

Newark Strategy Implementation Trust Board Update

September 2017

1. Introduction

This report provides 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) and outlined within the Trust's strategic priorities.

STRATEGIC PRIORITY 5 To play a leading role in transforming local health and care services
PROGRAMME Implementation of the Newark Strategy
PURPOSE To provide the broadest possible range of safe and sustainable local services for the people of Newark and the surrounding districts, to avoid them having to travel to other hospitals where possible

The strategy focuses on three key areas of care provision at Newark Hospital,

- Elective care
- Urgent care
- Inpatient care

In addition to ensuring that local services meet the care needs of the people of Newark, 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.

2. Elective Care

Key performance metric: Market share (HED Data)

Newark & Sherwood CCG			
	12m aver	May 17	↑ ↓
Outpatient market share	28.66%	29.37%	↑+1.34% on April (28.03%)
Day case market share	22.86%	22.35%	↑+0.36% on April (21.99%)

Border CCGs* (*Bassetlaw, Lincs West, SW Lincs)			
	12m aver	May 17	↑ ↓
Outpatient market share	1.72%	1.94%	↑+0.17% on April (1.77%)
Day case market share	1.63%	1.75%	↑+0.25% on April (1.5%)

Market share of outpatient and day case activity for Newark and Sherwood CCG and bordering CCGs provides a proxy for measuring progress in development of the elective care offer at Newark Hospital. Ascertaining what percentage market share is achievable, and what level constitutes success, remains a question that requires further examination. The data used by the Trust for the purposes of analysing market share is obtained from

the Healthcare Evaluation Data (HED) System, an online benchmarking solution developed by University Hospitals Birmingham to deliver intelligence to healthcare organisations to drive clinical performance improvements. Due to the depth of data collection undertaken reports are produced three months in arrears.

During the next period a focused analysis of market share will be completed at specialty and GP practice level, which will inform a targeted marketing and public relations strategy. An elective care aspiration for Newark Hospital will be measured by market share targets focused on this specialty and/or GP practice level.

I. Outpatients

Activity* (attended OP appointments)		
12m aver	Aug 17	↑ ↓
3083	3039	↓-171 attended appointments on July (3210)

Key performance metric: Clinic utilisation* (*OP activity and utilisation based on subset of OP clinics, as defined by OP Booking Team)

Target	Aug 17	↑ ↓
90%	89.29%	↓ -0.65% on July (89.94%)

Outpatients work plan

Increase the range of outpatient specialty clinics available at Newark Hospital for Newark and district residents, avoiding the need for them to travel to KMH or other hospitals, and increase market share by repatriating activity from surrounding Trusts	Confirm outpatients capacity available for additional clinics to be delivered by SFH specialties or NUH	Ant Rosevear, Assistant COO	01 August 2017	Capacity review completed	
Optimise outpatient department space utilisation to develop capacity for more specialty clinics provided by SFH and NUH services	Shift services not requiring a clinical environment from the outpatient department into other appropriate areas within the hospital or Newark health centres	Ant Rosevear, Assistant COO	01 December 2017	Services identified include OH, smoking cessation, orthotics collection, dietitian consultation, surgical appliances	
Ensure that wherever possible Newark residents are offered the choice of an outpatient appointment at Newark Hospital	Monitor and investigate all incidents regarding not being offered appointments at Newark raised by patients, public and staff to ensure that we can fully investigate them and resolve persisting problems	Ant Rosevear, Assistant COO	01 June 2017	On-going	

Overall outpatient clinic utilisation performance remains marginally below the trust target of 90% with lowest utilisation in plastic surgery (68%), paediatric audiology (71%), geriatric medicine (60%) and pain management (51%). Divisions are reviewing capacity requirements for these specialties and actions to increase utilisation.

14 of the 22 outpatient specialties offered at Newark are performing above the 90% standard and a clinic space capacity review has been completed for Divisions to evaluate the opportunity to further increase activity in these high demand and efficient specialties.

The guiding principle remains to ensure that wherever possible Newark and district residents are offered the choice of an appointment at Newark Hospital. Significant progress has been made in improving appointment booking processes to ensure patients receive this choice where appropriate. Any incidents regarding patients not being offered Newark where the service is offered at the hospital by patients, public and staff will be fully investigated to ensure that any persisting issues can be identified and resolved.

II. Diagnostics

Activity**		
12m aver	Jul 17	↑ ↓
1251	1219	↓-103 (-7.8%) Diagnostic tests on June (1322)

(**Excludes echocardiology and sleep studies as not reportable by site)

Key performance metric: DM01 Access*** (***)excludes echocardiology, sleep studies and urodynamics as not reportable by site)

Target	Aug 17	↑ ↓
99%	99.4%	↑+0.9% on July (98.5%)

Diagnostics work plan

Diagnostics	Ensure that while we continue to offer great access, we offer all patients the choice of Newark Hospital for their diagnostic tests where clinically appropriate and where services are provided at both hospital sites.	Redesign the diagnostics appointment booking process to ensure that patients are given the option of selecting to have their diagnostic test performed at Newark Hospital where possible	Ant Rosevear, Assistant COO	01 October 2017	D&O Division leading on review of booking process. For completion Sept 17	
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Newark Hospital continues to provide good access to diagnostic tests and during August 99.4% of patients referred had their test within six weeks. The D&O Division continually monitor access and attempt to flex diagnostics capacity to meet demand where possible, i.e. during September additional MRI Scanner capacity has been scheduled.

During the last period it has been highlighted that the Trust is not consistently offering all patients the choice of Newark Hospital for their diagnostic tests where services are provided at both King’s Mill and Newark, i.e. ultrasound. The D&O Division are currently leading on review of the diagnostic test appointment booking process to ensure that all Newark patients are given the option of selecting to have their test performed at Newark where possible.

III. Medical Day Case

Activity (Inpatient Day Case Spells)		
12m aver	Aug 17	↑ ↓
222	206	↓-26 (-11.2%) Inpatient spells on July (232)

Medicine work plan

Transfer medical day case activity for Newark and district patients from the Welcome Treatment Centre KMH to Minster Ward NWK for the following procedures: infliximab, zoledronic acid, vedolizumab, iloprost, veno-sections, blood transfusions	Ant Rosevear, Assistant COO	01 October 2017	Increased staffing establishment by 0.5wte confirmed by Division. Staffing increase from Sept 2017. Awaiting clinical sign off.	
Transfer Methotrexate (Rheumatology) activity for Newark and district patients from KMH to Minster Ward NWK	Ant Rosevear, Assistant COO	01 July 2017	Competency training completed by Ward Leader and Deputy. First patient through pathway July 2017. Competency training to be rolled out to ward staff.	

Reduced activity during August reflects seasonal trend and inability to backfill clinical sessions.

Data analysis has been completed by a project team to confirm medical day case activity being undertaken at King's Mill for Newark and district patients, where the procedure is offered at Newark Hospital, which has identified a significant opportunity. Transfer of activity and associated staffing establishment has been agreed by Medicine Division with transfer planned for October following clinical sign off.

This development will follow the successful transfer of Methotrexate activity for Rheumatology from King’s Mill. Our first patient commenced their care for this weekly procedure on Minster ward in July and is the focus of our patient story for this period (see Appendix 1).

Scoping of further opportunities is in progress and during the next period additional schemes will be confirmed supporting the continued increase in medical day case activity at Newark.

IV. Surgical Day Case

Activity (Inpatient Day Case Spells)		
12m aver	Aug 17	↑ ↓
305	277	↑+20 (+7.8%) Inpatient spells on July (257)

Key performance metric: Theatres utilisation

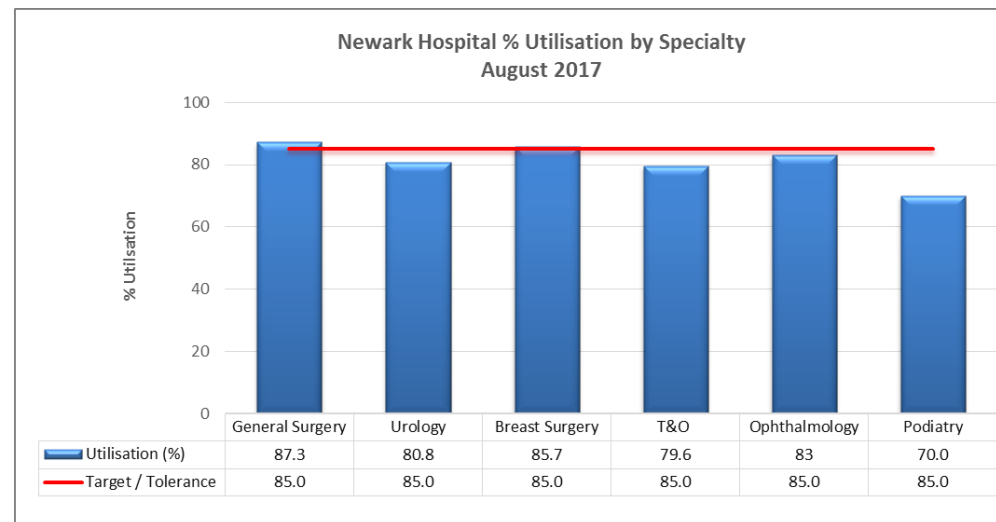
Target	Aug 17	↑ ↓
85%	77.70%	= 0 No change from July (77.70%)

Surgery work plan

Increase the range of surgical day case services available at Newark Hospital for Newark and district residents, avoiding the need for them to travel to KMH or other hospitals, and increase market share by repatriating activity from surrounding Trusts, by extending the range of procedures undertaken in theatres and minor ops.	Transfer all activity suitable for a minor ops or clinic room environment from theatres to release theatre capacity for further day case procedures and maximise minor ops capacity, supported by enhancing minor ops room air flow system and estates works	Ant Rosevear, Assistant COO	01 December 2017	Quotes for air flow and minor works to minor ops and Minster clinic room submitted, awaiting response from Estates	
	Increase the range of breast procedures offered at Newark Hospital including lipofilling post cancer surgery supported by purchase of equipment	Steve Jenkins, DGM Surgery	01 November 2017	Business case for equipment purchase approved July 17 and equipment ordered. Staff training planned Sept 17	
	Confirm theatre utilisation opportunities by undertaking deep dive analysis of Podiatry session timings and recording, and rolling out learning to all specialties	Ant Rosevear, Assistant COO	01 October 2017	Deep dive analysis completed. Actions agreed for implementation from Sept 17	
	Provide ENT day case procedures at NWK transferring activity from KMH and NUH and increasing Lincolnshire market share	Steve Jenkins, DGM Surgery	01 January 2018	Business case in development. Significant investment required	
	Provide day case Laparoscopic Cholecystectomies at NWK transferring activity from KMH and increasing market share	Steve Jenkins, DGM Surgery	01 January 2018	Business case in development	
	Develop a specialist Ophthalmology suite in minor ops NWK as part of moving activity from theatres through enhancing air flow system	Ant Rosevear, Assistant COO	01 December 2017	Quotes for air flow and minor works to minor ops submitted, awaiting response from Estates	
	Increase orthopaedics day case activity at NWK by job planning new Orthopaedics specialist hand surgeon theatre lists at NWK, and increasing lists of other surgeons	Steve Jenkins, DGM Surgery	01 January 2018	New surgeon starting in Jan 17. Job plan TBC by Division.	
	Increase efficiency of theatres orthopaedics and podiatry lists through purchase and use of mini C Arm radiology equipment	Steve Jenkins, DGM Surgery	01 September 2017	Mini C Arm purchased through charitable funds. MEMD quality assurance completed. In use from Aug 17	

As medical day case activity, reduced surgical activity during August reflects seasonal trend and inability to backfill clinical sessions.

Surgical theatres and minor operations room capacity remains underutilised at Newark Hospital with overall performance remaining below the 85% target. Two of the six specialties offered at Newark (General Surgery & Breast Surgery) achieved the standard in August. Further improvement to Breast Surgery performance is anticipated from November with an increase in the range of breast procedures offered supported by new equipment funded by charitable funds. Podiatry underperformance has been subjected to focused analysis of clinical processes, session times and time stamp recording and subsequent improvements should result in increased performance from September. Podiatry and Orthopaedics specialties should also benefit from the purchase of a mini C arm (radiology equipment) through charitable funds in use from late August.



The site strategy is focused on optimising the use of clinical space, such as facilitating the move of clinically appropriate procedures from theatres to the minor operations room, to increase efficiency and enable further surgical activity to be performed in these facilities. Subsequently an increase in Orthopaedics theatre lists is planned from January and other Sherwood Forest and Nottingham specialities are in early discussion.

During the next period a business case will be presented to the Executive Team to introduce the provision of ENT and laparoscopic cholecystectomy day case procedures, resulting in the transition of activity from Kings’s Mill, Nottingham and Lincolnshire, enabling more Newark patients to receive care closer to home. Additionally further schemes including a marketing strategy will be confirmed and added to the work plan to further support increasing activity at Newark.

3. Urgent Care

Key performance metric: 4 hour standard

Target	Aug 17	↑ ↓
95%	99.3%	-

The Trust has continued to work collaboratively with the Mid Notts Alliance partners towards the collective ambition to create a model for urgent care at Newark Hospital in which the Urgent Care Centre is further integrated with primary care. However the CCGs previously envisaged model in which primary care has overall ownership and oversight of the Urgent Care Centre has been replaced with an ambition for an integrated secondary and primary care approach, driven by an outline proposal from Nottinghamshire Emergency Medical Services (NEMS). This outline proposal was agreed in principle by the Alliance Delivery Board on 17th August 2017.

Subsequently on 24th August the Alliance Business Transformation Team were identified as the lead resource to support the development and delivery of the project and in support of the Programme Manager and SRO responsible for the work stream. A focused workshop was held with SFH colleagues on 30th August to discuss and review the proposed model and to assess against national Urgent Treatment Centre (UTC) principles and standards published in July 2017.

Weekly project team meetings including SFH, NEMS, CCG and Business Transformation Team colleagues are in place to

- ensure the proposed model meets the required UTC criteria
- through data analysis determine the impact on potential displaced patient groups and determine options for the clinical model
- address other issues raised
- agree and confirm new clinical and financial model
- agree clinical and operational governance of the new model

The following key actions are planned by the Business Transformation Team for completion during the next period

- engagement of EMAS as part of the project team to be determined
- data analysis to inform development of the future clinical and financial model to be completed and reviewed
- further focused workshop with key clinical colleagues to agree the structure of the new model and the implications of the published UTC guidance
- Draft proposed clinical model to be completed for presentation to Alliance Delivery Board in October
- Governance requirements to be defined

4. Ambulatory care

Activity		
12m aver	Aug 17	↑ ↓
47	72	↑+39 (+118%) cases on July (33)

During the last period a fifth ambulatory care pathway has been implemented at Newark for patients presenting with symptoms of pyelonephritis, enabling many to undergo investigation and treatment without hospital admission, and avoiding unnecessary transfers to King’s Mill.

The full list of ambulatory care pathways currently available at Newark now includes

- DVT
- Cellulitis
- Accidental overdose
- Mechanical falls
- Pyelonephritis

Implementation of further pathways is planned for the next period including renal colic.

5. Inpatient Care

The Trust continues to work in collaboration with Alliance partners to develop a coordinated system community bed model, with a Newark bed base 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.

Key to this is implementation of an integrated discharge process for complex discharges covering all NHS and private sector community beds and at home places. This process will be piloted with Call for Care given admission rights to beds at Mansfield Community Hospital and at Newark Hospital.

The aims of the pilot are to

- Facilitate discharge home and promote the philosophy of care being delivered at the patient’s home or place of residence
- Make discharge arrangements quicker and more coordinated with community health and social care resources
- Reduce bed transfers
- Reduce length of stay within an acute setting
- Cater for individual patient needs
- Enable more patients to go home first with community support

Evaluation will be undertaken during the course of the pilot using the following key performance indicators to assess progress and success of the Call for Care process. In addition weekly staff engagement sessions are being facilitated at both Mansfield Community Hospital and Newark Hospital to ensure staff are fully updated and to listen to feedback from the front line which can be taken back to the pilot project team.

KPI	Baseline	What would quantify an issue / fail and require a review?	What would quantify a success?	Method of Monitoring
Length of Stay for; Newark MCH (Oakham and Lindhurst)	TBC 21 days for MCH stay	Increase in LoS	Decrease in LoS	LoS data from information team
ED Breaches	N/A	Any breach that is due to issues with flow due to	No breaches as a result of pilot	Review number of breaches daily

		delays in transfer of complex discharges		and reasons behind breaches (i.e. awaiting bed capacity)
Number of readmissions	N/A	Patients readmitted within 72 hours of discharge from community bed / setting, under the same condition, or due to lack of support in community	No patients readmitted for original cause of admission / no patients readmitted within 72 hours of initial discharge and up to 14 days of transfer home / MCH / NWK / T2A bed	Mini RCA / audit of patient pathway to understand factors for readmission
Number of bed moves / transfers		Number of patient transfers between KMH and MCH / community and KMH	No patient transfers	Data from information team and patient data spreadsheet
DTOC (across MCH & Newark)	Service currently at 3.7% (22 DTOC a week) aim is to reach 3.5% by September (separate Trust target / separate project)	Number of DTOCs rises above 21 DTOC a week (over 3.5%)	Achieve or below 3.5% DTOC on a weekly basis	Weekly DTOC report
Datix	Increase in incidents relating to delays in transfer / new process	Would be assessed on the severity of complaints and numbers of complaints	0 complaints / Datix	Review of Datix reporting
Right Place First Time	All patients get to the preferred place first time based on their clinical need	Number of patients unable to get to the right place first time due to capacity	All patients getting to the right place first time	Data recording by the IDAT team will allow us to assess numbers of patients that

				achieved the right discharge destination first time
Transport Booked in Advance	Currently 97% of transport for KMH is booked same day	Increase in transport being booked same, day / increase in same day demand due to pilot that transport providers cannot cope with causing failed discharges	Reduction in same day bookings / more advanced discharge planning	Transport Project Work stream / Task and Finish Groups

Appendix 1

Patient story

Patient now has services on her doorstep thanks to new treatments at Newark

July 13, 2017



Patients based in Newark are now able to access treatments closer to home thanks to the expansion of day case services at Newark Hospital.

New services have been added to Newark Hospital's day case unit (Minster Ward) as part of the Newark Hospital strategy to increase the scope of services and improve local use of the hospital.

New procedures introduced at the unit include referrals from the Urgent Care Centre, also on the Newark Hospital site, for patients who need to be monitored by nurses and reviewed by doctors for suspected deep vein thrombosis, accidental overdose, mechanical falls and anaemia, along with outpatient care for conditions such as cellulitis (a serious skin infection), ulcerative colitis (inflammatory bowel disease) and arthritis.

The changes have made a huge difference to one patient, who has been travelling 48 miles every week for the last six years to receive treatment for her rheumatoid arthritis.

Newark resident, Lynn Chapman, now only has to travel 10 minutes to her appointments to get the weekly medication injection that she needs to help reduce her symptoms.

Lynn has to have the disease-modifying anti-rheumatic (DMARD) drug called Methotrexate. Due to the nature of the drug, it can only be given by specially trained nurses. Two nurses have now been trained to give the medication at Newark Hospital, with plans to train the rest of the team, meaning that the service has been permanently added to the procedures that the day case unit offers.

Lynn said: “I used to get picked up in the morning by the hospital transport and often didn’t get home until late afternoon. It was a 45 minute journey to get there and sometimes I had to wait to get taken back, so it could take a whole morning just to receive a 5 minute injection. It makes a huge difference to be able to have the injection here at Newark, as it only takes me 10 minutes to get here and get back home again.

“I used to dread the long journey every week as I don’t like travelling, so getting the treatment at Newark really is brilliant.”

Ward Sister for Minster Ward, Denise Davies said: “If we make it easier for just one patient to receive treatment more locally to them, then it is worth us expanding the service. We have worked really hard to provide more services at Minster Ward, it can be quite a lengthy process getting all the right procedures and training in place, but we are dedicated to providing as many services as possible to benefit our patients.”

Assistant Chief Operating Officer for Newark Hospital, Ant Rosevear added: “This is just one example of how we are expanding our services and making things better and easier for the patients of Newark. Being able to come to your local hospital for treatments such as this obviously makes a huge difference. We are really pleased that we are able to offer this service, which has been made possible by expanding the clinical skills of our nurses through training and development.”

<http://www.sfh-tr.nhs.uk/index.php/8-communications/latest-news/1413-patient-now-has-services-on-her-doorstep-thanks-to-new-treatments-at-newark>