STRATEGIC PRIORITY 5  TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH AND PETER CARE SERVICES  EXECUTIVE LEAD  WOZENCROFT															
	PROGRAMME/ACTION	LEAD MANAGER	BENEFITS REALISATION MEASURES / KPIs	KPI's - Trajectory					MILESTONES					RISKS	COMMENTS
1	Continue to play a leading role in the Sustainability and Transformation Partnership (STP) and the developing Integrated Care System for Nottinghamshire, and the Better Together programme in Mid-Nottinghamshire as its local delivery vehicle and developing Integrated Care Partnership.			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20			
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 at end of Q1.	Despite higher levels of demand, mitigating actions including effective streaming to PC24, the Ambulatory Emergency Care Unit, and other internal process improvements are meaning that performance against the 95% standard is being maintained at present.
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 QJPP programme projected to deliver only 20% of target, therefore opportunities for substantial cost reduction are limited.
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	*	*	*	*	*		Failure to deliver will lead to long term sustained demand for hospital services and poor health and wellbeing outcomes for citizens.	Specific plans, milestones and financial benefits realisation plans are contained within the Better Together programme work plan for 2018-19. Plans are advancing satisfactorily in respect of diabetes care.
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	*	*	*	*	*		Failure to deliver will lead to long term sustained demand for hospital services and poor health and wellbeing outcomes for citizens.	Specific plans, milestones and financial benefits realisation plans are contained within the Better Together programme work plan for 2018-19.
2	Implement the Newark Strategy.			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20			
2A	To create a primary care led model for <b>urgent care</b> 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.	SFH continues to work on the UTC service model with NEMS and CCG, with a view to implementation during Q3.
2B	To develop an inpatient <b>bed utilisation</b> 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 <b>elective care</b> 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.	Market share in N&S has been maintained, whilst gains have been made from Lincolnshire. Range of services offered is broadening - one stop breast clinic business case recently approved. Discussions with other providers regarding partnership delivery are ongoing.
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			
ЗА	Formulate a joint clinical services strategy between NUH and SFH.	Duncan Hanslow, STP 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 STP 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.	The work programme has been formalised as part of the STP/ICS, and will be progressing during the remainder of 2018/19 and into 2019/20.
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.	STP 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 engaged via SPF with plan to be delivered in September 2018.  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.