

## EMERGENCY TRANSFER OF SERVICES

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| <b>REPORT TO:</b>     | <b>BOARD OF DIRECTORS</b>                        |
| <b>DATE:</b>          | <b>9 JUNE 2017</b>                               |
| <b>SUBJECT:</b>       | <b>EMERGENCY TRANSFER OF SERVICES</b>            |
| <b>BOARD SPONSOR:</b> | <b>CHIEF EXECUTIVE OFFICER</b>                   |
| <b>PAPER AUTHOR:</b>  | <b>CHIEF EXECUTIVE / CHIEF OPERATING OFFICER</b> |
| <b>PURPOSE:</b>       | <b>DECISION</b>                                  |
| <b>APPENDICES</b>     |                                                  |

### BACKGROUND AND EXECUTIVE SUMMARY

The Chief Executive has reported, through his Chief Executive report, the on-going work to develop plans to ensure a safe and effective emergency transfer of trainee medical doctors from the Kent and Canterbury Hospital (K&C) to William Harvey Hospital (WHH) and Queen Elizabeth the Queen Mother Hospital (QEQM) to continue their training.

In order to ensure the transfer is well managed and the necessary assurance is in place from all system partners there have been bi-weekly meetings involving the whole system (Single Oversight Meetings (SOMs) to ensure that the necessary preparation and plans are in place.

The Trust has been briefing staff, governors and the public, about the reasons why this emergency transfer is necessary and what the temporary changes mean for patients. This information, which is on the Trust's public website, will be continually updated with the latest position. As previously indicated, the changes in this emergency transfer are temporary. Any long-term changes to health services cannot not be made without a full public consultation.

The last SOM took place on 6 June 2017 where the plans required to ensure a safe transfer on 19 June were discussed. The Board, as the accountable organisation with the responsibility as ultimate decision maker, should consider the additional information it has been provided with from the Single Oversight process and if members are assured, agree that the emergency transfer should take place on 19 June.

There has been very considerable work undertaken on this by the Trust and our partners and the system wide changes are positively acknowledged and puts the Trust and its partners in position where changes can be made in a safe and effective way. For example there is now a much improved bed occupancy rate moving to 90% at the two acute medicine sites, appropriate medical cover at each site and empty beds ready for the additional acute patients to be assessed and admitted at Ashford and Margate. There remains a number of risks that cannot be completely mitigated ahead of go live but the plans developed by the Trust and our partner organisations will continue to address these before and following the transfer of services. The firm decision to move the junior doctors from Health Education England and the General Medical Council is also a major consideration driving the timing of this decision.

The Trust view is that the number of acute medical daytime empty beds has improved; there are now up to 50 empty beds available on a consistent basis. However, the Trust has plans to physically keep empty 75 empty beds (37 on WHH and 38 on QEQM) in preparation for the transfer of services so that they are available for patients who would previously have been admitted to Kent and Canterbury Hospital. Furthermore, there is a high expectation that the acute medical model will affect a material difference in bed occupancy by a greater consultant presence from day into the evenings and weekend presence. The changes are expected to:

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- save the need for 15 beds by an enhanced emergency ambulatory care service
- ensure immediate consultant acute care physician and consultant specialist access were appropriate greatly increasing the discharge of patients particular in the 0-72 hours to 70% equal to saving the need for 63 beds
- a one-off spot purchase of 40 beds for a 12 week period allowing time to implement a local innovative elderly care model equivalent to 40 beds
- if required three levels of contingency have been planned. The modelling of the contingency arrangements will be reported to the Board on 9th June.

System leaders are collectively addressing the costs for go live. An agreed set of principles and plan will set out how this investment will result in reduced costs and greater system wide efficiencies within two weeks.

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| <b>IDENTIFIED RISKS AND MANAGEMENT ACTIONS:</b>      | CRR51 outlines the risk in relation to the emergency transfer of services.                                                                                                                                                                                                                                                                   |
| <b>LINKS TO STRATEGIC OBJECTIVES:</b>                | <p><b>Patients:</b> Help all patients take control of their own health.</p> <p><b>People:</b> Identify, recruit, educate and develop talented staff.</p> <p><b>Provision:</b> Provide the services people need and do it well.</p> <p><b>Partnership:</b> Work with other people and other organisations to give patients the best care.</p> |
| <b>LINKS TO STRATEGIC OR CORPORATE RISK REGISTER</b> | CRR51 will remain unchanged as a result of this report as the risk assessment is reflected in the current risk mitigation.                                                                                                                                                                                                                   |
| <b>RESOURCE IMPLICATIONS:</b>                        | Resource implications are being worked up by the HR and finance team.                                                                                                                                                                                                                                                                        |
| <b>COMMITTEES WHO HAVE CONSIDERED THIS REPORT</b>    | None                                                                                                                                                                                                                                                                                                                                         |
| <b>PRIVACY IMPACT ASSESSMENT:</b><br>No              | <b>EQUALITY IMPACT ASSESSMENT:</b><br>No                                                                                                                                                                                                                                                                                                     |

### RECOMMENDATIONS AND ACTION REQUIRED:

- (a) Based on the work undertaken and progress made, the board should review the information provided and make the decision to implement the temporary emergency transfer of services on 19 June .