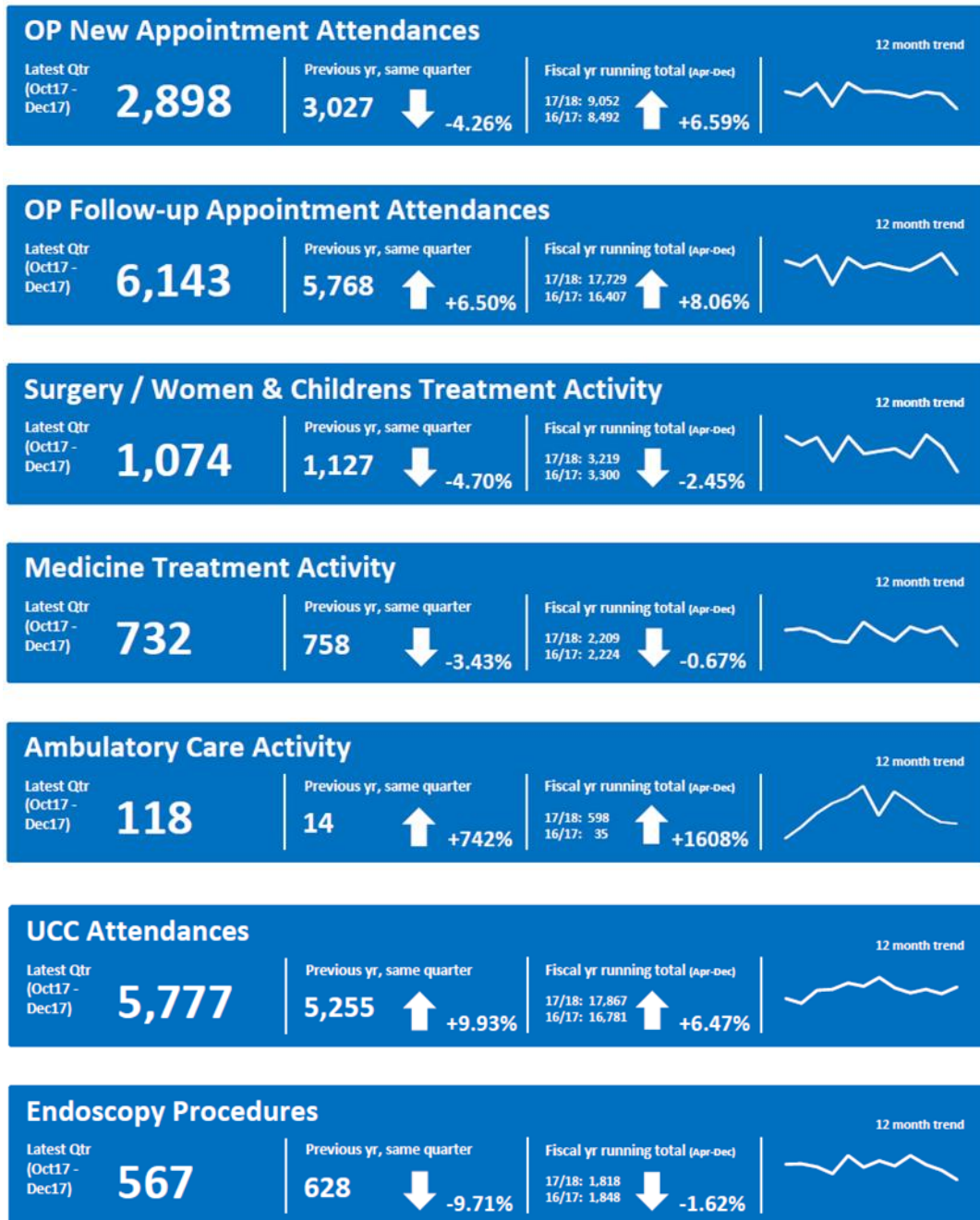
The Newark Strategy is our communities shared plan to ensure that local services meet the care needs of the people of Newark.

The purpose of this report is to provide an update on the progress made in implementing the Newark Strategy as described in the 'Newark Hospital Vision and Strategy, 3 years on' (Sep 2016). The strategy focuses on three key areas of care provision at Newark Hospital,

1. Elective Care
 - To further increase the range of elective surgical and medical procedures, together with diagnostics and outpatients clinics for a wide range of conditions, transitioning activity from King's Mill to Newark and repatriating activity from surrounding areas
2. Urgent Care
 - To create a primary care led model for urgent care at Newark delivering a single streamlined service with an integrated clinical workforce, including GPs and extended scope nursing roles to deliver a minor illness and injury service
3. Inpatient Care
 - To develop an inpatient bed utilisation 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

Implementation of this strategy is a key enabler to the Trust's sustainable achievement of quality, access and finance performance standards and delivering outstanding care to all patients, their families and carers.

Activity Dashboard



1. Elective Care

1.1 Quarter 3 highlights

| Specialty/service | Action | Impact |
|-------------------------------|---|---|
| Outpatients – all specialties | Increased engagement with GP Practices, public and local media since Apr 17 | Increase in outpatient clinic new attendances YTD |
| Surgical specialties | Activity analysis of NWK patient activity undertaken at KMH by specialty and procedure levels | Opportunity to transfer surgical activity KMH to NWK confirmed and defined with focus on Orthopaedics specialty (annual activity opportunity circa. 114 procedures) |
| Surgical specialties | Market share analysis deep dive undertaken by GP Practice and specialty levels | Opportunity to increase market share through repatriation of activity confirmed enabling focused marketing campaign for Q4 |
| Surgical specialties | Implementation of new preoperative assessment triage system for ASA1/2 patients | Delivery of pool of patients optimised for surgery to fill any cancelled slots |
| Breast | New equipment purchased through charitable funds | Broadened range of Breast procedures available at NWK from Dec 17, annual activity circa. 20 procedures |
| Gynaecology | New equipment and increased number of minor operations suite lists from Dec 17 | 50% increase in hysteroscopy capacity from Dec 17 |

1.2 Future planned actions and options for consideration

| Specialty/service | Action | Impact | |
|-------------------|--|---|-----------|
| | | Confirmed | Potential |
| Surgical | | | |
| Orthopaedics | New Orthopaedic hand & wrist surgeon job planned activity at NWK from Jan 18 | Increased Orthopaedics capacity from Jan 18, annual activity circa. 105 procedures | |
| Orthopaedics | Improved pooling of Orthopaedic day case procedures for NWK patients to surgeons operating at NWK, and utilisation of flexible sessions to increase NWK operating capacity from Feb 18 | Increased Orthopaedics capacity from Feb 18, annual activity circa. 50 procedures | |
| Urology | New Urology surgeon job planned activity at NWK from Feb 18 | Increased Urology capacity from Feb 18, annual activity circa. 84 procedures | |
| Ophthalmology | Transfer of IVT injection activity from theatres to minor operations suite from Feb 18 | Release of theatre capacity for other specialties from Feb 18 | |
| Ophthalmology | Additional injection list for DMO and vein occlusions being scoped | Increased ophthalmology injection activity at NWK | |
| Breast | Outline business case for triple assessment clinics in development to be submitted Jan 18 | Repatriation of Breast activity from nearby Trusts, first phase annual activity circa. 674 referrals with 9% (60 patients) going on for treatment | |
| ENT | Business case for introduction of day case ENT procedures for submission Jan 18 | Introduction of ENT procedures at NWK, annual activity circa. 168 procedures | |
| Medical | | | |
| Rheumatology | Agreed transfer of further rheumatology procedures KMH to NWK with appropriate training and SOP from Mar 18 | Increased delivery of rheumatology procedures at NWK from Mar 18, annual activity circa. 67 patients | |

| | | |
|--------------------------------------|--|--|
| | | (multiple attendances) |
| Gastroenterology | Transition of venesection service from medically led to nurse led service with appropriate training and SOP | Implementation of nurse led venesection service within Minster Day Case NWK from Feb 18, annual activity circa. 210 procedures |
| Oncology | The SFH/NUH oncology partnership has within its terms of reference reviewing oncology care closer to people's homes including consideration of services at NWK | Increased clinic activity, provision of some chemotherapy as day attenders and management of devices such as line flushes at NWK |
| Diagnostics & Outpatients | | |
| Diagnostics | Business case for Dexa scanning service to be developed during 2018 following requests from primary care | Repatriation of Dexa activity from nearby Trusts, annual activity TBC |
| Endoscopy | | |
| Endoscopy | Business case for increased endoscopy activity including evening lists at NWK in development to be submitted Jan 18 | Increased endoscopy activity at NWK from Quarter 2 2018, annual activity TBC |

2. Urgent Care

In November Newark and Sherwood Clinical Commissioning Group presented a high level paper to the County Council's Health Scrutiny Committee which outlined their early intentions of transitioning to a 24 hour Urgent Treatment Centre model for Newark Hospital.

What is an Urgent Treatment Centre and how does it differ from our Urgent Care Centre?

In July 2017 NHS England published principles and standards for Urgent Treatment Centres along with an ambition to establish 150 of these centres in England by March 2018. Our current Urgent Care Centre model at Newark Hospital already meets many of these standards, such as opening times and access to diagnostics. However while Urgent Treatment Centres can be provided by any providers such as hospital trusts or primary care organisations the principles are set around a primary care led model with more focus on bookable appointments and access through 111. This intention of better integrating primary and secondary care is fully in line with the Newark Strategy.

Sherwood Forest have been working with Better Together Alliance partners including the CCG and primary care in recent months to help support and advise on the development of a model to meet the Urgent Treatment Centre standards. Our input is being led by Ben Owens, Clinical Chair for Urgent and Emergency Care, and Newark Urgent Care Centre clinical staff are also involved. This is work in progress and an Urgent Treatment Centre model for Newark has not yet been confirmed.

The CCG is coordinating a series of public engagement events.

3. Inpatient Care

Newark Hospital plays an important role in supporting the Trust's inpatient capacity and patient flow, so over the coming months it will be important that we make the best use of our inpatient capacity on Sconce Ward and the Fernwood Community Unit and create the opportunity to increase capacity when required. Our planning must consider how we safely staff these areas and continue to provide strong ward leadership to ensure staff are supported to deliver safe and effective patient care.

As part of the SFH operational inpatient winter plan, a Newark Hospital winter plan has been agreed and implemented following consultation with nursing and medical staff, and Trust management leads. This plan is as follows:

- Co-location of Fernwood Community Unit with Sconce Ward utilising space on the vacant Castle Ward area effective 27th Dec 2017 to 31st Mar 2018
- Fernwood Community Unit to continue to provide the same service for step down and up patients admitted meeting the current criteria with continued GP oversight for these patients
- Increase of Newark Hospital inpatient bed capacity from 36 to 40 beds
- Any available capacity within Fernwood's 12 beds to be used for medical patients who will be under the care of a medical consultant, maximising utilisation of inpatient beds
- Sconce and Fernwood nursing staff integrated into one team under leadership of one Ward Sister supported by Deputy Sisters
- Therapy staff integrated into one team to provide a flexible and effective service across all inpatient beds

This plan is considered to be the best way of ensuring continued effective ward leadership and safe staffing for both nursing and therapy teams across these wards while supporting patient flow across the Trust and ensuring the continued delivery of safe and effective patient care at Newark.

Sconce and Fernwood teams have responded very positively and flexibly to this change and continue to demonstrate their innovation with ideas for further improvements to the Newark inpatient model including development of a 'discharge lounge' to further support patient flow from King's Mill. Teams from other departments including Day Case, Theatres and Urgent Care have also demonstrated their support and flexibility by providing staff to cover ward nursing shifts.

1. Engagement and Involvement

4.1 Staff Engagement



An overwhelming 78% of Newark Hospital staff took the opportunity to have their say and respond to the 2017 NHS Staff Survey. This response rate was better than the highest national overall Trust response rate of 72%.

By listening to our staff we can further improve working conditions and support them in providing outstanding patient care. During the next few months we will follow up on the promise we made to staff that following this feedback we will publish and share our Newark Hospital feedback and have staff conversations to agree our response and actions as a team.

4.2 Patient, GP and Public Engagement

The following patient and public engagement events are confirmed for January – March 2018:

| | |
|---------------------------------------|----------------------|
| Newark Public Governors meeting | 5 th Jan |
| Balderton GP Practice visit | 8 th Jan |
| Newark Rotary Club presentation | 15 th Jan |
| Newark UTC public information session | 17 th Jan |
| Newark GP Federation meeting | 17 th Jan |
| Collingham Practice PPG presentation | 22 nd Jan |
| Hounslow GP Practice visit | 23 rd Jan |
| Newark Public Governors meeting | 26 th Jan |
| Newark Patients4Patients presentation | 19 th Feb |
| Lombard Practice PPG presentation | 8 th Mar |