EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS**

DATE: **30 OCTOBER 2014**

SUBJECT: **DELIVERING OUR FUTURE**

REPORT FROM: **DIRECTOR OF STRATEGIC DEVELOPMENT & CAPITAL PLANNING**

PURPOSE: **INFORMATION AND DISCUSSION**

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

The clinical strategy programme has continued to gather pace and engage with stakeholders across and external to the Trust. On a monthly basis the eight work streams report to the programme Clinical Advisory Board through the highlight reporting process. Reports are prepared and agreed with the work stream leads and then collated into an overview report presented to the Board for information.

The presentation "Delivering our Future: 5 to 10 Year Strategy" has now been presented at three staff listening events (one at each main hospital site). It is also being presented by the work stream leads to engage with clinical staff and outline the vision of the single Emergency and High Risk Elective hospital and two local base sites model.

On 22nd September, East Kent Hospitals University Foundation Trust hosted a networking event for the providers of health and social care that serve the residents of East Kent. The event was sponsored by the Kent Health and Wellbeing Board.

SUMMARY:

The aim of the Better Service Integration (BSI) event was to allow all current and potential providers of acute, primary, community, social and mental health services from the statutory, voluntary and private sectors, to explore how best they might provide a high-quality, cost-effective, joined-up service to the people of eastern Kent in the longer-term. It had been designed so that providers could come together and talk on an informal basis about the issues that concerned or interested them. It was not about making decisions concerning who might do what in the future or about compromising commercial interests.

The output of the event was to identify the messages providers collectively wish to give to commissioners, the public and the Kent Health and Wellbeing Board, regarding better service integration.

Three themes arose from the discussions:

1. The need for Health and Social Care commissioners – as a matter of urgency – to be explicit about how they were thinking about integrating budgets and accountabilities for their 'universal' and 'means tested' services.

2. The providers were keen to understand how contracting was going to be conducted in the future so that disincentives to closer integration built into current arrangements could be removed.

3. There was a realisation that unless the public and the politicians understood and endorsed the move towards better integrated care would bring; it would be extremely

difficult to make the changes happen – particularly in the run up to a general election.

The work streams have all now had their initial steering group meetings and agreed the task and finish groups for any internal working groups. The key themes from the highlight reports are:

- **Engagement with key stakeholders** – delivering the future presentation and future model discussions
- **Activity level information** - work streams are working with the information team on activity levels to inform capacity planning
- **Clinical adjacencies** – all work streams are discussing their clinical adjacencies and how these will affect patient pathways
- **Workforce planning** – linking with the workforce and education work stream all individual work streams are looking at their workforce requirements for proposed models

The individual highlight reports are attached for information.

RECOMMENDATIONS:

The Board are asked to support the on-going work of engagement with partner providers, commissioners and the public to gain involvement in the future clinical strategy.

The Board is also asked to note the progress made and the following general issues raised by the work streams.

- Clinical and managerial capacity to undertake strategic work balanced with operational priorities is a challenge
- Time line for the implementation of the outpatient changes will need to be carefully managed
- Issues around clinical adjacencies for each specialty and inter dependencies with other divisions are complex and require wide clinical engagement and involvement

NEXT STEPS:

(a) to note the report
(b) Continued engagement with commissioners and partner providers around the issues identified and work with the Health and Wellbeing Board to ensure an integrated approach
(c) Next steps are highlighted in each individual work stream report

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

AO12: Agree with Commissioners and consult with the public to implement a sustainable clinical strategy which will in particular meet the standards for emergency surgery; look to provide a trauma unit; ensure the availability of an appropriately skilled workforce; provide safe sustainable services with consideration of access for patients and their families and visitors.

LINKS TO BOARD ASSURANCE FRAMEWORK:

This programme is linked through the Annual Objectives. AO4 linked to SO1 and SO4

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

There is a Full risk register associated with this project. The main risks are:

- The project does not deliver to time due to lack of engagement and decision making
- The agreed model of care requires public consultation and the outcome is not feasible from a clinical and financial perspective
- The Political environment may change post election and does not support the rationalisation of services in a DGH

FINANCIAL AND RESOURCE IMPLICATIONS:

To be identified

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

The strategy is part of a current engagement process and will be subject to public consultation

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

N/A for this paper

ACTION REQUIRED:

(d) Discuss and note content.

CONSEQUENCES OF NOT TAKING ACTION:

Better Service Integration (BSI) for provider networking on 22nd September 2014

1. Executive Summary

On 22nd September, East Kent Hospitals University Foundation Trust hosted a networking event for the providers of health and social care that serve the residents of East Kent. The event was sponsored by the Kent Health and Wellbeing Board.
There were about 60 participants from a wide range of public, private and third sector organisations who were able to talk about the topics and issues that they wanted to address. These discussions were unstructured and informal and it was agreed at the outset that there would be no reporting of the details of these discussions.
Dr Andrew Scott-Clark (Director of Public Health) spoke about the future health needs for the population of east Kent and the public health challenges providers will face in the future. Simon Perks (Accountable officer for Ashford and Canterbury CCG) spoke about the CCG (Clinical Commissioning Group) requirements for Canterbury and Ashford and their 'vision' for services in the next 5-10 years. This included integrating hospitals, GPs, social care and community services. Hazel Carpenter (Accountable officer for Thanet and South Kent Coast CCG) spoke about the CCG intentions for South Kent and how South Kent was committed to transforming out of hospital care through better integration between primary and secondary care. Laurie McMahon then presented the nine issues providers had sent to him, and asked them to informally discuss the issues with each other. Afterwards, the providers considered the messages they wished to give to commissioners, the public and the Kent Health and Wellbeing Board. Three themes arose from the discussions:

1. The need for Health and Social Care commissioners – as a matter of urgency – to be explicit about how they were thinking about integrating budgets and accountabilities for their 'universal' and 'means tested' services.
2. The providers were keen to understand how contracting was going to be conducted in the future so that disincentives to closer integration built into current arrangements could be removed.
3. There was a realisation that unless the public and the politicians understood and endorsed the move towards better integrated care would bring; it would be extremely difficult to make the changes happen – particularly in the run up to a general election.

The notes from the event are summarised below.

2. Aim of the Event

The aim of the Better Service Integration (BSI) event was to allow all current and potential providers of acute, primary, community, social and mental health services from the statutory, voluntary and private sectors, to explore how best they might provide a high-quality, cost-effective, joined-up service to the people of eastern Kent in the longer-term. It had been designed so that providers could come together and talk on an informal basis about the issues that concerned or interested them. It was not about making decisions concerning who might do what in the future or about compromising commercial interests.
The output of the event was to identify the messages providers collectively wish to give to commissioners, the public and the Kent Health and Wellbeing Board, regarding better service integration.

3. Overview of Attendees

Representatives attended from:

- SECAmb;
- Kent Community Health Trust;
- CCK Support;

- Social Services;
- Home Instead Senior Care;
- Spire Tunbridge Wells;
- St Saviours Hospital, Pilgrims Hospice;
- Spencer Private Hospitals;
- BMI Chaucer Hospital;
- KIMS;
- Kent Community Care Association;
- Voluntary Action Within Kent;
- Horder Healthcare;
- EKHUFT;
- Kent Local Medical Committee;
- Kent and Medway NHS Social Care Partnership Trust;
- Healthwatch;
- Canterbury District Voluntary Action and Support;
- Invicta Health Community Interest Company;
- Horder Healthcare.

4. Overview of Presentations

Dr Andrew Scott-Clark, Director of Public Health for Kent County Council, spoke about the future health care needs in East Kent and the changing population health needs. He started by explaining east Kent has some of the most deprived wards in England and that deprivation directly affects health outcomes in most clinical cases. He said the aims of all healthcare providers should be to reduce the life expectancy gap between those in the most deprived areas and the least deprived areas. He said it was achievable, with Sevenoaks being a prime example. He then explained there were changes in the ethnic population in Kent, which would put further stress on health and social care. He cited the Medway towns as an example where 50 different languages are spoken as a first language. He then explained that while the population of Kent was set to increase across all age groups, he stated the biggest increase was to be in the 65-84 and 85+ age groups. He also said that the population of Kent is increasingly in poor health; with the majority of patients who have a long-term condition also having other conditions.

Simon Perks, Chief Accountable Officer for Ashford and Canterbury & Coastal CCGs, explained the local population needs for each individual CCG and suggested that they were not dissimilar to the national needs across England. For example, both CCGs have an ageing population, an increasing number of patients with long-term conditions, increasing prevalence of dementia cases with the main health issues being circulatory disease, cancer and respiratory disease. Simon then went through what the main pressure points of Ashford and Canterbury CCGs. These are increasing use of emergency services, increase in numbers of patients with long-term conditions, “parity of esteem” for mental health patients, increasing requirement for care placement and meeting public expectations for healthcare needs.

Simon then went through what patients tell them about health services in Ashford and Canterbury. Patients said there was not enough information about service availability or treatment choice and there was poor communication between healthcare professionals. This caused delays for treatment and care.

Simon outlined the financial situation in Ashford and Canterbury CCG and said they were looking at a financial gap between 10% and 17% by 2017. He then explained the CCG’s vision to help create ‘a sustainable healthcare system, integrating hospitals, GPs, social care and community services including the voluntary sector’. As a result, the Ashford and Canterbury Coastal CCGs have created three priorities. They are:

1) Community Networks to treat Mental Health patients, elderly patients with long-term conditions and create Health Education and Community Services;
2) Urgent Care by creating Integrated Urgent Care pathways and reducing pressure on acute hospitals and reconfiguring services to ensure people are treated locally and;
3) Musculoskeletal Services.
Hazel Carpenter, Chief Accountable Officer for Thanet and South Kent Coast CCG, started by explaining their priorities for future service provision. This included:
1) Out of hospital care;
2) In Hospital care for those who require specialist services;
3) Mental Health services and;
4) Children's integrated services for universal support and care.
Hazel then spoke about how integration of services is crucial in South Kent and helps provide better, more patient-orientated care. She then mentioned the Integrated Care Organisation and how the BSI event was a way to kick off the process to re-setting the out of hospital landscape and allowed providers to focus on a common purpose. She said South Kent CCG is currently committed to transforming out of hospital care and currently providers work too much like "silos" and fail to integrate.
Hazel then described a 'Clinical Phasing' strategy for integrated care between primary and secondary care. This would mean creating a 'Health Village' in 2-5 years, where primary care is connected to supportive housing and specialist care. It will also include specialist support from hospital specialists and one stop outpatient facilities with near patient testing.
Hazel then outlined the current situation in Dover and Folkestone. She said there is a high dependency on primary care because of service configuration and geography, high levels of deprivation and a high proportion of patients from Eastern Europe with different healthcare expectations.

5. Key Messages from Provider Discussions

5.1. Messages for commissioners:

- Just be more approachable – we need more dialogue;
- Don't lose some of the good things that are already happening in integrated care;
- Consider the impact on providers of different approaches to commissioning for the same condition across different parts of East Kent – both within and between CCGs;
- Think about how best to address the issue of non-recurrent resource as indicated in Simon Perks presentation – there are risks to integrated care if things have to go through a stop and start cycle;
- The 'out of hours' system across different providers and for both mental and physical health is fragile and needs more attention. For example, lack of access to medicines out of hours means that people are being admitted to hospital unnecessarily;
- Health and wellbeing and prevention does not appear to be well developed in East Kent;
- Integrated care delivered by different providers can be encouraged by:
    - Tendering services that cover the whole system e.g. for end of life care, or integrated transport;
    - Enabling providers to collaborate with each other rather than seeing this as 'anti-competitive';
    - Changing the incentives so that organisations work together to achieve outcomes for which they are jointly responsible;
    - Having the right performance indicators to measure the uptake and impact of integrated care;
    - Stimulating providers to innovate to deliver care outside hospital – relying on 'evidence based care' will not be enough;
    - Commissioning for outcomes rather than processes or activities;

  - Breaking down the cultural barriers between sectors e.g. between hospital and non-hospital care, between physical and mental health care or between health and social care;
  - Integrating the various 'single points of access' into one service for East Kent;
- Falls and dementia pathways need to be designed in a way that keeps people out of hospital;
- Commissioning integrated care should be based on value not simply cost;
- The choose and book system not only promotes patient choice – it also provides a way of promoting the quality of referrals;
- Commissioners need to ensure that they understand their capacity requirements for primary and community services and commission appropriately;
- It is also important to understand the likely workforce gaps. There is particularly uncertainty about the role of care navigation/care coordination. This does not need to be done by GPs but it needs to be based in primary care;
- Ensure there is better involvement of and communication with the public;
- Consider aligning NHS and social services numbers;
- Invest in data warehousing or methods that enable a single health and care record;
- Think about how to sew all the changes up and how you will know that it is working/has worked.

5.2. Messages for the Public:

- There is still a good deal of work to do to enable people to understand why their health and care services need to change and what responsibility they have in using services wisely. It was suggested here that public education might include helping people to understand the role of different providers and of the costs of different services;
- There is a need for an overall strategy and campaign to underpin better service integration, making best use of technology and social media;
- The public need to take an interest in their own health. This could be a consistent message related through all contacts and might be more effective and easier to achieve than messages about prevention or lifestyles;
- A local voluntary care directory that people can access would be helpful – NHS111 had agreed to lead on this but there is uncertainty about how far this initiative has progressed;
- Public access to services needs to change as part of the redesign of services;
- Participants also suggested that it was important that patients recognised that health and care professionals may be patients too.

5.3. Kent Health and Wellbeing Board:

- The Health and Wellbeing Board could take a lead by talking about 'care' generally rather than highlighting the differences between health and social care. This might be helpful in getting the message across to the public;
- Whilst wording is important, others stressed the need for the Board to have an honest and detailed discussion about the meaning of health and care integration given the different financial and accountability arrangements that exist in the NHS and local government;
- The Board can set the context for commissioners by ensuring there is a real understanding of 'value' and defining the important local outcomes that they should focus on in their commissioning plans;
- Providers feel that the communications they get from the Health and Wellbeing Board could be improved.

5.4. There were also some general messages identified for the providers. These included:

- 'Ring fencing' time for people to get involved in planning integrated care;
- Develop an on-line directory of all health and social care services;
- Explore how IT systems can communicate with each other;
- Work together to look at the workforce capacity and capability that will be required and at joint opportunities to promote more effective recruitment;
- Providers should explore new roles and ways of working and invest in education and training to support this;
- Consider how to agree some consistent public messaging across all providers.

6. Conclusion and next steps

In general it seemed that the opportunity for providers to talk together was valued. Many commented that it was a rare opportunity to talk about where there might be synergies between providers at different points of the care chain. It was positive how much acceptance and enthusiasm there was for the move towards integrated care delivery in east Kent. The sense of common purpose between commissioners and providers should make the transition to integrated care much easier however there was a sense of frustration amongst providers that there were many things that had to be resolves before they could proceed. Providers will have had the opportunity to develop informal networks in order to respond to future commissioning plans. The key messages will be fed back to the relevant parties through the Health and Well Being Board.

Highlight Report						**Urgent Care & Long Term Conditions**	
Author: Director of UCLTC						**Date:**	23.9.14
Reporting Period from: August - September 2014							
Risk Profile	Red:-	FILL CELL WITH RED IF PROJECT IS OFF TRACK with no plan	Amber:-	FILL CELL WITH AMBER IF PROJECT IS OFF TRACK with plan	Green:-		

	Lead
SUMMARY OF PROGRESS MADE IN THIS REPORTING PERIOD	
• Preliminary engagement with all specialty leads complete • Further analysis of specialty information in all groups to include potential % for Short stay and ambulatory care. Clinical analysis of HRG information by medical director • This information will be used to identify capacity requirements for a hub and base approach • Work commenced on ward based working and acute medical models • Visit to Holland undertaken. Report attached • Aspects of IUC project commenced 1st October • Specialties of Diabetes and Respiratory identified by clinicians as areas to progress with primary care for an Integrated approach	
ACTIONS PLANNED FOR NEXT REPORTING PERIOD	
• Implement IUC • Continue work with specialties on their pathways to agree clinical adjacencies • Benchmark current activity against other organisations to identify if improvement in LOS and ambulatory care id potentially possible • Undertake audits around number of patients in acute beds that are medically stable and could potentially transfer to a base site • Undertake notes review of elderly patients to identify numbers who could be seen in a rapid access clinic rather than being admitted • Undertake spot check on whose care need not be in hospital. • Complete Teaching Nursing Home business case	
COMMENTS ON RED OR AMBER RISKS	
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT	

Highlight Report						**Surgical Clinical Strategy**	
Author: Director of Surgery						**Date:**	8th October 2014
Reporting Period from: Sep – Oct 2014							
Risk Profile	Red:-	FILL CELL WITH RED IF PROJECT IS OFF TRACK with no plan	Amber:-	FILL CELL WITH AMBER IF PROJECT IS OFF TRACK with plan	Green:-		

	Lead
SUMMARY OF PROGRESS MADE IN THIS REPORTING PERIOD	
Activity The group is making slow progress in modelling the activity for the surgical option 1 and 2. ***Subgroups*** **Critical Care** The critical care master class was presented to the Trust board on 29th August. Questions asked included; 1. Why there is not already a separate rota for the lead Intensivist as previous business cases had supported the development of this role. 2. What is the recruitment like for medical staff? (Governor question) 3. If we go to a single site how can we ensure business continuity especially when full capacity is reached? (Governor question) 4. How will you support paediatric patients requiring Critical care beds? 5. What is the evidence for improvement in outcome for separate Intensivist-only rotas? 6. Is this something we could do better in the future? **Clinical Adjacencies and Patient Pathways** As part of the engagement meetings with surgical clinical leads this work continues. Work is starting on the master class presentation so that it will be ready for CAB 8th Oct and Trust board 30th Oct. **Innovative Work Force** There is a HEKSS (Health Education Kent Surrey and Sussex) forum on the 26th September to discuss the role of the physician's associate (Karl Woods is attending on behalf of surgery). **Transfer and retrieval (SECAmb)** This has been postponed until after the clinical adjacency master class presentation (30th October) **Trauma** The re-accreditation visit took place on the 23rd September for the QEQMH and WHH. Very positive feedback was received from the panel. The group were commended on their culture change, improvements made and their commitment to the Network. The Panel also asked if they could award us the full trauma designation status.	
ACTIONS PLANNED FOR NEXT REPORTING PERIOD	
For the coming week Progress the activity modelling Progress clinical adjacencies master class presentation Organise general surgical meetings to present the Trust's 5-10 year strategy A workforce plan will be produced to demonstrate the proposed strategy for the hub and base	

sites	
COMMENTS ON RED OR AMBER RISKS	
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT	

Highlight Report						**Communications & Engagement**	
Author: Director of Communications						**Date:**	18 September 2014
Reporting Period from: September 2014 to October 2014							
Risk Profile	Red:-	FILL CELL WITH RED IF PROJECT IS OFF TRACK with no plan	Amber:-	FILL CELL WITH AMBER IF PROJECT IS OFF TRACK with plan	Green:-		

	Lead
SUMMARY OF PROGRESS MADE IN THIS REPORTING PERIOD	
The first edition of the Delivering Our Future newsletter was published in September inviting staff to get involved and to share their views. It also gave an update from the workstreams and a timetable for the planning and engagement programme. Around 100 staff attended the staff listening events held at QEQM and K&C, with a further event taking place at WHH on 3 October. Staff feedback from the meetings has been collated and a response to the points raised will be published in the October version of Delivering Our Future newsletter. Over 60 delegates have registered for the Provider Engagement Event, which is being facilitated by the Trust. Speakers include Roger Gough, Chair of Kent Health and Wellbeing Board, Dr Andrew Scott-Clark, Interim Director of Public Health, KCC and Hazel Carpenter and Simon Perks, Chief Accountable Officers for South Kent Coast, Thanet, Canterbury and Ashford CCGs. Work has begun developing the public engagement plan with our partners. A meeting with Health Watch is planned for the end of this month to help shape the public engagement material.	
ACTIONS PLANNED FOR NEXT REPORTING PERIOD	
Facilitate Provider Engagement event to bring together providers and discuss common issues, to gain an agreed view Agreement of the public engagement plan by end September Publish October version of Delivering Our Future newsletter providing staff with updates and feedback. Staff listening event at WHH Feedback staff views to workstreams	
COMMENTS ON RED OR AMBER RISKS	
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT	

Highlight Report						**Clinical Support Service Division (CSSD)**	
Author: Director of Clinical Support				**Date:**	19.09.14		
Reporting Period from: August to September 2014							
Risk Profile	Red:-	FILL CELL WITH RED IF PROJECT IS OFF TRACK with no plan	Amber:-	FILL CELL WITH AMBER IF PROJECT IS OFF TRACK with plan	Green:-		
							Lead
SUMMARY OF PROGRESS MADE IN THIS REPORTING PERIOD							

This report now contains details of all CSSD services but for the purpose of this months report the Outpatient highlight report will be incorporated here.

Mobilisation of the out-patients clinical strategy (OPCS) is underway.

This includes;

- workforce implications;
- capital spend;
- transport issues; and
- the reduction to six outpatients sites

The current position is to ensure:

- that there is clarity on which consultants are willing to work extended hours/weekend clinics and how this is to be job planned;
- the divisions are aware that the Clinical Support Division require confirmation of their requirements to be able to offer support;
- that Estuary View opens in December to replace the other north Kent coast clinic sites;
- that transport services meet the demands of patients with the extended working day and change of sites;
- each Division attends the Outpatient Strategy Steering Group and submits a highlight report to the group 5 days before; and
- that Clinic D at the K&C opens early November to offer a one stop facility with a procedure room primarily for Urology and Pain services.

Work continues with the Divisions to prepare for extended working days, one stop clinics and changes to job plans to allow for a change of working practices outlined in the strategy. This work is onerous and time consuming but needs to be complete this Autumn to allow for a phased implementation in April 2015 across all sites. It is anticipated that improved new ways of working

will be implemented when services move to Estuary View in December 2014. Architects have been appointed to assess the changes required for the main site OPDs in line with the strategy. These proposals are being considered currently. The Dover Hospital project is progressing well and plans remain for the opening in March 2015. The new building will be formally handed over by March 3rd 2015. Decant plans are being developed to ensure a safe transfer of all services. The investment into public transport infrastructure is on plan in line with the OPCS. Notice has been given to Kent Community Trust and plans for Estuary View as the chosen sixth site are well developed. Architect plans commissioned by Whitstable Health Practice are nearing completion and the services involved are aware of the need to job plan accordingly.	
ACTIONS PLANNED FOR NEXT REPORTING PERIOD	
Continue to attend Divisional meetings and ensure CSSD engagement with the work Work for Clinic D at KCH is nearing completion following significant delays due to noise pollution. One-stop clinics will be piloted with pain, urology and other surgical specialties. The dental and max-fax services will move back from QEQMH as the department opens late October 2014. Capital spend plans are being assessed following work by the architects to redesign the OP departments at the three main sites in line with the OPCS FBC prioritising the areas requiring refurbishment. Next steps include the work outlined in the out-patient FBC to release the savings which are: • new to follow-up ratio's best practise (benchmark Dr Fosters); • potential impact of telemedicine; • the Trusts internal plans; • one stop models for some specialties; • patient post code realignment; • utilisation of clinics at 90%; • capacity required by each consultant team; • the number of rooms and estate refurbishment that will be required; • the impact of 3 session working days; and • the work around 3 or 5 hours sessions as demonstrated in the model with analysis for the Surgical Division i.e. if they adopt 5 hour session practice Continue with the Dover build and ensure clinical services remain committed to increasing services at Dover and fully utilising the new facilities once complete. Other areas of work include: • a communication exercise, and the local media are working with the Trust to ensure this continues as the building progresses • a procurement exercise is near completion to ensure all equipment and furniture are ordered in a timely fashion, and • the decant plan is progressing well	JB SJ SJ SJ

Work to commence in establishing the Clinical Support work stream and collecting feedback from departments within CSSD e.g. therapies, pharmacy etc to consider their way forward following Executive communication letter. Asking for volunteers to become involved in the work ensuring clinical engagement. Attend Surgical, UC&LTCs, and Specialist Division work streams to ensure joint working to support their needs. A local communication plan is needed and HOSC must be kept informed of changes locally.	JB MT
COMMENTS ON RED OR AMBER RISKS	
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT	
There is a challenge to get divisional engagement with ensuring alignment of job plans changes, the extended days, and Saturday working. The phased approach to extended day working needs careful consideration and linking to theatre change timetables too.	

Highlight Report						**Estates and Capital Work Stream**	
Author: Director of Estates						**Date:**	Sept 2014
Reporting Period from: Aug - Sept							
Risk Profile	Red:-	FILL CELL WITH RED IF PROJECT IS OFF TRACK	Amber:-	FILL CELL WITH AMBER IF PROJECT IS OFF TRACK	Green:-		
							Lead
• Kent County Council and EKHUFT planned workshop held on the 5th Sept – alternative public partnership model for Delivering Our Future and other estates needs • Paper for Septembers board - analysis of delivery vehicle/approach o Government Loan o PF2 o Strategic Estates Partnership o Public/Public Partnership • Shared Support Service Hub paper pushed to Oct SIG • Architect plans on WHH grd floor – first draft reviewed • Architect plans for Outpatients – first draft reviewed • Report presented to Board on KCC Social Care Accommodation Strategy							
Next Period							
• November Board paper to agree preferred delivery vehicle/approach • Further KCC/EKHUFT discussions should this option be preferred by the Board • Publish initial procurement (OJEU) notices • Planning joint Trust/CCG event in relation to future of Buckland • Handover planning for new hospital at Dover • Agree naming approach for new hospital at Dover • Meet onsite with potential new PET supplier – possible locations/issues • Review tenancy/issues for new supplier in lieu of Paula Carr at WHH							
COMMENTS ON RED OR AMBER RISKS							
N/A							
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT							
None at this time							

Highlight Report						**Workforce and Education**	
Author: Head of HR					**Date:**	26.9.14	
Reporting Period from: September 2014 to October 2014							
Risk Profile	Red:-	FILL CELL WITH RED IF PROJECT IS OFF TRACK with no plan	Amber:-	FILL CELL WITH AMBER IF PROJECT IS OFF TRACK with plan	Green:-		
							Lead
SUMMARY OF PROGRESS MADE IN THIS REPORTING PERIOD							
• First steering group meeting held and TOR were discussed and agreed. Gaps in representation were identified and as such the membership to be reviewed to strengthen medical and UCLTC representation. • Attendees were given the 'Delivering our Future' presentation • Current and future workforce issues were identified and themed – broad headings included: o Recruitment to certain roles and locations o High Turnover/Retention in specific areas o Succession planning for hard to fill roles and hot spots o Medical Workforce - Changes to working practices o Embedding and supporting new roles and assessing their impact o Management of cross boundary working o Training access for specialist roles • Further work is needed to incorporate other known issues and agree specific workstreams.							
ACTIONS PLANNED FOR NEXT REPORTING PERIOD							
• Review and amend membership of steering group • Agree workstreams and task groups for divisional/organisational outputs • Task groups to agree plans and outputs and to commence work on issues							
COMMENTS ON RED OR AMBER RISKS							
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT							

Highlight Report				**Specialist Services Work Stream**		
Author: Tracy Dumbarton				**Date:**	24.09.14	
Reporting Period from: Sept - Oct 2014						
Risk Profile	Red:-	FILL CELL WITH RED IF PROJECT IS OFF TRACK with no plan	Amber:-	FILL CELL WITH AMBER IF PROJECT IS OFF TRACK with plan	Green:-	

	Lead
SUMMARY OF PROGRESS MADE IN THIS REPORTING PERIOD	
• September Steering Group meeting postponed due to number of apologies due to annual leave – first Steering Group meeting will now be held at the beginning of October. • Engagement meetings with key stakeholders to discuss clinical strategy and future options for all specialities; this included renal, cancer, dermatology and haematology • Meeting with Information team on activity requirements for capacity planning and pathway development. • Two Child Health and two Women's Health workshops to discuss initial models and agree an aligned direction of travel for future models. • Strategic team attended Child Health Senior Management Team meeting to engage with group over clinical strategy and to agree Task and Finish group for the child health clinical strategy.	
ACTIONS PLANNED FOR NEXT REPORTING PERIOD	
•Building on initial engagement to increase awareness of the clinical strategy within the division to all staff groups. •Agree activity levels with steering group and project capacity requirements based on population growth in 5-10 years. • Start to map in detail the patient pathways for the emergency and high risk elective site and the base sites including the clinical criteria, looking at model of workforce and pathways in other areas • Workforce planning by specialties to inform discussion on future models.	
COMMENTS ON RED OR AMBER RISKS	
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT	