

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	BOARD OF DIRECTORS
DATE:	28 NOVEMBER 2014
SUBJECT:	UPDATE FROM CLINICAL STRATEGY PROGRAMME
REPORT FROM:	DIRECTOR OF STRATEGIC DEVELOPMENT AND CAPITAL PLANNING
PURPOSE:	For Information

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

The clinical strategy programme continues to gather pace. This report provides an update on the progress being made on the Trust's Long-Term Clinical Strategy Programme.

SUMMARY:

The presentation "Delivering our Future: 5 to 10 Year Strategy" has now been presented at listening events at each main hospital site. It is also being presented by the work-stream leads to their operational teams to engage with clinical staff. The presentation outlines the vision of a proposed future model to create a single Emergency and High-Risk Elective hospital supported by two local base sites.

The work-streams for the programme are:

- Clinical Support;
- Outpatients;
- Surgical services;
- Specialist services;
- UCLTC;
- Capital and Estates;
- Workforce and Education; and
- Communication and Engagement.

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 undertaking capacity planning;
- **Clinical adjacencies** – all work-streams are discussing their clinical adjacencies and how these will affect patient pathways;
- **Workforce planning** – all individual work-streams are considering their future workforce requirements for proposed models.

The individual highlight reports are attached for information.

RECOMMENDATIONS:

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

- Issues around clinical adjacencies for each specialty and inter-dependencies with other divisions are complex and require wide clinical engagement and involvement;
- The timescales that have been set for the Clinical Strategy Programme are proving to be a challenge due to the organisation's day to day operational pressures.

NEXT STEPS:

- (a) to note the report
- (b) next steps are highlighted in each individual work stream report

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

Implementation of the agreed Clinical Strategy is key to the Trust's success in delivering on its strategic objectives.

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

Not at this stage

ACTION REQUIRED:

(c) To note

CONSEQUENCES OF NOT TAKING ACTION:

A delay in achieving an agreed way forward will have consequences for the organisation from a clinical, operational and financial perspective and would directly impact on the engagement within the organisation.

Highlight Report			Work Stream Title		
			Out-patients		
Author: Sara Johnson			Date:	27.10.14	
Reporting Period from: 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					
<p>Mobilisation of the out-patients clinical strategy continues</p> <p>This includes;</p> <ul style="list-style-type: none">workforce implications;capital spend;transport issues;the reduction to six outpatients sites;Clinic D one-stop facility at K&C;Estuary View clinic facility; andDover hospital <p>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. Engagement with the Divisions is good, however progress is slow and some specialities require detailed work to ensure clinical engagement. Reporting is through the new Outpatient Steering Group chaired by Divisional Director Mary Tunbridge. Architects have been appointed to assess the changes required for the main site OPDs in line with the strategy. These proposals are currently being costed so priorities can be assessed.</p> <p>The investment of £455,000 into public transport infrastructure continues in line with the OPCS and public consultation.</p> <p>Builders have commenced work at Estuary View and clinics are planned to transfer in December this year.</p> <p>Clinic D opened the week of November 3rd 2014. This allowed for pain clinics and urology to run one stop clinics in a fit for purpose area. Dental services, which had temporarily moved to QEOM, returned during the week first week of November.</p> <p>The Dover Hospital project is progressing well and plans remain for the official opening ceremony in the Spring with the handover date of March 10th 2015. Decant plans are being developed to ensure a safe transfer of all services. The floor of the atrium and entrance halls will now be grey marble and terrazzo tiles which will look most impressive with the light and open nature of the space.</p> <p>Handrails will be coloured to denote the zones in line with the “finding your way” work and ensuring a corporate image. It is hoped this will then roll out across the other sites as alterations are made to out-patients. Interserve are out to tender for the signage and images will be produced in line with the architects vision and user involvement last year.</p> <p>There are user visits arranged so staff can see their new areas for the first time. There will be more arranged for the New Year.</p>					MT FM SJ SJ

ACTIONS PLANNED FOR NEXT REPORTING PERIOD	
Move services into Clinic D at KCH. One-stop clinics will be piloted with pain, urology and other surgical specialties.	SJ
Work in preparation for the move from north Kent community sites to Estuary View in December	SJ
Review capital spend plans for outpatients once costs are confirmed.	KB
Continue with the Dover build and ensure clinical services remain committed to increasing services at Dover and fully utilising the new facilities once complete.	SJ
The Divisions have been asked to give assurance regarding staffing and job planning, to ensure Clinicians are aware of their new arrangements and travel changes to their working sites.	MT
COMMENTS ON RED OR AMBER RISKS	
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT	

Key

SJ Sara Johnson
 MT Mary Tunbridge
 KB Keith Bourn
 FM Finbarr Murray

Highlight Report			Work Stream Title Workforce and Education		
Author: Fiona Stephens			Date:	27.10.2014	
Reporting Period from: October 2014					
Risk Profile	Red:-	FILL CELL WITH RED IF PROJECT IS OFF TRACK with no plan	Amber:-		Green:-
					Lead
SUMMARY OF PROGRESS MADE IN THIS REPORTING PERIOD					
<p>The Workforce and Education Work Stream has struggled to become established. October's meeting was postponed, whilst the outputs from the previous meeting were reviewed. However, the membership of the steering group has now been amended and is becoming more structured.</p> <p>Current and future workforce issues have been identified and include:</p> <ul style="list-style-type: none"> 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 <p>Further work is needed to incorporate other known issues and agree specific work-streams.</p>					
ACTIONS PLANNED FOR NEXT REPORTING PERIOD					
<ul style="list-style-type: none"> • Agree work-streams and task groups for divisional/organisational outputs • Task groups to agree plans and outputs and to commence work on issues • Understand the activity of a single high risk and emergency hospital • Agree the workforce required to deliver future models of care 					
COMMENTS ON RED OR AMBER RISKS					
<ul style="list-style-type: none"> • Work has not progressed within the agreed timeframes 					
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT					

Highlight Report			Work Stream Title Specialist Services Work Stream		
Author: Tracy Dumbarton			Date:	27.10.14	
Reporting Period from: 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					
<ul style="list-style-type: none"> October Steering Group meeting held with good attendance. Terms of Reference for Steering Group sent to members for comment and agreement. Task and Finish Groups created – one for women and one for children. Agreement that Neonatal clinicians will attend the women group but also feed into the children group where required. Child task and finish group have met to discuss to discuss: activity levels and which activity would be delivered at both the High Risk & Emergency site and also the base sites. A meeting to look at the split of HRGs into each level of activity has taken place to inform future discussions on bed requirements at each site. Meeting has been held with the renal, dermatology and oncology clinicians to discuss the overall clinical strategy and get their input into the specialist services work-stream. 					
ACTIONS PLANNED FOR NEXT REPORTING PERIOD					
<ul style="list-style-type: none"> Two Steering Group meetings planned for November to sign off outputs from task and finish groups Task and Finish Groups to develop the following and bring to the steering group meetings for sign off: <ul style="list-style-type: none"> activity levels for inpatient requirements; bed requirements in High Risk & Emergency site and also the base sites to include neonatal cot requirements; workforce requirements based on activity levels and bed base at each location; and clinical adjacencies for specialities; 					
COMMENTS ON RED OR AMBER RISKS					
N/A					
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT					
None					

Highlight Report				Work Stream Title Urgent Care & Long Term Conditions		
Author: Anne Neal / Jonathon Hawkins / Giselle Broomes				Date:	24.10.14	
Reporting Period from: 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						
<ul style="list-style-type: none"> Continued analysis of information to gain high level position of potential bed base at HR&EH and base sites Information analysed to understand the number (and reason why) of patients that do not need to be in an acute bed or in hospital Further work undertaken on nursing home business case Engagement with Primary care about delivery of some specialty patient pathways (cardiology, respiratory, elderly, rheumatology) 						
ACTIONS PLANNED FOR NEXT REPORTING PERIOD						
<ul style="list-style-type: none"> Agree data and clinical information with each specialty lead to understand HR&EH and base site activity. Continue work with specialties on their pathways to agree clinical adjacencies Start examining in detail A&E activity and identify explore impact of alternative options Benchmark current activity against other organisations to identify if improvement in LOS and ambulatory care is 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 Plan additional primary care event to understand how patient pathways may change. 						
COMMENTS ON RED OR AMBER RISKS						
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT						

Highlight Report				Work Stream Title Estates and Capital Work Stream		
Author: Fin Murray				Date:	Oct 2014	
Reporting Period from: 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						
<ul style="list-style-type: none">Second Kent County Council and EKHUFT workshop held to continue developing a partnering model between both organisationsMeeting held between KCC, EKHUFT and CCGs to also discuss integrated health model approachesMeeting held between KCC Leader and Trust Chairman, CEO and ExecBriefed community trust on work being undertaken across the health economyUpdated the Governors on the Strategic Estates partnership and the Public/Public partnership possibilitiesShared Support Service Hub paper to be reviewed at Nov SIGArchitect plans on WHH grd floor – first draft reviewedArchitect plans for outpatients strategy at K&C (clinics a,b,c) reviewed, QEQM and WHH being developed by ArchitectSupported the Surgical Assessment Unit pilot at WHH						
ACTIONS PLANNED FOR NEXT REPORTING PERIOD						

<ul style="list-style-type: none"> • 25th Nov, key stakeholder workshop session between Trust, KCC, CCGs and KCHT to model integrated benefits and implications on pathways and estate • Interviewing for Property Services Manager to take forward site space planning, wayfinding, and corporate landlord activities • Arundel unit options appraisal session using the benefits scoring matrix planned <ul style="list-style-type: none"> ○ Surgical Services <ul style="list-style-type: none"> ▪ Elective Ambulatory Care Unit ▪ Surgical Pre-Assessment Unit ▪ Hospital at Home Team ▪ Vascular Outpatients ○ Education <ul style="list-style-type: none"> ▪ Relocation of Post Grad Centre ▪ Relocation of Drs Mess ▪ Simulation Centre ▪ Space for students on AU Antigua Programme ○ Private Patient Partner ○ Specialist Services ○ Relocation of current services from Celia Blakey Unit: ○ Offices to house staff ○ Discharge lounge ○ Cold Ambulatory ○ Extra Ward – low acuity patients 	
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				Communications & Engagement		
Author: Peter Gilmour				Date:	21 October 2014	
Reporting Period from: October 2014 to November 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						
<p>Around 60 delegates attended the Provider Engagement event held to bring together providers and discuss common issues and to gain an agreed view. Following presentations from 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, a series of workshops were held. This involved round table discussions relating to shared issues to work towards reaching a common view. The outcomes from the groups will be shared across delegates to seek agreement as a shared view to be presented to commissioners.</p> <p>Work continues on the public engagement plan.</p> <p>October version of Delivering Our Future newsletter was published, providing staff with updates and feedback.</p> <p>The Staff listening event at was held at WHH, with staff views recorded.</p> <p>Publish article on visit to Holland in Trust News.</p> <p>Feedback staff views to work-streams.</p>						
ACTIONS PLANNED FOR NEXT REPORTING PERIOD						
<p>Further staff engagement events are to be held on all three acute sites, across a range of specialities, in November and December</p> <p>Work with KMCS to develop a Whole System public engagement programme.</p> <p>Publish November version of Delivering Our Future newsletter providing staff with updates and feedback.</p> <p>Feedback staff views to work-streams</p>						
COMMENTS ON RED OR AMBER RISKS						
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT						

Highlight Report		Work Stream Title - Surgical Clinical Strategy			
Author: Ruth Mount		Date:		27 th October 2014	
Reporting Period from: 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					
<p><u>Surgery Project Group</u></p> <p><u>Activity</u></p> <p>The group is going to work through the procedure codes by specialty to start to see what activity can be seen on the base sites i.e. Ambulatory, DC and 23 hour care.</p> <p>Agreement has been confirmed for the activity modelling to start on option 2.</p> <p><u>Subgroups</u></p> <p><u>Clinical Adjacencies and Patient Pathways</u></p> <p>The master class presentation is complete and is ready for the next Trust board, with Matt James taking over as the lead for the group. The next meetings are organised for 7th and 24th November.</p> <p>RM has now met with a number of Clinicians regarding the master class.</p> <p>In the last month the 'delivering our future' presentation was given to the theatre staff (approximately 60) at K&C and is due to be delivered to the theatre staff at QEQUH and the WHH later this month.</p> <p><u>Front of House (Emergency Pathway)</u></p> <p>The SAU went live last week at the WHH and is open from 12:00hrs to 20:00hrs, Monday to Friday The SAU's at the QEQUH and K&C continue to be progressed.</p> <p><u>Innovative Work Force</u></p> <p>The surgical division was represented at the HEKSS workshop regarding the utilisation of PAs in Kent Surrey & Sussex. Health Education England is working with the Hillingdon NHS Trust to recruit 200 PAs from America next year. HEKSS are going to bid for 50 PA's who will be placed within Kent Surrey and Sussex. The PAs are currently on a voluntary register but after the election this may become more formal.</p> <p>The surgical division currently has two PA roles but as recruitment is becoming a wider issue, this is going to be discussed further with HR Director Sandra Le Blanc.</p>					
ACTIONS PLANNED FOR NEXT REPORTING PERIOD					
<p>For the coming week</p> <p>Progress the activity modelling</p> <p>Progress the pathway modelling for hub and spoke both options</p> <p>Progress the workforce plan for the hub and base sites</p>					
COMMENTS ON RED OR AMBER RISKS					
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT					

Highlight Report				Work Stream Title Clinical Support Service Division (CSSD)		
Author: Sara Johnson				Date:	27.10.14	
Reporting Period from: 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						
<p>This work stream is dependent on the clinical divisions describing their service models and negotiating their demands based on the geographical spread of certain specialities.</p> <p>The CSS Division will liaise with the other work streams to ensure good communication and ensure interdependencies are clear.</p> <p>The CSS Division are also cognisant of the fact that they must consider all implications when planning their own strategy to ensure this does not compromise the overarching clinical strategy.</p>						MT
ACTIONS PLANNED FOR NEXT REPORTING PERIOD						
<p>Attend Surgical, UC&LTCs, and Specialist Division work streams to ensure joint working to support their needs.</p> <p>Programme of Activity for CSSD to be agreed.</p>						MT
COMMENTS ON RED OR AMBER RISKS						
ISSUES TO RAISE WITH THE STEERING GROUP FOR ACTION OR SUPPORT						