



Sherwood Forest Hospitals
NHS Foundation Trust

NEWARK HOSPITAL UPDATE REPORT JUNE 2017

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Strategic Vision

1. Background

In October 2015 the Newark Healthy Communities Partnership Group (NHCPG) was established as a multi-stakeholder reference group to oversee a renewed focus on the purpose and direction of Newark Hospital and health and social care for Newark and Sherwood residents as a whole. The brief determined by the NHCPG was to:

- Re-visit the parameters for safe and sustainable care laid out in 2013 and determine whether they remain relevant and appropriate for the future
- Develop an evidence base to determine how/whether utilisation of the hospital has improved since 2013 and how we are going to monitor progress in the future
- Update and re-state the strategic direction for the hospital overall and the different components of care offered there, in the context of overall status of the Better Together programme and the Nottinghamshire Sustainability and Transformation Plan
- Go on to develop a detailed implementation plan to further refine and build the service offer and optimise the use of the facility to fulfil the health and care needs of its communities

The refreshed strategy was described in the '*Newark Hospital Vision and Strategy, 3 years on*' (Sept 2016) and is now outlined within the emerging SFH Trust 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

2. Work streams

The specific conclusions from the strategy refresh were to focus on three key areas in the hospital as follows:

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 ANP/ENP roles to deliver a minor illness service in addition to minor injuries.

Bed Utilisation

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.

Electives

To further increase the range of elective surgical and medical day case procedures, together with diagnostics and outpatients clinics for a wide range of conditions, transitioning capacity from Kings Mill to Newark and repatriating activity from surrounding areas, accommodating expansion of existing and new services through better estate utilisation.

3. Strategic direction

The conclusion reached in 2013 that the MIU/UCC and the GP out of hours service should be brought closer together has been re-affirmed and taken forward.

The Urgent and Emergency Care standards (2016) were reviewed and it was felt that the most appropriate representation of the Newark service would be that of an urgent care centre, further supported by a national comprehensive Urgent and Emergency Care review into how urgent and emergency care services in England are organised, undertaken by Sir Bruce Keogh, which articulated the need for a common service name (NHS England, 2013). A capital works scheme has been progressed since February 2016 and the new facility is now open as an Urgent Care Centre.

The collective ambition is to create a primary care led model for urgent care at Newark Hospital in which the Urgent Care Centre acts as an extension to primary care provision at practice level. Envisaged is a model in which primary care has overall “ownership” and oversight of the Urgent Care Centre, delivering a single streamlined service with an integrated team.

The clinical team development sees the continuation of the nurse/emergency care practitioner led minor injuries service and the development of these roles to deliver a minor illness service.

4. Current position

The Urgent Care Centre continues to support the Trust’s achievement of the 4 hour standard seeing a 5% growth in annual attendances from 15/16 to 16/17 and delivering an average of 99.12% against the target.

Co-location of the NEMS GP out of hours service within the Urgent Care Centre has brought primary and secondary care services closer together. However the commissioned front door model does not support integrated working and is acknowledged to require review to better realise clinical care and efficiency benefits.

The vision for a primary care led, advanced nurse practitioner delivered Urgent Care Centre workforce model has been described in the Project Initiation Documents (PID) supporting CCG 17/18 QIPP schemes presented to the Trust in April 2017 with delivery anticipated from August 2017. There is acknowledgment that this represents an extremely ambitious timescale for such a significant change, and is unlikely to be met. This scheme is being driven through the Better Together Mid-Notts Alliance Programme Delivery Plan for Urgent and Proactive Care.

Four ambulatory care pathways have been embedded significantly reducing the number of patients requiring transfer to Kings Mill.

5. Next steps

- Development of further ambulatory care pathways such as renal colic will be achieved in the next quarter
- Advanced/emergency nurse practitioner workforce modelling including capacity, skill set and training requirements will be developed in the next two months
- Options appraisal for further integration of the Urgent Care Centre with primary care will be advanced in collaboration with GP colleagues using the Newark & Sherwood Primary Care Hub as a vehicle
- Implications of the NHS England ‘*UEC Delivery Plan*’ (April 2017) which describes planned national roll out of a standard offer for ‘Urgent Treatment Centres’ to be brought to the Alliance Programme Delivery Board for consideration

6. Strategic direction

The utilisation of the bed base at Newark Hospital will take account of surrounding acute hospitals management of their acute medical patients and the way in which the community services that have come into existence as part of the Better Together programme operate in the future.

The guiding philosophy is that people who are admitted to a hospital bed anywhere should be enabled to return to their normal place of residence as quickly as possible. Described is a model in which the beds are used flexibly, with rehabilitation and reablement as their primary focus.

It is recognised that there are interdependencies with other system changes that will need to be delivered first before bed utilisation changes can be made at Newark Hospital. These include implementation of the Intensive Home Service. Implementation will, therefore, be a phased approach with the existing model remaining pending review. This review will take into account the impact of the Better Together system changes to community services and how effective admission avoidance has been as well as the ability to transfer people directly back into their own homes after hospital care. Once new services are in place and their impact on hospital admission rates and length of stay is known, further engagement will be undertaken as required.

7. Current position

The vision for Newark Hospital bed reconfiguration has been described in the Project Initiation Documents (PID) supporting CCG 17/18 QIPP schemes presented to the Trust in April 2017 with delivery anticipated from October 2017. The proposal suggests a reduced sub-acute bed stock enabled through Kings Mill length of stay reduction and an increase in community pathways including development of an Intensive Home Service in Newark and Sherwood. This scheme is being driven through the Better Together Mid-Notts Alliance Programme Delivery Plan.

8. Next steps

- Initiation of a project group led by SFH with a brief to develop a proposal for a Newark Hospital inpatient bed model supported by clear evidence and identified required system changes, reporting to the Alliance Programme Delivery Board
- Completion of Trust inpatient bed simulation modelling and development of a Trust Bed Strategy informing options for Newark Hospital sub-acute bed reconfiguration

9. Strategic direction

Surgical activity at Newark needs to be limited to non-complex procedures, carried out on people who are fit and healthy enough to tolerate their procedure and recover normally. Major surgery that is planned to require an in-patient stay is not appropriate for the hospital, because it is not possible to provide the anaesthetic and surgical back-up to open an emergency theatre 24/7 to deal with unforeseen complications and/or deterioration in the patient's condition.

Having re-affirmed that non-complex day case procedures will be the focus of elective activity at Newark Hospital in the future, the commitment is to further increasing the range of surgical and medical day case services available at the hospital, together with diagnostic tests and outpatient consultations for a wide range of conditions.

The improved utilisation referenced in this and previous reports evidences the transitional changes made around service provision. Further work on the utilisation of the whole estate will support how expansion of current and new services can be accommodated which will take into account the phased changes planned around the Better Together system changes including the primary care offer.

Analysis of the current system demand demonstrates that there are some further opportunities to repatriate activity to Newark, particularly within day case surgery and endoscopy.

10. Current position

Work to further enhance the scope and improve the productivity and efficiency of elective care delivery at Newark Hospital is now supported by the Trust's PMO with a dedicated Programme Manager supporting this portfolio. Early discussions with surgical and anaesthetic clinical leads has led to a Newark programme being the focus of phase 3 of the Theatres Work Stream.

This report and the data analysis within provides an update to the previous report comparing 16/17 against 15/16 full year activity. New sections have been introduced within this update for theatre utilisation (baseline) and market share.

- There were 73,890 Outpatient attendances at Newark Hospital between 1st April 2015 - 31st March 2016 and 76,857 Outpatient attendances between 1st April 2016 - 31st March 2017 demonstrating a rise of 4%
- For patients with a Newark postcode attending Outpatient appointments at Newark Hospital there were 56,582 Outpatient attendances between 1st April 2015 - 31st March 2016 and 59,910 Outpatient attendances between 1st April 2016 – 31st March 2017 demonstrating a rise of 5.8%
- Outpatient Clinic utilisation improved by 1% in 16/17 compared to the previous years utilisation
- Outpatient Follow Up ratio's are at 1.86 between 1st April 2016 – 31st March 2017 , comparable with the previous year
- Radiology Services have increased by 2.6%
- Total number of Medical Day Case procedures performed increased by 6%
- Overall theatres utilisation increased by 14% during 16/17 to 79% with further opportunity to achieve the 85% Trust standard across most specialities

11. Next steps

- Scoping and development of opportunities to enhance the scope of T&O, ENT, general surgery and other speciality procedures delivered at Newark through phase 3 of the Theatres Work Stream over the next year
- Development of a business case to support further transition of medical day case activity from Kings Mill to Newark in addition to enabling repatriation of activity from bordering areas
- Development of performance scorecard metrics to better monitor progress against the Newark Strategy by measuring against specific outcomes and holding Divisions to account for delivery

Appendices - Reports

Outpatients

Outpatient Attendances

- Newark Hospital provided 76,857 outpatient attendances between 1st April 2016 – 31st March 2017. 25,592 New attendances and 51,265 Follow up Attendances.
- This is an increase of 4.01% compared to the same time period in the previous year.
- Physiotherapy, Ophthalmology and Audiology are the top three specialties in terms of volume of Outpatient attendances.

<u>All Newark Attendances by Specialty</u>			
excludes attendances outside clinic			
Source: Medway			
<u>Period: 1st April 2016 - 31st March 2017</u>			
Specialty Description	New	FUp	Total
Physiotherapy	4314	9475	13789
Ophthalmology	1597	6383	7980
Audiology	1654	3970	5624
Orthopaedics	1964	2879	4843
Respiratory Medicine	1068	2714	3782
Cardiology	1969	1513	3482
Anaesthetics	2	3092	3094
Dermatology	1385	1703	3088
ENT	1095	1771	2866
Podiatric Surgery	753	1834	2587
Gastroenterology	1015	1442	2457
Urology	838	1540	2378
General Surgery	1417	887	2304
Rheumatology	299	1662	1961
Orthotics	696	1198	1894
Trauma & Orthopaedics	532	1268	1800
Paediatrics	594	1201	1795
Gynaecology	949	646	1595
Occupational Therapy	410	987	1397
Obstetrics	476	831	1307
Geriatric Medicine	204	715	919
Neurology	392	475	867
Midwifery Services	183	607	790
Accident & Emergency	725	53	778
Clinical Haematology	165	584	749
Endocrinology	216	460	676
Pain Management	177	465	642
Diabetic Medicine	65	313	378
Vascular Surgery	227	117	344
Plastic Surgery	157	184	341
Community Paediatrics		240	240
Breast Surgery		40	40
Dietetics	37	2	39
Acute Physician Internal Medicine	17	14	31
Total	25592	51265	76857

Outpatients

Newark Hospital - Outpatient Attendances cont..

- The current utilisation of Newark Hospital by patients from Newark and the surrounding villages is a key area of interest to establish the potential for increasing services on the site. In order to establish patient flows four Postcodes are used to define the Newark catchment area, NG22, NG23, NG24 and NG25.
- From 1st April 2016 – 31st March 2017, of the 76,857 outpatient attendances provided by Newark Hospital, 59,910 of these were from the four Newark area postcodes (78%).
- 36,839 patients from the Newark Area attended outpatient appointments at King's Mill Hospital. The top five specialties providing outpatient appointments for Newark Area patients at King's Mill Hospital are Orthopaedics, Ophthalmology, Dermatology, ENT and Urology. *(Note: some services/clinics will not be expected to take place at Newark hospital)* This highlights potential opportunities to be explored.

Top 20 Specialties providing outpatient appointments at King's Mill Hospital for patients living in Newark Postcodes (Top 20 account for 82% of attendances)

Patients with a Newark area Postcode attending King's Mill Hospital

excludes attendances outside clinic

Source: Medway

Period: 1st April 2016 - 31st March 2017 - Top 20 Specialties

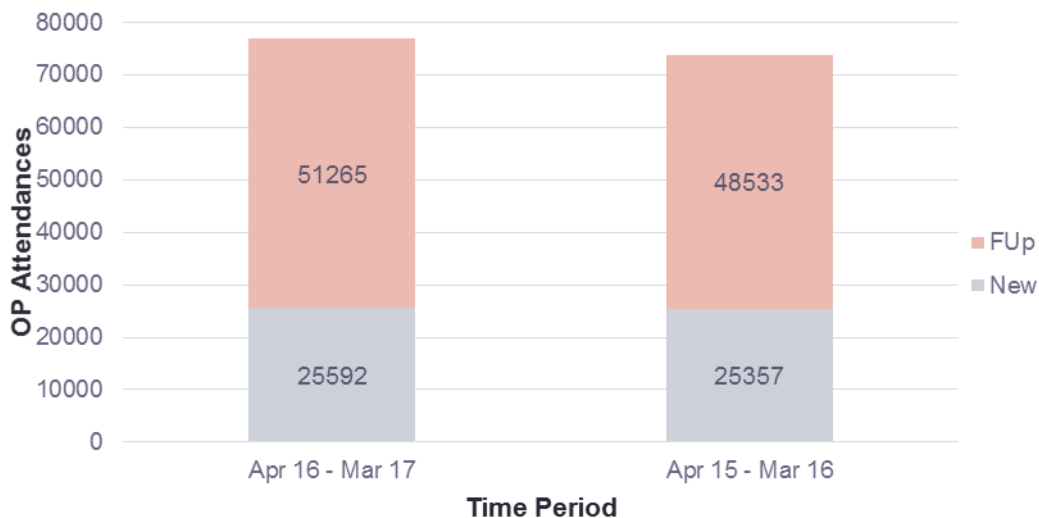
Specialty Description	New	FUp	Total
Ophthalmology	1195	2395	3590
Orthopaedics	1695	3446	5161
ENT	763	1434	2197
Urology	624	1207	1831
Dermatology	579	1201	1780
Cardiology	567	1158	1725
Community Paediatrics	438	886	1324
Physiotherapy	465	826	1291
General Surgery	463	809	1272
Gynaecology	418	835	1253
Obstetrics	368	760	1128
Paediatrics	334	672	1006
Clinical Haematology	326	640	966
Pain Management	323	643	966
Breast Surgery	321	613	934
Audiology	261	647	908
Rheumatology	247	559	806
Occupational Therapy	264	510	774
Gastroenterology	222	406	628
Respiratory Medicine	196	411	607
Total	10069	20058	30147

Outpatients

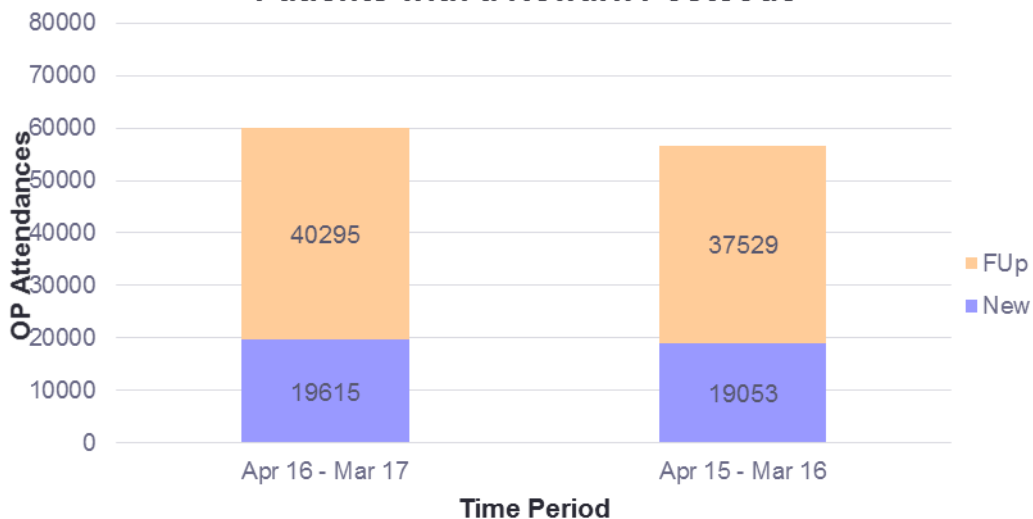
Newark Hospital - Outpatient Attendances – One Year Comparison

- In order to directly compare any change in activity for Newark Hospital, a years period (1st April 2016 – 31st March 2017) was compared to the same period in the previous year.
- There were 76,857 Outpatient attendances between 1st April 2016 – 31st March 2017 and 73,890 Outpatient attendances during the same time period in the previous year, a rise of 4.01%.
- For patients with a Newark Postcode, there were 59,910 Outpatient Attendances between 1st April 2016 – 31st March 2017 and 56,582 Outpatient attendances during the same time period in the previous year, a rise of 5.88%.

Outpatient Attendance to Newark Hospital



Outpatient Attendance to Newark Hospital - Patients with a Newark Postcode



Outpatients

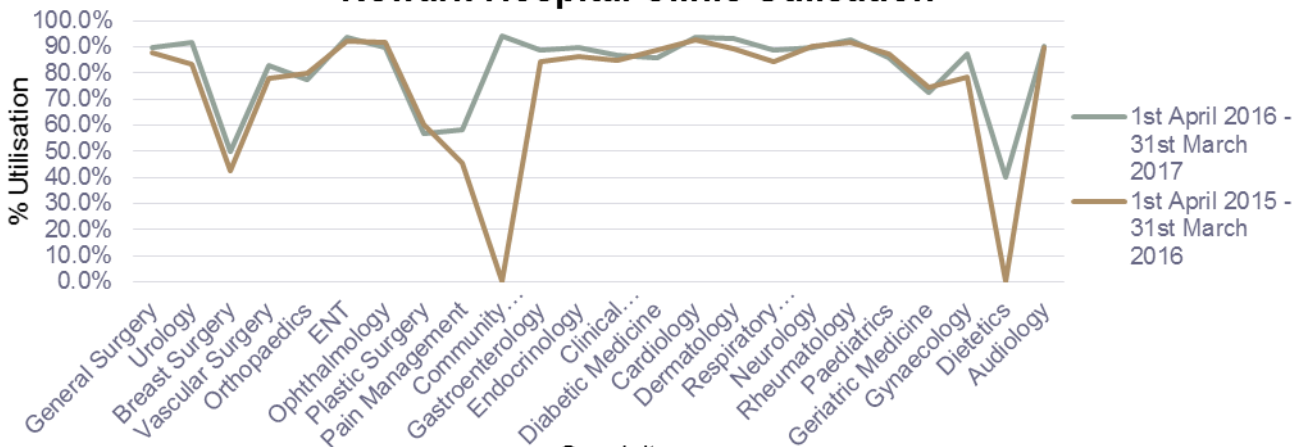
Newark Hospital - Outpatient Utilisation – One Year Comparison

- Clinic utilisation calculated by comparing maximum slots with booked slots at Newark Hospital. Overall utilisation marginally improved by 0.9% in the 2016/17 period compared to 2015/16. Most specialties show improvements.

Newark Hospital Outpatient Utilisation - One Year Comparison

Specialty	1st April 2016 - 31st March 2017	1st April 2015 - 31st March 2016	% Difference
General Surgery	89.6%	87.5%	2.1%
Urology	91.9%	83.3%	8.6%
Breast Surgery	50.0%	42.3%	7.7%
Vascular Surgery	83.0%	78.0%	5.0%
Orthopaedics	77.6%	79.7%	-2.1%
ENT	93.9%	92.1%	1.8%
Ophthalmology	89.9%	91.8%	-1.8%
Plastic Surgery	56.9%	60.2%	-3.2%
Pain Management	58.2%	45.4%	12.8%
Community Paediatrics	94.3%	-	-
Gastroenterology	88.7%	84.2%	4.4%
Endocrinology	89.5%	86.5%	3.0%
Clinical Haematology	86.8%	84.8%	2.0%
Diabetic Medicine	85.9%	88.7%	-2.9%
Cardiology	93.5%	92.5%	1.0%
Dermatology	93.0%	89.3%	3.8%
Respiratory Medicine	88.5%	84.3%	4.3%
Neurology	89.7%	90.1%	-0.3%
Rheumatology	92.8%	91.5%	1.2%
Paediatrics	85.7%	87.3%	-1.6%
Geriatric Medicine	72.7%	74.7%	-1.9%
Gynaecology	87.5%	78.6%	8.9%
Dietetics	40.2%	-	-
Audiology	90.2%	89.6%	0.6%
Total	86.8%	85.9%	0.9%

Newark Hospital Clinic Utilisation



Outpatients

Newark Patients - Outpatient New to Follow up ratio's

- Outpatient New to Follow up ratios exclude Fracture, Breast Surgery, Pre-Op and Community Paediatric clinics.
- Overall ratio for Outpatient attendances at Newark Hospital between 1st April 2016 – 31st March 2017 is 1.86 which has shown a slight increase (negative position) compared to same period in the previous year from at 1.83. Although some specialties have shown an improvement.

Newark Hospital Follow Up Ratios

excludes pre-op, Fracture, Breast Surgery, Community Paediatric clinics

Source: Medway

Period: 1st April 2016 - 31st March 2017

Specialty	New	FUp	Ratio
Accident & Emergency	725	53	0.07
Acute Physician Internal Medicine	17	14	0.82
Audiology	1654	3970	2.40
Cardiology	1969	1513	0.77
Clinical Haematology	165	584	3.54
Dermatology	1385	1703	1.23
Diabetic Medicine	65	313	4.82
Dietetics	37	2	0.05
Endocrinology	216	460	2.13
ENT	1095	1771	1.62
Gastroenterology	1015	1442	1.42
General Surgery	1417	887	0.63
Geriatric Medicine	204	715	3.50
Gynaecology	949	646	0.68
Midwifery Services	183	607	3.32
Neurology	392	475	1.21
Obstetrics	476	831	1.75
Occupational Therapy	410	987	2.41
Ophthalmology	1597	6383	4.00
Orthopaedics	1964	2879	1.47
Orthotics	696	1198	1.72
Paediatrics	594	1201	2.02
Pain Management	177	465	2.63
Physiotherapy	4314	9475	2.20
Plastic Surgery	157	184	1.17
Podiatric Surgery	753	1834	2.44
Respiratory Medicine	1068	2714	2.54
Rheumatology	299	1662	5.56
Urology	838	1540	1.84
Vascular Surgery	227	117	0.52
Total	25058	46625	1.86

Period: 1st April 2015 - 31st March 2016

Specialty	New	FUp	Ratio
Accident & Emergency	787	55	0.07
Acute Physician Internal Medicine	-	-	
Audiology	1924	3357	1.74
Cardiology	1668	1258	0.75
Clinical Haematology	251	494	1.97
Dermatology	1261	1742	1.38
Diabetic Medicine	47	272	5.79
Dietetics	-	-	
Endocrinology	164	333	2.03
ENT	1183	1780	1.50
Gastroenterology	1014	1330	1.31
General Surgery	1206	718	0.60
Geriatric Medicine	232	775	3.34
Gynaecology	884	547	0.62
Midwifery Services	153	656	4.29
Neurology	778	751	0.97
Obstetrics	467	727	1.56
Occupational Therapy	404	873	2.16
Ophthalmology	1468	5493	3.74
Orthopaedics	1696	2552	1.50
Orthotics	587	1055	1.80
Paediatrics	566	1023	1.81
Pain Management	122	112	0.92
Physiotherapy	3926	10004	2.55
Plastic Surgery	113	152	1.35
Podiatric Surgery	805	1939	2.41
Respiratory Medicine	874	2411	2.76
Rheumatology	278	1585	5.70
Urology	750	1453	1.94
Vascular Surgery	207	163	0.79
Total	23815	43610	1.83

Outpatients - Radiology

Newark Patients – Radiology Attendances

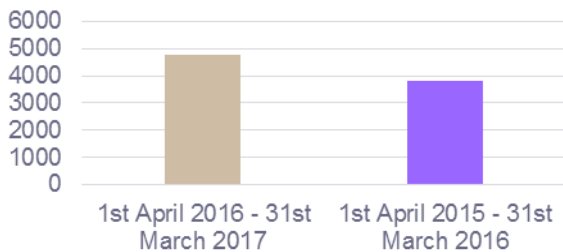
- Newark Hospital provided 35,010 Radiology attendances between 1st April 2016 – 31st March 2017 compared to 34,103 during the same period of the previous year, showing a rise of 2.66%.

Newark Radiology Attendances by Modality

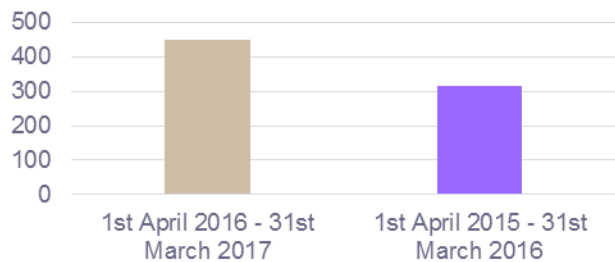
Source: CRIS

Modality	1st April 2016 - 31st March 2017	1st April 2015 - 31st March 2016
C - CT	4776	3812
F - Fluoroscopy	451	316
M - MRI	636	567
O - Obstetrics	2341	2459
R - Radiology	20965	21315
U - Ultrasound	5841	5634
Total	35010	34103

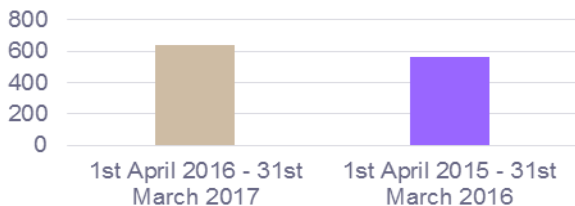
Newark Hospital - CT Attendances



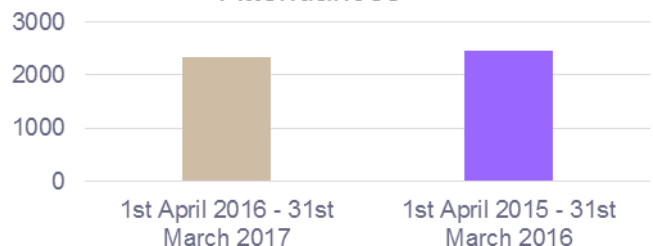
Newark Hospital -Flouroscopy Attendances



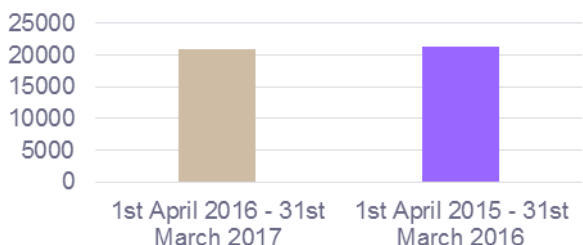
Newark Hospital - MRI Attendances



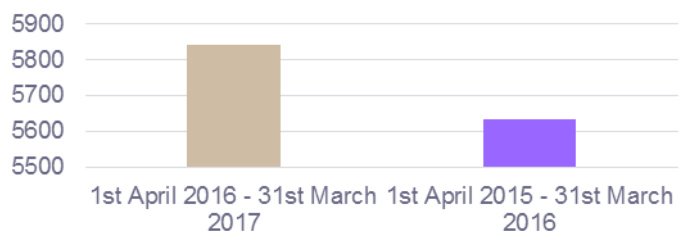
Newark Hospital - Obstetrics Attendances



Newark Hospital - Radiology Attendances



Newark Hospital - Ultrasound Attendances



Procedures

Newark Hospital – Procedures – One Year Comparison

- A total of 7,231 procedures were undertaken at Newark Hospital between 1st April 2016 – 31st March 2017 compared to 6,810 in the same period of the previous year, showing a rise of 6.18%. This figure includes elective, emergency, planned and maternity procedures.
- The greatest number of procedures were undertaken by Gastroenterology followed by Urology, Podiatric Surgery and Dermatology.

Newark Hospital Procedures		
Source: Medway		
Admission Specialty	1st April 16 - 31st March 17	1st April 15 - 31st March 16
Gastroenterology	1666	1586
Urology	877	810
Podiatry	816	855
Dermatology	699	691
Trauma & Orthopaedics	675	708
Ophthalmology	665	529
Gynaecology	479	514
General Surgery	435	529
Pain Management	250	126
General Medicine	186	167
Respiratory	173	129
Clinical Haematology	120	44
Plastic Surgery	94	74
Breast Surgery	30	12
Rheumatology	24	9
Rehabilitation	17	21
Vascular Surgery	14	
Geriatrics	7	4
Endocrinology	2	
Cardiology	1	
Diabetic Medicine	1	
Obstetrics		1
Paediatrics		1
Grand Total	7231	6810

Procedures

Newark Hospital – Procedures – Top 25 by Volume

- The top 20 procedures account for 62.6% of the volume of procedures work undertaken at Newark Hospital between 1st April 2016 – 31st March 2017.
- The three most common procedures remained the most common procedures in both time periods.

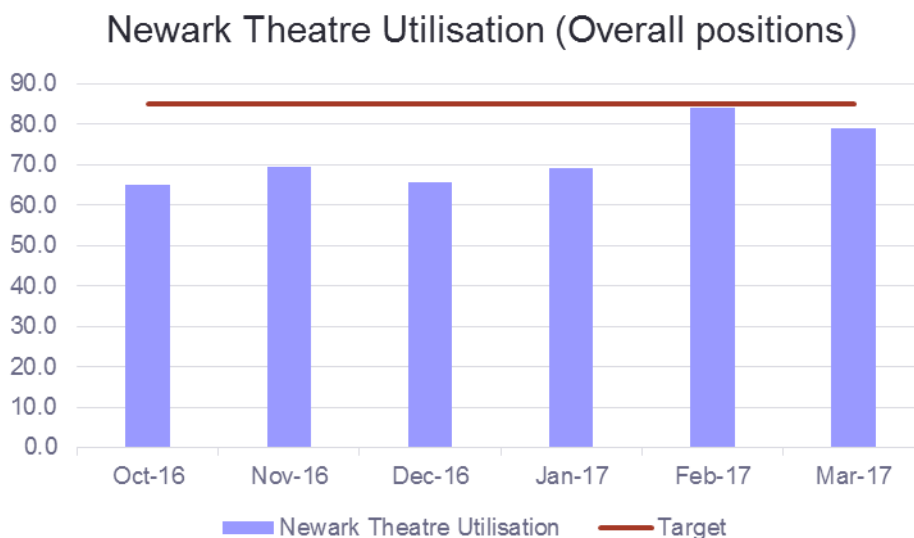
Top 20 Procedures by Volume at Newark Hospital from 1st April 2016 - 31st March 2017

Primary Procedure Description	Number
INSERTION OF PROSTHETIC REPLACEMENT FOR LENS NEC	611
DIAGNOSTIC ENDOSCOPIC EXAMINATION OF BLADDER UNSPECIFIED	591
FIBREOPTIC ENDOSCOPIC EXAMINATION OF UPPER GASTROINTESTINAL	554
INJECTION OF THERAPEUTIC SUBSTANCE INTO JOINT	450
DIAGNOSTIC FIBREOPTIC ENDOSCOPIC EXAMINATION OF COLON AND BI	244
DIAGNOSTIC ENDOSCOPIC EXAMINATION OF COLON UNSPECIFIED	238
DIAGNOSTIC FIBREOPTIC ENDOSCOPIC EXAM/UPPER GASTROINTE UNSPECIFIED	211
OTHER EXCISION OF LESION OF SKIN UNSPECIFIED	177
DIAG.ENDO.EXAM/LOWER BOWEL USING FIBREOPTIC SIGMOIDOSCO UNSPECIFIED	172
THERAPEUTIC SACRAL EPIDURAL INJECTION	151
PRIMARY REPAIR/INGUINAL HERNIA USING INSERT/PROSTHETIC MATER	150
FIBREOPTIC ENDOSCOPIC SNARE RESECTION OF LESION OF COLON	135
EXCISION OF LESION OF SKIN OF HEAD OR NECK NEC	126
POLYSOMNOGRAPHY	119
DIAGNOSTIC ENDOSCOPIC EXAMINATION OF UTERUS AND BIOPSY OF LE	114
CARPAL TUNNEL RELEASE	109
CHEMICAL DESTRUCTION OF NAIL BED	109
INJECTION AROUND SPINAL FACET OF SPINE	96
CYTOKINE INHIBITOR DRUGS BAND 1	87
INJECTION OF THERAPEUTIC SUBSTANCE AROUND PERIPHERAL NERVE	86
Total Top 20 Procedures	4530

Theatre Utilisation

Newark Hospital – Theatre Utilisation

- Theatre utilisation is calculated from time patients starts anaesthetic to time patient is handed over in recovery / available session time.
- Excludes emergencies/Trauma unless they take place in an elective theatre and impact that theatres utilisation.
- Baseline 6 Months utilisation October 2016 – March 2017
- Overall utilisation shows an increase of 13.9% from October's 65.1% utilisation to March's 79.0% Utilisation varying across specialties.



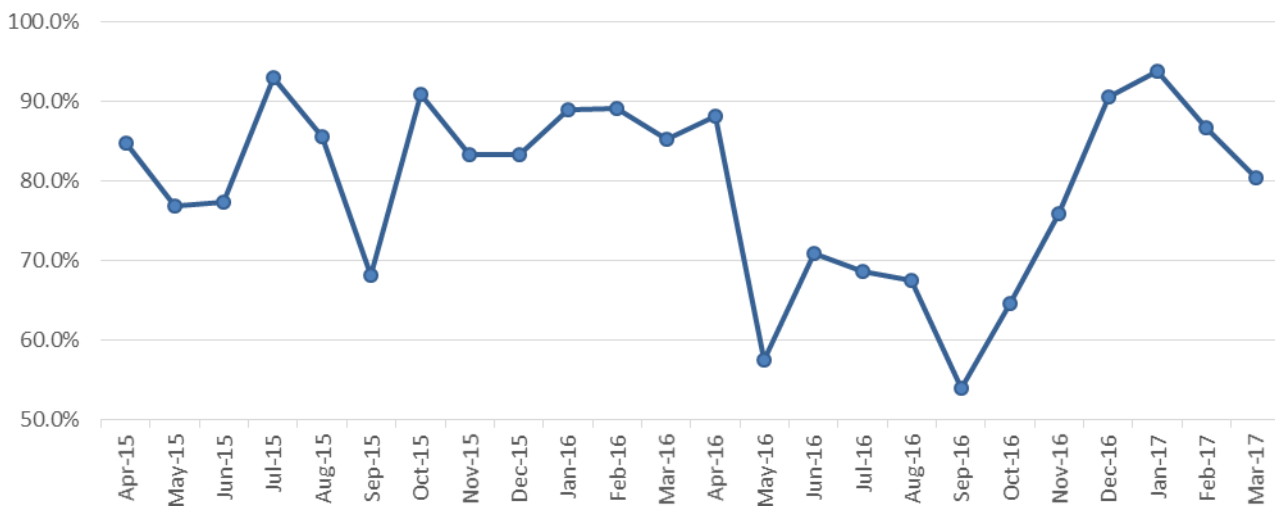
Specialty Utilisation Breakdown						
Month	General Surgery	Urology	Breast Surgery	T&O	Ophthalmology	Podiatry
Oct-16	73.3	72.1	-	75.8	81.9	63.0
Nov-16	94.5	73.3	47.4	75.7	88.6	59.7
Dec-16	92.3	87.5	39.5	75.3	84.5	61.7
Jan-17	82.4	71.3	-	68.5	75.1	70.4
Feb-17	81.8	81.9	70.2	90.7	98.2	73.4
Mar-17	84.9	38.3	49.5	94.7	75.9	67.2

Bed Occupancy

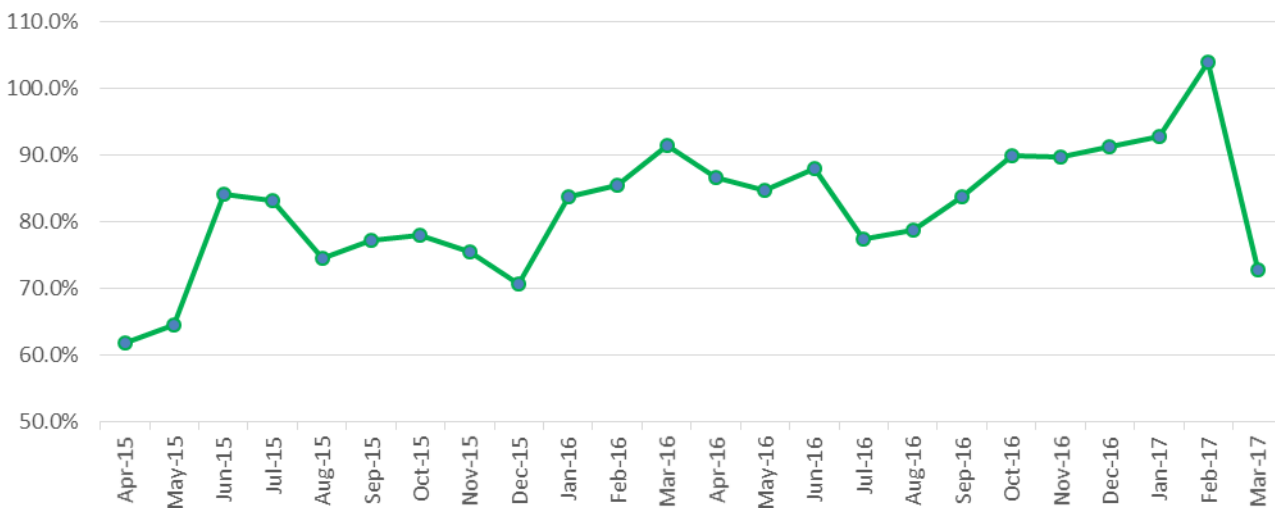
Newark Hospital – Bed Occupancy

- Sconce Bed occupancy is based on 35 available beds up to May 15 and 24 available beds from June 15 onwards. Fernwood is based on 12 available beds.
- Average Bed occupancy rate for Fernwood was 74.8% between 1st April 2016 – 31st March 2017 showing a decrease from 83.9% for the same period of the previous year.
- Average Bed occupancy rate for Sconce was 86.6% between 1st April 2016 - 31st March 2017 showing an increase from 76.4% for the same period of the previous year.

Fernwood Bed Occupancy rates



Sconce Bed Occupancy rates

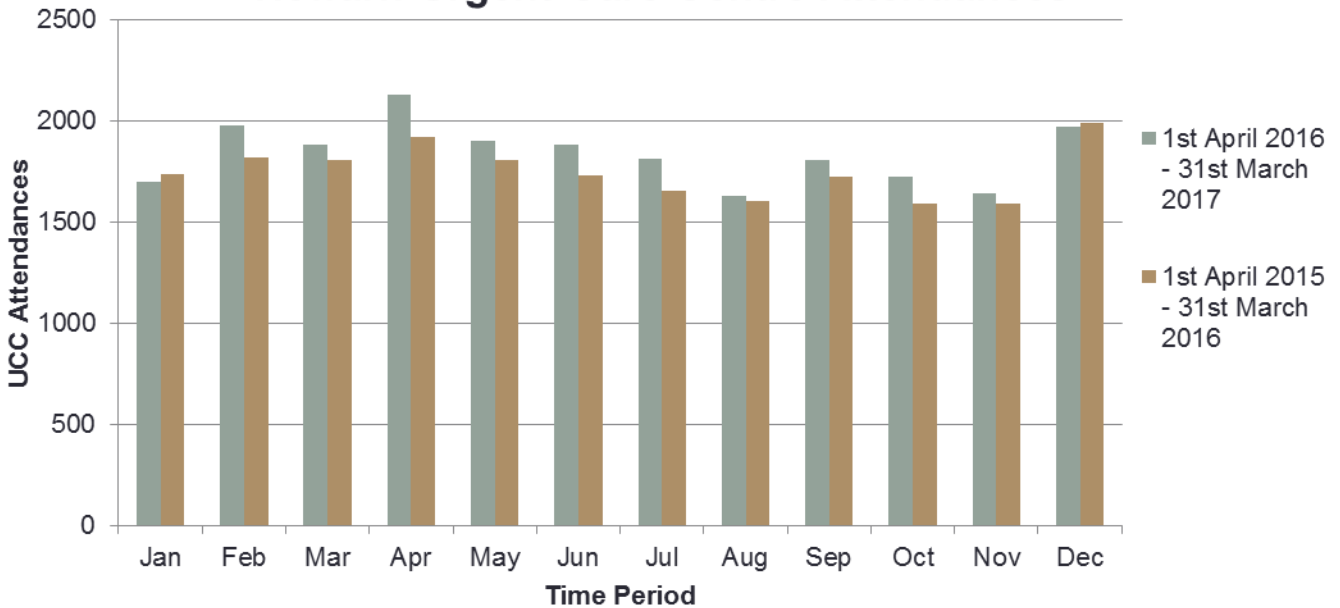


Newark Urgent Care Centre

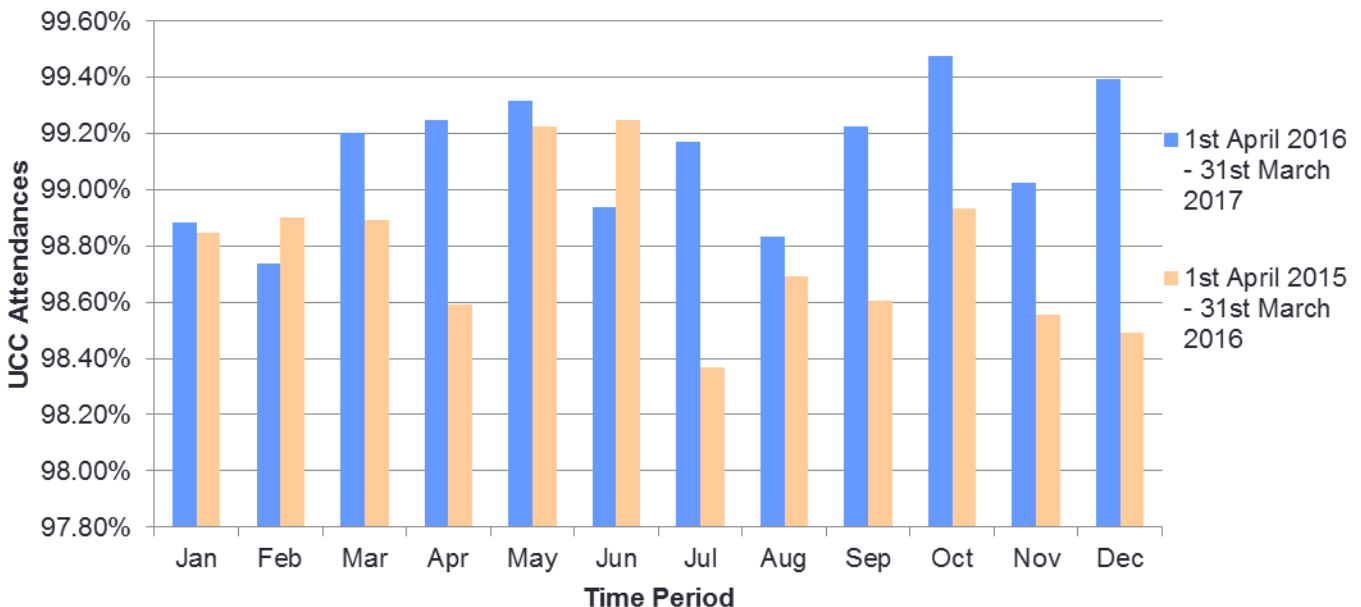
Newark Urgent Care Centre – Attendances

- There were 22,054 attendances at Newark Urgent Care Centre between 1st April 2016 – 31st March 2017 compared to 20,972 attendances in the same period in 2015/16, a rise of 1,082 attendances equivalent to 5.16%. All months apart from April and December recorded a rise in attendances compared to the previous years period.
- Despite the rise in attendances the % of patients seen within the 4 Hour target was higher in 2016/17 at 99.12% increasing from 98.78% in 2015/16.

Newark Urgent Care Centre Attendances



Newark Urgent Care Centre 4 Hour Target



Newark Urgent Care Centre

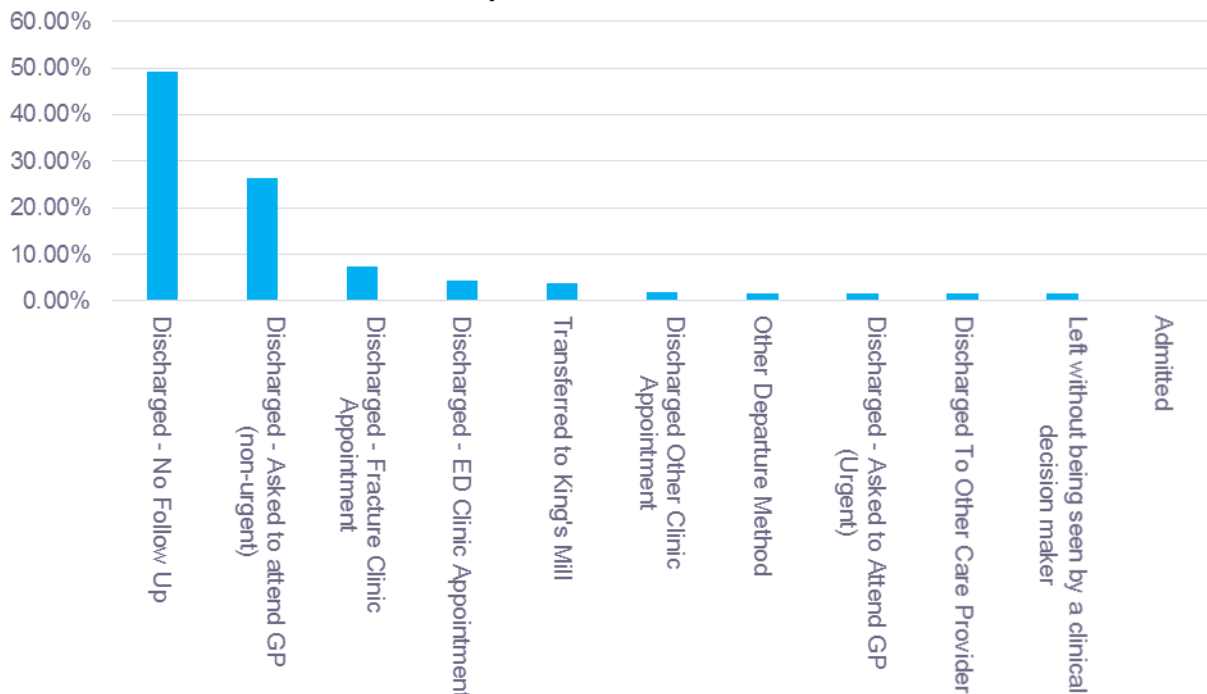
Newark Urgent Care Centre – Departure Method

- The vast majority of patients attending Newark Urgent Care Centre between 1st April 2016 – 31st March 2017 were discharged.
- However, 818 patients were transferred to King’s Mill Hospital (3.71%) and 34 patients (0.15%) were admitted to either King’s Mill or Newark Hospital wards.
- The transfers to King’s Mill have decreased by 34 patient from the previous year and the number of patients admitted decreased by 20.

Newark Urgent Care Centre Departure Method Split 1st April 2016 – 31st March 2017

Departure Method	%
Discharged - No Follow Up	49.21%
Discharged - Asked to attend GP (non-urgent)	26.26%
Discharged - Fracture Clinic Appointment	7.52%
Discharged - ED Clinic Appointment	4.53%
Transferred to King's Mill	3.71%
Discharged Other Clinic Appointment	1.89%
Other Departure Method	1.77%
Discharged - Asked to Attend GP (Urgent)	1.70%
Discharged To Other Care Provider	1.69%
Left without being seen by a clinical decision maker	1.56%
Admitted	0.15%

**Urgent Care Centre Departure Method Split
1st April 2016 - 31st March 2017**



Newark Market Share

Newark Outpatient Market share – based on top 4 CCG's

- Outpatient (New appointments) Market share taken from HED based on Newark's top 4 referring CCG's.
- Newark Hospital has seen a marginal increase 16/17 compared to 15/16 in outpatient market share from Newark & Sherwood CCG, whilst reducing market share for the other three CCGs.
- Newark & Sherwood has been broken down further to show which Trusts are providing new attendances in 16/17 by Market share %.
- Further work is planned to identify opportunities within market share for Elective surgical Day Case procedures.

Newark Hospital New Outpatient Market Share

Source: HED

CCG	% Market Share	
	2016/17	2015/16
02Q - NHS BASSETLAW CCG	0.37%	0.41%
04D - NHS LINCOLNSHIRE WEST CCG	2.24%	2.47%
04H - NHS NEWARK & SHERWOOD CCG	29.66%	29.46%
04Q - NHS SOUTH WEST LINCOLNSHIRE CCG	1.40%	1.74%

04H - Newark & Sherwood CCG Market Share breakdown 16/17

Source: HED

Treatment Provider	% Market Share
RK5BC - KING'S MILL HOSPITAL	36.82%
RK5HP - NEWARK HOSPITAL	29.66%
RX1RA - NOTTINGHAM UNIVERSITY NHS TRUST - QUEEN'S MEDICAL CENTRE CAMPUS	10.96%
RX1CC - NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST - CITY CAMPUS	4.57%
RWDDA - LINCOLN COUNTY HOSPITAL	3.04%
RK5BL - MANSFIELD COMMUNITY HOSPITAL	2.21%
RP5BA - BASSETLAW HOSPITAL	2.11%
NV313 - CIRCLE - NOTTINGHAM NHS TREATMENT CENTRE	1.86%
RWDLP - GRANTHAM & DISTRICT HOSPITAL	1.32%
NT427 - BMI - THE PARK HOSPITAL	1.08%
ALL OTHERS (combined all Trusts below 1%)	6.37%