

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	KPI's - Trajectory				MILESTONES					RAG	RISKS	COMMENTS Updated January 2019
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20			
1	Continue to play a leading role in the Integrated Care System for Nottinghamshire, and the Better Together programme in Mid-Nottinghamshire as its local delivery vehicle and developing Integrated Care Partnership.														
1A	Deliver the SFH components of the Urgent Care delivery programme in conjunction with Better Together Alliance partners	Denise Smith, Deputy COO	Reductions in demand for urgent and emergency care, improvements in flow through emergency care pathways and earlier more effective discharge from hospital. Cost reductions from optimising urgent care services.	95%ED	95%ED	95%ED	95%ED	*	*	*	*	*		Demand management components of the 2018/19 delivery plan are failing , with emergency admissions 10% above plan throughout 2018/19 to date.	Despite higher levels of demand, mitigating actions including effective streaming to PC24, the enhanced use of Ambulatory Emergency Care Unit, and enhanced discharges are meaning that performance against the 95% standard is being maintained at satisfactory levels. Stemming the growth in demand will remain a focus for urgent and emergency care transformation work.
1B	Deliver the SFH components of the Elective Care delivery programme in conjunction with Better Together Alliance partners	Helen Hendley, Deputy COO	Resilient service provision for elective care, with optimised patient pathways and reduced cost base.	RTT and cancer access stds	RTT and cancer access stds	RTT and cancer access stds	RTT and cancer access stds	*	*	*	*	*		Variable referral volumes, complex pathways and workforce issues, together with interactions with tertiary providers, particularly on the cancer pathways.	RTT 92% 18 week incomplete standard is not currently being met, and the volume of patients in the system mean it is difficult to recover. Cancer standards performance is strong and should be sustained. There is progress being made on elective care transformation in some specialties, but overall QIPP programme projected to underdeliver against original and revised targets. Planned care transformation will remain a focus for 2019/20 and beyond, with a particular emphasis on the delivery model for outpatients.
1C	Deliver the SFH components of the Proactive care and long term conditions delivery programme in conjunction with Better Together Alliance partners	Peter Wozencroft, DSPCD	More effective care for people at risk of health crises, and /or living with a long term condition.	Healthy life expectancy	Healthy life expectancy	Healthy life expectancy	Healthy life expectancy	*	*	*	*	*		Failure to deliver will lead to long term sustained demand for hospital services and poor health and wellbeing outcomes for citizens.	In the context of ICS and ICP discussions, there is a growing focus on population health management, the maintenance of health and wellbeing and prevention of illness and disability. Objectives set for 2018/19 have largely been met and QIPP targets have been delivered, but the scale of ambition has been limited and the focus will be increased in 2019/20.
1D	Deliver the SFH components of the Staying Independent and Healthy Living delivery programme in conjunction with Better Together Alliance partners	Suzanne Banks, Chief Nurse	Plans for the maintenance of long term health and wellbeing in our communities.	Healthy life expectancy	Healthy life expectancy	Healthy life expectancy	Healthy life expectancy	*	*	*	*	*		Failure to deliver will lead to long term sustained demand for hospital services and poor health and wellbeing outcomes for citizens.	Specific system targets in this area were limited in 2018/19, but SFH has been proactive in this area, most notably in the work that the Chief Nurse has led in providing care and support to homeless people in our local communities. We have also strengthened our focus on smoking cessation and addressing the misuse of alcohol as key components of preventative activity for mid-Notts.
2	Implement the Newark Strategy.			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20			
2A	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	Ant Rosevear (Assistant COO, Newark Hospital)	Development of the clinical workforce, improved capacity and capability, matching of skill mix to care needs and settings.	Safe and timely care	Safe and timely care	Safe and timely care	Safe and timely care			*	*			Model of service fails to meet the needs of local communities in Newark and district. Transition to Urgent Treatment Centre model destabilises current UCC model.	Whilst the stated aim of the mid-Notts CCGs remains to commission a primary care led Urgent Treatment Centre model before the end of the 2019 calendar year, no progress has been made in implementing this model in 2018/19 to date. The CCGs intend to coordinate a Nottinghamshire-wide procurement for out of hours primary care services and to link the provision of primary care input into the UTC model into the specification, but a timeframe for this has yet to be finalised.
2B	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	Ant Rosevear (Assistant COO, Newark Hospital)	Maximisation of bed utilisation, supporting system flow and aligning to emerging acute hospital and community models of care; meeting patient needs and expectations; providing highly effective and safe care to facilitate discharge home	ALOS and timely discharge	ALOS and timely discharge	ALOS and timely discharge	ALOS and timely discharge			*	*			Fragmented patient pathways lead to poor experience and outcomes.	SFH continues to work with Alliance partners to optimise patient pathways through urgent and emergency care, to ensure that beds at Newark are utilised to best effect.

2C	To maximise the utilisation of elective care facilities at Newark, so that local people can access the broadest possible range of services, thus avoiding them travelling to other hospitals wherever possible	Ant Rosevear (Assistant COO, Newark Hospital)	Market share as evidence of increased and maintained access for N&S residents and those in surrounding communities; improved utilisation and reallocation of estate use to support extended range of services	Market share and utilisation efficiency measures	Market share and utilisation efficiency measures	Market share and utilisation efficiency measures	Market share and utilisation efficiency measures	*	*	*	*	*		People choosing to access care at other hospitals, and/or inability to access Newark will threaten viability. Poor utilisation of expensive assets makes service inefficient. Competition from other providers.	Planned care volumes have increased year on year during 2018/19 and market share from Lincolnshire has increased. Medical day case volumes have increased and the introduction of the one stop breast clinic will be a significant service enhancement for people in Newark and district. The SFH surgical division is drawing up proposals for significant variations to their proposed casemix of orthopaedic and general surgery work through the Newark theatres. A timeframe for this is currently being finalised.
3	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.			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20			
3A	Formulate a joint clinical services strategy between NUH and SFH.	Duncan Hanslow, ICS project director	Shared ownership of plans for integrated service provision across Nottinghamshire between clinical, divisional and executive teams in the two Trusts, and with wider ICS stakeholders.	N/A	N/A	N/A	N/A				*	*		Fragmented patient pathways lead to poor experience and outcomes. Poor utilisation of the acute estate consumes large capital and revenue resource to the detriment of system sustainability.	Links continue to be strengthened between the work of the Strategic Partnership Forum and the ICS Clinical Service Strategy workstream. This remains key to overall system sustainability and will continue into 2019/20. Strategic capital expenditure plans are also being aligned with this activity to increase the chances of the Nottinghamshire ICS attracting nationally allocated capital to resolve long-running estate issues.
3B	Develop a range of plans for collaborative working on clinical and non-clinical support services with NUH, other STP partners and select partners further afield.	ICS and SPF	More cost-effective and resilient provision of a range of services.	Cost reduction	Cost reduction	Cost reduction	Cost reduction				*	*		Fragmented service delivery for clinical and non-clinical support services threatens viability, and means that pressure increases on front line clinical services.	Pathology service collaboration between NUH and SFH is a continued focus of the SPF. Collaborative work on procurement is delivering cost reductions e.g. mobile devices and multi-function devices (printers). Collaboration on ICT services is picking up pace.