



NUH and SFH: working together to further improve services for Nottinghamshire patients

Tracy Taylor, Chief Executive, NUH Richard Mitchell, Chief Executive, SFH

Health Scrutiny Committee: 13 February 2018

Progress

In our first year we have taken the following steps to improve patient care:

- 1. Invested much of the preparatory work, that we did in readiness for the merger, into our strategic partnership
- 2. Established a Partnership Board
- 3. Established a clinically-led work programme
- 4. Approved 2 business cases: Neurology and Urology
- 5. Worked up a vascular business case (pending approval)
- 6. Implemented a shared Urology on-call service and repatriation of Urology cancer patients closer to home
- 7. Developed a joint Quality Governance framework to strengthen the delivery of safe clinical services
- 8. Agreed an overarching Joint SLA to underpin the delivery of joint models of care
- 9. Committed to the development of a joint clinical strategy and further areas of collaboration where it is in the interests of patients

A clinical work programme to lay the foundations for more integrated and efficient hospital provision

Current clinical work programme

NUH@models	Shared services
Oncology	Urology
Vascular	Stroke
Neurology	ENT
Renal	Sterile Services

Improvements to quality of care & patient experience

Urology:

- Since August, we have started repatriating urology
 cancer patients from Derby, which provides care closer to
 home and addresses a previously fragmented cancer
 pathway which required patients to travel to numerous
 hospitals for diagnostics, treatment and after-care
- Since November, we have produced a sustainable oncall rota, enabling patients to be seen immediately by a consultant during office hours or the next morning if admitted out of hours
- Established emergency outpatient clinics twice a week

Neurology:

 A locum-led outpatient service at SFH has been replaced with consultant-led clinics provided by NUH consultants

Lessons learnt & challenges

- National workforce shortages in hard to recruit areas
- ☐ Existing national financial models do not always support the design and implementation of shared pathways
- ☐ Delivering significant cultural, behaviour and organisational change at both sites
- Maintaining operational delivery and performance with increased demand on our services and during Winter pressures
- ☐ Different systems and processes

Next steps & priorities for 18/19

- Build on the significant progress already made between the two acute providers articulate a single future clinical services vision and strategy for Notts; testing alignment with STP, primary and community care strategies
- 2. Agree the specialties where there will be further clinical collaboration between NUH and SFH, where is in the best interset of our patients.
- 3. Closer collaboration around support services including: progressing a Sterile Services business case and joint initiatives on procurement
- 4. Embed the changes we have initiated in Urology and Neurology and monitor effectiveness of pathways