

Board of Directors Meeting

Report

Subject: Newark Strategy work streams update

Date: 30th January 2014

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Executive Summary

This paper was prepared to update the SFH Board and the CCG Governing Bodies on the progress with implementation of the Newark Strategy.

Recommendation

The Board is asked to note the contents of the report.

Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	The implementation of the Newark Strategy and determination of the services provided at Newark Hospital now and in the future are key objectives for the Trust.
Details of additional risks associated with this paper (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>)	N/A
Links to NHS Constitution	Intrinsically linked.
Financial Implications/Impact	To be determined as part of the overall financial plan for service provision.
Legal Implications/Impact	N/A
Partnership working & Public Engagement Implications/Impact	Public engagement is an ongoing feature of the Newark Strategy implementation.
Committees/groups where this item has been presented before	CCG Governing Bodies 8 th January 2014
Monitoring and Review	Future updates at key milestones

Is a QIA required/been completed? If yes provide brief details	No

Implementing the Vision and Strategic Direction for Newark Hospital:

Operational Plan

January 2014

- 1. The vision and strategic direction for Newark Hospital was published in October 2013, with operational planning detail to follow.**

Although there was general support for the Newark Hospital vision and strategic direction when it was published, some stakeholders and members of the public requested further detail about how the vision could become a reality. The CCG and trust pledged to develop an operational plan by the end of December 2013. This document sets out the operational plan and highlights key areas of importance.

- 2. Both the CCG and the trust have continued to express our commitment to Newark Hospital and a vision to enhance the services that it currently offers.**

The ambition is still to ensure that the hospital will be a centre of excellence for a broad range of diagnostic, rehabilitation and treatment services – including urgent and planned care. Most local people will be able to see their consultant locally and will be able to have rapid assessments and diagnosis through the Minor Injuries Unit or rapid access clinics (the same or next day). Increased numbers of non-complex surgical operations will be performed at the hospital. Newark Hospital will continue to provide inpatient beds and facilities.

Newark Hospital will also be an intersection where hospital and community services meet. GPs will work alongside hospital doctors and nurses in the Minor Injuries Unit during evenings, holidays and weekends. The community teams (including nurses, GPs, mental health workers, voluntary sector and social workers) will have a base at Newark Hospital so that new relationships can flourish in the interests of local people – services will be more flexible and joined up around the needs to individuals and their carers.

3. Work stream groups were established in order to develop the vision and strategic direction for Newark Hospital.

Group membership included a range of clinicians, stakeholder representatives, trust governors, public members and officers. The scope of the groups was determined by areas of concern that members of the public had raised. These included:

- Urgent care
- Elective care
- Transport
- Workforce
- Communications and engagement

When the vision document was published, it was agreed that the work streams should reconvene in order to develop implementation plans for the vision. Significant progress has been made within the groups, as shown within the operational plan. Some implementation decisions have been made, whilst others are still pending.

Key implementation decisions for each work stream are summarised for ease of reference:

Urgent care:

- Falls patients can be taken to Newark Hospital, where there is no clinical sign of fracture. Clinical criteria have been agreed.
- A clinical protocol to treat urinary retention at Newark Hospital has been developed.
- Admissions to the Fernwood Unit will be 24/7.
- The Newark Hospital end-of-life protocol will be re-launched and a longer-term strategy for end of life care across all settings will be developed by the end of March 2014.
- Detailed plans for GP out-of-hours integration with MIU will be developed by the end of March. An initial business case and assessment of feasibility has been undertaken, but further detail concerning the clinical model will be developed with local GPs.

Elective care:

- Decisions about the provision of complex surgery and the scope of surgical services at Newark Hospital have been deferred until the end of March 2014, at the request of the hospital trust. New national guidance on 7-day working will be reviewed and lessons from managing the winter pressures will have been learned.

Communications and engagement:

- There will be more emphasis on communicating more with GPs and promotional material in local magazines.

Workforce:

- Workforce recruitment, training and development requirements have been identified. A detailed plan will be drawn up by February 2014.

Transport:

- The transport service reviews are on track to be incorporated into 2014/15 commissioning contracts.

4. Recommendations:

- **The CCG Governing Body / Trust Board are asked to NOTE progress on the development of the operational plan.**
- **The CCG Governing Body / Trust Board are asked to ENDORSE the implementation decisions.**
- **The CCG Governing Body / Trust Board are asked to APPROVE the continued existence of the work stream groups and RECEIVE a further follow-up report in April 2014.**

Vision recommendation	Action	Comments	Completion date
<p>1. Newark Hospital should continue to provide sub-acute care based on existing ambulance diversions protocol.</p>	<p>Ambulance protocol has been reviewed. Definition of exclusion categories has been agreed by consultants and GPs. Sent to EMAS for review.</p> <p>The red phone will be used more by paramedics, who can ring MIU for advice if they think a patient may be eligible for treatment at Newark Hospital.</p>	<p>EMAS seeking views of consultant paramedics prior to re-launch of the protocol.</p>	<p>13.01.14</p>
<p>2. Refine ambulance protocol to include additional sub-acute presentations that could safely be treated at Newark Hospital as new information comes to light.</p>	<p>Criteria for treatment of falls at Newark Hospital agreed, including where there are no obvious signs of fracture.</p> <p>Dislocations cannot be treated at Newark Hospital as require attention of two qualified practitioners – one to manage dislocation, the other sedation. Apparent dislocations may also require joint surgery.</p> <p>Planned End of Life Care Pathway where patients have chosen to die at home but subsequently elect admission via their GP can be admitted 24/7. Re-iterate that Out of Hours/EMAS can liaise directly with Newark Hospital.</p> <p>Admission for imminent end of life care does not replace acute, palliative or hospice care. Those with additional acute presentations could not be admitted to Newark Hospital e.g. renal failure and heart attacks. Review of patients being transferred out of Newark during end of life care for acute presentations to be actioned.</p> <p>Longer term End of Life Care Pathway to be reviewed at summit on 29.01.2014.</p>	<p>End of Life workshop 29.01.14. Importance of good communication and understanding within health and social care settings and also understanding and support for patients and their families and carers on the type of</p>	<p>13.01.14</p> <p>Commissioning strategy by 31.3.14</p>

Vision recommendation	Action	Comments	Completion date
<p>3. Develop ambulatory care (rapid assessment for patients who are able to walk in) services at Newark Hospital in line with learning from Kings Mill Hospital developments.</p>	<p>NB link with Newark Strategy Elective Care Work Stream.</p> <p>Confirmed – initial fitting of acute retention catheters could be undertaken at Newark Hospital. Would need to have bloods and blood pressure checked. Follow-up arrangements to be made at time of insertion for trial removal of catheter and urology follow-up.</p> <p>Re-catheterisation and blocked catheters should be undertaken in the community. Improved patient education and district nurse intervention.</p> <p>General review of ambulatory activity at Kings Mill Hospital.</p> <p>Numbers of patients who may benefit at Newark appeared low, but further review is needed to ascertain whether Newark patients are admitted to Kings Mill Hospital to reduce the need to travel rather than receive ambulatory care at Kings Mill Hospital.</p> <p>Agreed management of intravenous antibiotics needs to be condition and individual specific but, where appropriate, subsequent administration of intravenous antibiotics instigated at Kings Mill could be managed at Newark Hospital.</p> <p>Some Rheumatology services were already available at Newark Hospital.</p> <p>Need to engage with local GPs to promote inform and promote services available at Newark Hospital noted.</p>	<p>care available.</p> <p>Review findings to be presented at follow-up meeting in March 2014.</p> <p>Link with communications and engagement work stream.</p>	<p>13.01.14</p>
<p>4. Stroke and heart attack protocols should remain as they currently are. Outcomes</p>	<p>Monitor outcomes to ensure that mortality and morbidity from these conditions continues to improve.</p>		<p>On-going as part of quality monitoring processes.</p>

Vision recommendation	Action	Comments	Completion date
will be monitored to ensure that mortality and morbidity from these conditions continues to improve			
5. Sub-acute medical admissions to Newark Hospital will continue until 7pm	Sub-acute medical admissions until 7pm already in place.		
6. GP out of Hours services should be integrated with MIU (6 -12pm, bank holidays). Clear plans should be in place by the end of December	Proposal of single front door with triage. Integration of MIU and Out of Hours provision at Newark Hospital. Primary Care Challenge Fund Bid submitted to NHS England Area Team on 16 December 2013. Response awaited. Integration of the GP Out of Hours service and MIU may require some building work and integration of systems.	Pump priming funding to be sought through national Challenge Fund process. If unsuccessful, this will be incorporated into CCG 2014/15 contract negotiation.	31.3.14
7. Potential GP Out-of Hours walk-in facilities will be explored at Newark Hospital, in line with PC24 at King's Mill Hospital. This should be determined by the end of December.	As above.	Further GP engagement is underway to determine delivery model. This will be a central part of the CCG primary care strategy, currently under development (first draft by the end of February).	31.3.14
8. The Fernwood Evaluation Group should consider the feasibility of extending GP admissions to cover the weekends as well. This will	Protocols for Out of hours admissions to the Fernwood Community Unit 'step up and step down beds had been agreed, including arrangements for medication submission of an FP10 for any missing or new drugs to be prescribed. For step down patients, admission patients will transfer with	24/7 admissions to Fernwood can be implemented once all clinicians are aware of this extended service.	31.1.14

Vision recommendation	Action	Comments	Completion date
<p>need further consultation with the GP OoH provider. If no operational or safety issues emerge then this extended service should be operational by the beginning of 2014.</p>	<p>hospital drug card and medication and from other acute setting discharge medications and discharge letter. Nurse will ask the out-of-hours GP to prescribe medications.</p>		
<p>ELECTIVE CARE</p>	<p>Decisions will be deferred until March 2014, once the new national guidance on 7-day working in hospital has been reviewed</p>		
<p>1. Develop Newark Hospital and supporting community facilities into high quality local diagnostic assessment and outpatient unit allowing the people of Newark and Sherwood to avoid travelling for these procedures</p>	<p><i>Attendance, admission and utilisation data under view. Meetings on-going between the trust and CCG.</i></p> <p><i>Review of top 20 HRG procedures delivered at Newark Hospital, to check whether local GP practices are referring into Newark Hospital or out of area.</i></p> <p><i>Audit to ascertain how many patients in the Sherwood locality choose to go to Kings Mill Hospital in preference to Newark Hospital.</i></p> <p><i>Review suggestion that Newark Hospital could also become place of choice for patients living in Mansfield and Ashfield are requiring one of the top 2 HRG procedures offered at Newark Hospital.</i></p> <p><i>Review top 10 HRG procedures accessed by Newark residents out of area to see whether these could be provided at Newark Hospital.</i></p>	<p><i>Date review on-going.</i></p> <p><i>Analysis to be presented to next meeting.</i></p> <p><i>Analysis to be represented to next meeting.</i></p> <p><i>To be considered as part of utilisation review.</i></p> <p><i>To be considered as part of utilisation review.</i></p>	<p>31.3.14</p>
<p>2. Deliver as much non-complex surgery and medical treatment (such as day case surgery) as possible on site. Procedures of either a</p>	<p><i>Utilise capacity for minor operation procedures to ensure best use of space.</i></p> <p><i>Option to consider extended opening hours and weekend working.</i></p> <p><i>Essential that the trust builds relationships with local GPs to publicise services available at Newark Hospital as part of the</i></p>	<p><i>To be considered as part of utilisation review.</i></p> <p><i>To be considered as part of utilisation review.</i></p>	<p>31.3.14</p>

Vision recommendation	Action	Comments	Completion date
<p>certain level of complexity or degree of specialisation (i.e. very rare) would then be referred to a main centre</p>	<p><i>communications and engagement strategy.</i> <i>Option to increase range of services, especially medical day cases, Isloprost, epidurals, joint injections, pain management, IRN treatments and blood transfusions.</i> <i>Staff at NH invited to contribute service ideas.</i></p>	<p><i>Cross reference communications and engagement plan.</i></p> <p><i>Link to utilisation review.</i></p> <p><i>Cross reference Urgent Care work stream also reviewing options for increased ambulatory care including Isloprost and rheumatology, acute retention clinics, IV antibiotics and also end of life care.</i></p>	
<p>COMMUNICATIONS AND ENGAGEMENT</p>			
<p>1. Promote Newark Hospital at local events (e.g. Southwell Show) and through local groups (i.e. patient participation groups, Trust members)</p>	<p>Communications and engagement plan is under development. Key stakeholders to be identified. Local events to be timetabled in.</p>	<p>Awaiting agreement on action plan to inform detail. Work on communications and engagement plan, briefing sheet and ‘action plan’ Press release on-going.</p>	<p>31.3.14</p>
<p>2. The Trust and CCG should jointly provide consistent information and messages to the public using a variety of methods. (e.g. websites, Facebook and Twitter)</p>	<p>Agreed approach through communications and engagement plan. Support by regular updates and sense checks.</p>		<p>31.3.14</p>

Vision recommendation	Action	Comments	Completion date
3. Proactively release positive stories to reduce negative speculation	Agreed approach through communications and engagement plan. Briefing sheet on progress to date based on action plan/ Press release to support presentation of action plan to Governing Body.		31.3.14
4. Use trusted sources to communicate (e.g. hospital staff, mail drops, village magazines, The Voice)	Briefing sheet on progress to date based on action plan to be made available to staff and local health/public venues. Article to be developed for The Voice Spring 2013. Village magazines to be identified in stakeholder mapping.		31.3.14
5. Ensure staff are well informed and can act as ambassadors for the hospital	As above briefing sheet can be used in staff updates/teams meetings. Staff to be encouraged to share information with service users and public. Ensure EMAS Links to trust and CCG websites.		31.3.14
6. Hold regular open days	Included in communications and engagement plan.		31.3.14
7. Ensure on-going and honest dialogue with local communities through a variety of methods and groups	Included in communications and engagement plan.		31.3.14
8. Provide regular information to GPs so that they are aware of the services at Newark Hospital	Briefing sheet and directory of services to be made available. E-versions to be made available on Websites. Links through Practice Learning Time/Practice Managers and other networks.		31.3.14
9. Ensure information about Newark Hospital is available in GP surgeries	Briefing sheet and directory of services to be made available. E-versions to be made available on Websites. Links through Practice Learning Time.		31.3.14
10. Maintain and publicise	Directory of services – e versions. Link to 111 and relevant		31.3.14

Vision recommendation	Action	Comments	Completion date
directory of services	protocols including EMAS and Out of Hours. Link to Better+Together directory of services		
WORKFORCE, TRAINING AND DEVELOPMENT			
1. Create a sustained publicity campaign to help change the perception of Newark Hospital (to develop a comprehensive marketing strategy for Newark Hospital)	Create a sustained publicity campaign to help change the perception of Newark Hospital, including the substantial PFI investment in the hospital's facilities Develop simple and clear messages of re-assurance regarding the current and future position of Newark Hospital to both staff and the local population. Celebrate the success stories of Newark Hospital e.g. Fernwood Unit, Cardio Respiratory Develop a unique selling point for Newark hospital that can be used to market services and support recruitment campaigns Raise awareness of local GP population and internal consultants as to the services Newark Hospital is able to provide.	Awaiting agreement on action plan to inform detail. Cross reference with Communications and Engagement Work stream.	01.02.14
2. Develop a targeted and specific approach to the recruitment of staff at Newark Hospital	Identify ways to sell Newark Hospital as an attractive place to work Explore the development of recruitment package to attract medical staff to work at Newark Hospital to include life style change, work balance and study leave opportunities Improve HR recruitment process to allow for easier recruitment of staff	Awaiting agreement on action plan to inform detail. Recruitment and selection packages being reviewed.	01.02.14.

Vision recommendation	Action	Comments	Completion date
<p>3. Improve working environment at Newark Hospital</p>	<p>Work with key senior staff in identifying areas within Newark Hospital that require improvement in working conditions such as the canteen, patient admin and case note storage. Explore ways in improving the health and wellbeing of staff working at Newark Hospital.</p>	<p>Some work has already commenced on developing the case notes store and out of hours accommodation. Provision of health and wellbeing events at Newark Hospital are incorporated into the Health and Wellbeing Strategy.</p>	<p>01.02.14.</p>
<p>4. Introduce career pathway and succession planning development (Explore the development of creating extended roles between hospitals)/ Develop more effective workforce planning approaches to meet the needs of Newark Hospital.</p>	<p>Map out possible career pathways for different roles at Newark Hospital. Promote Newark as an exciting opportunity to receive solid career grounding experience using success stories. Train managers effectively in sign posting staff in their career development in order to support succession planning and talent management opportunities. Ensure that succession planning requirements are captured within the Trust's Workforce Plan. Develop work shadowing opportunities in other departments within the Trust and externally to support succession planning and career development and a selling point for recruiting new staff. Explore the possibility for rotating medical, nursing and AHP staff between Newark Hospital and Kings Mill Hospital e.g. ECPs being based at MIU. Consideration of developing extended roles as part of the Trust's workforce plan.</p>	<p>Awaiting agreement on action plan to inform detail. Some rotational work is currently being undertaken. Workforce planning commenced in December 2013. New appraisal training course will train managers to incorporate succession planning approaches into appraisal process.</p>	<p>01.02.14.</p>
<p>5. Improve the accessibility of Trust specialist training courses and launch of</p>	<p>Ensure the launching of new Trust wide clinical initiatives such as Care and Comfort rounds are held at Newark Hospital as well as Kings Mill Hospital to ensure accessibility and engagement of staff</p>	<p>Greater use of video conferencing technology will be used to support the launch of new nursing</p>	<p>01.02.14.</p>

Vision recommendation	Action	Comments	Completion date
<p>Trust wide initiatives and development opportunities</p>	<p>at Newark Hospital</p> <p>Review current provision of specialist clinical training courses to ensure that Newark Hospital can access this training and explore the use of video conferencing technology where appropriate.</p> <p>Ensure all ward leaders development days are video linked to Newark Hospital to allow relevant staff to participate in this activity</p> <p>Work with ward/departmental leaders in identifying barriers to the release of staff to attend training sessions.</p> <p>Explore the development of alternative ways of delivering certain types of training courses where appropriate e.g. e-learning.</p>	<p>initiatives.</p> <p>Mandatory training and other professional development courses have been planned for Newark.</p> <p>Video conferencing facilities have been booked to support this.</p> <p>On-going dialogue with ward/department leaders taking place in order to plan training provision.</p> <p>New e-learning mandatory training workbooks are being developed and will be launched in April 2014.</p>	
<p>6. Ensure that the current and future workforce is supported in their continuing professional development requirements</p>	<p>Develop more effective workforce planning and development approaches to reflect the needs of Newark Hospital</p> <p>Improve engagement from local universities to develop a better understanding of the current and future education needs of Newark Hospital</p>	<p>Awaiting agreement on action plan to inform detail.</p> <p>Workforce planning commenced December 2013.</p>	<p>01.02.14.</p>
<p>TRANSPORT</p>			
<p>1. Review hours of operation of Newark and Sherwood urgent care ambulance and consider whether capacity needs to be increased at peak times/overall operating hours need to change. The</p>	<p><i>Continued review of data for Newark and Sherwood urgent care ambulance and Emergency Care Practitioner vehicle. Linked with Urgent Care Work stream of ambulance protocol.</i></p>	<p><i>Link with Urgent Care work stream and ambulance protocol. Refined ambulance protocol now with EMAS for consideration. Still on target to inform 2014/15 commissioning intentions.</i></p>	<p><i>31.3.14</i></p>

Vision recommendation	Action	Comments	Completion date
<p>review should be completed by end of December and commissioned for 2013/14</p>			
<p>2. Monitor transfer rates out of Newark for acute care. Link with urgent care refinement of ambulance diversion protocol</p>	<p><i>Continued review of transfer rates out of Newark for acute care. Linked with Urgent Care Work stream of ambulance protocol and also Urgent Care work stream request for information on acute transfers out for 'palliative' care patients</i></p>	<p><i>Link with Urgent Care work stream and ambulance protocol. Refined ambulance protocol now with EMAS for consideration. Still on target to inform 2014/15 commissioning intentions.</i></p>	
<p>3. The pilot of community paramedic additional cover in rural areas should be supported and the impact of this scheme should be closely monitored</p>	<p><i>Development and support available for pilots. Activity and impact being monitored.</i></p>	<p><i>On-going.</i></p>	<p><i>01.02.14</i></p>
<p>4. Review the impact of sobering up schemes elsewhere in the country. This should be completed by the end of December in order to inform commissioning decisions for 2013/14</p>	<p><i>Detail and impact assessment awaited.</i></p>	<p><i>On target to inform 2014/15 commissioning intentions.</i></p>	<p><i>31.3.14</i></p>
<p>5. Ensure that ambulance</p>	<p><i>Development of local outcome based Key Performance Indicators</i></p>	<p><i>On-going. To be in place for</i></p>	<p><i>31.3.14</i></p>

Vision recommendation	Action	Comments	Completion date
response times are reported at CCG level.	<i>for Clinical Commissioning Group transport contracts.</i>	2014/15.	
6. Encourage good community first responder cover across the community	<i>Actioned.</i>	<i>On-going.</i>	<i>01.01.14</i>
7. Undertake further analysis of voluntary driver schemes and Non-Emergency Patient transport. This should be completed by the end of December 2013	<i>Development of local outcome based Key Performance Indicators for Clinical Commissioning Group transport contracts.</i>	<i>On-going.</i>	<i>31.3.14</i>
8. Investigate whether Out of Hours doctor vehicles could support non-emergency transport in hours. This should be completed by the end of December 2013.	<i>Investigation on-going.</i>	<i>On-going.</i>	<i>31.3.14</i>

Vision recommendation	Action	Comments	Completion date
<p>9. Influence the bus company to extend the 28 bus route to Newark Hospital and King’s Mill sites or to develop a shuttle service. The sustainability of such services would need to be taken into consideration.</p>	<p><i>To be actioned. Review of above awaited.</i></p>	<p><i>To be actioned.</i></p>	<p><i>31.3.14</i></p>