

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO: **BOARD OF DIRECTORS**

DATE: **24 APRIL 2015**

SUBJECT: **DELIVERING OUR FUTURE**

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

PURPOSE: **Information**

**CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT**

In January 2014, having undertaken a strategic review of the Trust's clinical services, the Trust Board identified a clear direction of travel for the organisation over the next five to ten year period.

The Board supported the continued development and assessment of strategic plans that move the Trust towards a single emergency and high risk hospital. This facility would be supported by a network of local base hospital sites that will improve access to a wide range of core diagnostic and treatment services.

Engagement events and dialogue with trust staff, clinicians, CCGs and GPs has helped to formulate the ideas to date. The options now need to be finalised ready to commence public consultation in September 2015.

**SUMMARY:**

This paper provides the Trust's Board of Directors with a progress update.

The programme continues to make progress. On a monthly basis the eight work-streams report to the programme Clinical Advisory Board through the highlight reporting process. Reports have been prepared and agreed with the work-stream leads and then collated into an overview report presented to the Trust's Board of Directors for information.

**RECOMMENDATIONS:**

None

**NEXT STEPS:**

The work -streams are continuing to analysing capacity requirements for future models of care. The main themes from the highlight reports are:

- (a) **Engagement with key stakeholders** – work continues around presenting the "Delivering our Future" presentation and listening to stakeholders;
- (b) **Activity level information** - work-streams are continuing to analyse the demand levels and capacity requirements which will inform the estates planning work;

<p>(c) <b>Workforce planning</b> – all individual work-streams are looking at their workforce requirements for their proposed future models and this is being linked with the workforce and education work-stream</p>
<p><b>IMPACT ON TRUST'S STRATEGIC OBJECTIVES:</b> Implementation of the agreed Clinical Strategy is key to the Trust's success in delivering on its strategic objectives.</p>
<p><b>LINKS TO BOARD ASSURANCE FRAMEWORK:</b>  This programme is linked through the Annual Objectives. AO4 linked to SO1 and SO4</p>
<p><b>IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:</b> There is a full risk register associated with this project. The main risks are:</p> <ul style="list-style-type: none"> <li>• The project does not deliver to time due to lack of engagement and decision-making</li> <li>• The agreed model of care requires public consultation and the outcome is not feasible from a clinical and financial perspective</li> <li>• The Political environment may change post-election and does not support the rationalisation of DGH services</li> </ul>
<p><b>FINANCIAL AND RESOURCE IMPLICATIONS:</b> To be identified</p>
<p><b>LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:</b> Yes, the strategy is part of a current engagement process and will be subject to formal public consultation</p>
<p><b>PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES</b> Not at this stage</p>
<p><b>ACTION REQUIRED:</b> (d) To note the report</p>
<p><b>CONSEQUENCES OF NOT TAKING ACTION:</b>  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.</p>

## **Delivering Our Future**

### **1. Introduction**

- 1.1 This purpose of this paper is to describe to the Trust Board progress from the Clinical Strategy work streams over the last month.

### **2. Background**

- 2.1 In January 2014, having undertaken a strategic review of the Trust's clinical services, the Trust Board identified a clear direction of travel for the organisation over the next five to ten year period.
- 2.2 The Board supported the continued development and assessment of strategic plans that moved the Trust towards a single emergency and high-risk hospital. It was proposed that this facility would be supported by a network of local base hospital sites that would maintain access to a wide range of core diagnostic and treatment services and drive as many services as possible to continue to be delivered locally.
- 2.3 The drivers behind this are clear and include, as a priority, ensuring the clinical sustainability of quality services alongside the maintenance / return to financial sustainability over the five year planning period.
- 2.4 Engagement events and dialogue with trust staff, clinicians, CCGs and GPs has helped to formulate the ideas to date. These continued through until end of March 2015.

### **3. Progress from the Clinical Strategy Work Streams**

#### **3.1 Outpatients Work-Stream**

Mobilisation of the out-patients clinical strategy continues with the Divisions to preparing for extended working days, further roll-out of the 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 but data requested from the Divisions is delayed due to operational pressures and there are concerns that the job planning is not advanced enough to allow for extended working days to commence from April. Timetables showing gaps in clinics are therefore being distributed to encourage Divisions to use capacity at Estuary View Medical Centre and at Buckland Hospital, Dover.

Architects have been appointed to assess the changes required for the main site's Out-patients Departments in line with the agreed strategy. These proposals are currently under discussion regarding affordability and prioritisation.

New bus routes have commenced on the north Kent coast in line with the outpatients strategy to improve public transportation.

Clinics commenced at Estuary View Medical Centre on 26th January 2015. It is now planned to increase the activity at Estuary View and to further develop one-stop services.

The Buckland Hospital project is progressing well but the construction company continue to report a delay. Handover and commissioning is now expected to be in early May 2015 with services commencing from the new building in June. Work continues on the detailed procurement plan, scheduling of the deep clean and of the service decanting programme.

### 3.2 Surgical Services Work Stream

At the March CAB, the Surgical Division presented the findings from detailed demand and capacity modelling work that has been undertaken to date. In summary the presentation provided:

- An outline of the surgical options;
- Capacity forecasting for the hub/base/elective orthopaedic centre (beds / theatres);
- An update of where we are now; and
- A vision for the future.

The presentation was well received and showed that Option 3 (outlined below) is the Division's preferred option.

*Hub site: All emergency surgery will attend the hub, 24/7*

*All high-risk elective surgery will be undertaken at the hub*

*Base site(s): A full range of day case surgery along with Low- to medium-risk inpatient elective surgery undertaken (circa 80%). No Emergency Surgery.*

*Elective Orthopaedic Centre (EOC) providing adult elective inpatient orthopaedic surgery*

Work has been undertaken to further enhance the demand and capacity modelling tool by including forecasted population growth using ONS data.

Work is also now progressing to meet with the clinical teams to discuss current and potential future models of care, with a particular focus to take account of the impact of technological, advancements in medical practice, new ways of working and benefits realisation.

### 3.3. Specialist Services Work Stream

The models of care for Paediatrics for both the High-Risk and Emergency Hub and base site have been agreed and the projected activity modelling taking into account future demographic changes has also been completed.

The Child Health task and finish group was provided with an update from the Surgical Strategy group and a good discussion took place around the possible options for Paediatric Surgery. A Paediatric Surgery task group has now been set up to consider the best solution for paediatric surgery and the impact that these options would have on inpatient beds and the provision of day surgery at the base sites.

The detailed analysis of the nursing staff required for the High-Risk and Emergency Hub and Base sites has been undertaken and an initial draft of the medical workforce requirements has been completed and is out for wider clinical engagement.

The Women's Health Task and Finish Group have agreed their model of care for the High-Risk and Emergency Hub and base site model.

Work is underway to define the demand and therefore the capacity (beds, theatres, workforce) to deliver the model.

### 3.4 Urgent Care and Long-term Conditions Work Stream

There has been a continued focus on the Emergency department activity, patient flows and the capacity required to deliver the proposed emergency and high-risk hub model.

Discussion have taken place with the A&E team to understand the high-level model of single A&E with Integrated Urgent Care Centres on the base sites.

Service Leads have been asked to clarify the future pressures relating to the need for an interim move to 2 site emergency medicine. A workshop took place on 7th April followed by a discussion at the UC&LTC Clinical Board on 15<sup>th</sup> April. It was agreed that further work was required to reach a conclusion which we are expecting to be concluded by the end of April.

The Information Team is due to complete their analysis on the agreed acuity modelling by the end of April.

### 3.5 Ambulatory Care Work Stream

The Ambulatory Care Work stream has now been formally established and the Group's membership, governance and terms of reference have been agreed.

Initial work is focussing on improving the understanding of specialty activity, establishing universal coding, setting KPIs, and securing an appropriate environment with sufficient workforce for ambulatory care services. It has been agreed that direct ambulance admissions will be piloted at QEQQMH.

### 3.6 Clinical Support Service Work Stream

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.

The CSS Division is cognisant of the fact that consideration must be given to clinical support services when planning the Trust's long-term strategy to ensure this does not compromise the overarching clinical strategy.

The Division will liaise with the other work streams to ensure good communication and to ensure interdependencies are clear.

The Division has described the strategy, business development, market assessment and workforce implications for each department and is working to ensure all necessary clinical adjacencies are considered. The Division will review these plans including finances, risk registers and 5 year implementation strategy plans at their Board.

A more detailed plan of what support services are need for each of the Clinical Strategy options is currently being worked on. This will incorporate the hub and base model to ensure clinical support meets the service demands from the Divisions.

### 3.7 Workforce & Education Work Stream

Several steering group meetings have taken place. The Group has worked on the assumption that the base sites would have Day Surgery, OPD clinics, Ambulatory Care, 23 hour low risk surgery, planned surgical procedures and lower-risk activity.

The workforce plans will now be led and owned by the Divisions rather than professional group to ensure that the requirements are correctly captured (given they are closer to the various options for delivery of future services). This information will then be incorporated into the overall workforce plan that feeds into the consultation document.

Divisions will be supported in developing the workforce requirements by the nominated HR Business Partner, covering the following occupational groups:-

1. Medical workforce model

2. Nursing and midwifery model
3. AHPs, Pharmacists and Healthcare Scientists
4. Clinical Support Staff

Included in the plans will be any education and training to take account of skills required for the future, difficult to recruit to roles, and medical education.

Corporate requirements will be undertaken once there is a clearer picture of divisional plans, as this will have an impact on the overall numbers of central support staff required. Work has already been completed work to map through the competencies for nursing staff.

### 3.8 Estates and Facilities Work Stream

Following the Board's approval of the proposals to progress the establishment of a partnership with Kent County Council (KCC) a number of sessions have been held with KCC to determine early works and the resources needed. A proposed governance structure for new partnership will be presented to the Board at its April meeting.

Estates work has commenced on the infrastructure improvements within the Trust's A&E departments following the Trust's CQC inspection.

Work has also progressed to establish an off-site ICT Support Service hub in Ashford. The licence to occupy the facility has been signed however a formal move of services into this Support Services Hub will now not take place until June.

### 3.9 Communications and Engagement Work Stream

The March version of Delivering our Future was published providing staff with updates and opportunity to feedback. Visits to staff on sites by Director of Strategic Development and Capital Planning have taken place to engage with wards and departments regarding the clinical strategy.

A joint meeting with Cultural Change team has taken place to discuss joint communications.

The introduction of Purdah, which came into force on 30<sup>th</sup> March, has restricted some of the Communications and Engagement Work however the first phase of the public engagement has commenced.

## 4. Conclusion

- 4.1. The Board is asked to note the progress of the work streams.