

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	BOARD OF DIRECTORS – 30 AUGUST 2013
SUBJECT:	CLINICAL STRATEGY
REPORT FROM:	DIRECTOR OF STRATEGIC DEVELOPMENT AND CAPITAL PLANNING
PURPOSE:	Information
CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT	
The paper provides the Trust's Board of Directors with an update on the progress being made on the plans to develop the Trust's Clinical Strategy.	
SUMMARY:	
East Kent Hospitals University NHS Trust (EKHUFT) has been working to develop a clear strategy for its clinical services. This report provides an update on the progress to date from the Clinical Strategy Implementation Board, which oversees each of the work streams that have been tasked with developing a clinical strategy for:	
<ul style="list-style-type: none"> a. Emergency Surgery; b. Planned Care; c. Emergency Care; d. Outpatients; e. Trauma; f. The Dover Project; and g. Communication and Engagement. 	
IMPACT ON TRUST'S STRATEGIC OBJECTIVES:	
The Clinical Strategy impacts on SO1; SO2; SO3; SO4; SO5 and SO6	
FINANCIAL IMPLICATIONS:	
Financial implications of the Clinical Strategy are being quantified and will form part of the business cases taken forward through the Trust's formal approval mechanisms.	
LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:	
None	
PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES	
None	
BOARD ACTION REQUIRED:	
(b) to note the report	
CONSEQUENCES OF NOT TAKING ACTION:	
None	

The Trust's Clinical Strategy

1. Introduction

1.1 East Kent Hospitals University NHS Trust (EKHUFT) has been working to develop a clear strategy for its clinical services. This report provides an update on the progress to date from the Clinical Strategy Implementation Board, which oversees each of the work streams that have been tasked with developing a clinical strategy for:

- a. Emergency Surgery;
- b. Planned Care;
- c. Emergency Care;
- d. Outpatients;
- e. Trauma;
- f. The Dover Project; and
- g. Communication and Engagement.

2. Emergency Surgery

2.1 The Emergency Surgery Work Stream continues to progress the development of a clinical strategy for medium and high risk general surgical services.

2.2 Three options for the future model for medium and high risk surgery have been produced and these options were reviewed by the Clinical Strategy Implementation Board in 2012. These three options were approved as being viable subject to external clinical challenge and further detailed financial analysis.

2.3 The three options that have been produced are:

Option A: medium and high risk inpatient general surgical care to be provided from the William Harvey Hospital (WHH);

Option B: medium and high risk inpatient general surgical care to be provided from the Kent and Canterbury Hospital (KCH); and

Option C: Continue to provide medium and high risk inpatient general surgical care from both Queen Elizabeth The Queen Mother Hospital (QEQM) and WHH

2.4 One month's data for general surgical activity has now been analysed in detail which has enabled the Team to identify low, medium and high risk procedures, cross-referenced with the complexity of the patients (those with co-morbidities) and the time of day and day of the week surgery was carried out. This detailed analysis will enable the Team to identify the level of activity that would need to be carried out at the surgical hub(s). In turn, this will inform the number of in-patient beds required by site; the day-case / 23 hour bed capacity required by site; the number of operating theatres required at each site; and the design of the estate and capital costs required to support this activity.

- 2.5 Once the general surgical activity data has been analysed and clearly understood (the Team is aiming to complete the detailed data analysis by the end of September), a business case will be required to ensure that all implications associated with the different options can be included within the consultation process. This will include a thorough analysis and understanding of the clinical adjacencies and service dependencies related to general surgery, for example, critical care provision, paediatric surgery and gynaecology surgery.

3. Planned Care Work Stream

- 3.1. The Planned Care Work Stream has continued to progress the development of a clinical strategy for breast surgery and the surgical ambulatory care pathways.
- 3.2. Four options for the future of breast surgery services were appraised using the Trust's option appraisal scoring model and these were presented to an Executive Challenge Event in July. The conclusion drawn from the Executive Challenge Event highlighted the fact that there were clear inter-dependencies between breast surgery and medium and high risk surgery. It was apparent that the future of breast surgery provision in East Kent was integrally linked with the options for the future provision of medium and high risk surgery and therefore both services should be considered together rather than as separate services.
- 3.3. The Kent Health Overview and Scrutiny Committee (HOSC) had also recommended in June that the options around the future provision of breast surgery should be subject to a formal public consultation. The options for the future of medium and high risk surgery would also require a formal public consultation process. The decision was taken to review the provision of breast surgery in conjunction with the provision of medium and high risk surgery.

4. Emergency Care (medicine, paediatrics and gynaecology services) Work Stream

- 4.1. The plans for Emergency care were the subject of an Executive Challenge Event in July. One of the key areas that still require additional work relates to the need to amend the estates plans for each of the emergency departments and the subsequent capital costs, which will form a major element of the full business case. Those estates plans also need to take into consideration the future proposals for medium and high risk surgery and any other possible subsequent change in service provision.
- 4.2. At the last Emergency Care Work Stream Project Board it was agreed that a surgical assessment unit (SAU) could be provided as part of the emergency care full business case (FBC). The Clinical Strategy Implementation Board meeting which was scheduled for Wednesday 28th August will also be dedicated to agreeing a solution for the SAU and for the need to create additional ITU capacity at WHH. The proposals for the SAU may then be incorporated into the Emergency Care FBC. Once the FBC has been completed it will be presented to a further Executive Challenge Event prior to being submitted to the Strategic Investment Group (SIG).
- 4.3. Alongside the work to review the Emergency Care strategy, work is progressing to implement up to 10 new ambulatory emergency care pathways this year. Discussions continue with the CCGs through the Ambulatory Emergency Care Steering Group for

developing and implementing these pathways and a half-day workshop is being planned to look at changes to patient pathway models and financial flows.

5. Outpatients Work Stream

- 5.1. Work to develop a Clinical Strategy for the Trust's outpatient services has been progressing well. The key principles of the Outpatient Clinical Strategy are based on improving the Trust's outpatient services and improving access for the local population.
- 5.2. The FBC for outpatient services was presented to SIG in June 2013 and then to the Corporate Performance Management Team (CPMT) in July. The business case was agreed in principle with some additional work to be completed on:
 - a. the exception report – a report which highlights where services are currently provided from and where service provision may not be equitable across the Trust;
 - b. some phasing for capital expenditure; and
 - c. some more detailed work on the North Kent coast site proposal.
- 5.3. The exception report has been completed and has been presented back to the Divisions for further challenge. It is envisaged that this element of work will be completed by the end of August.
- 5.4. The phasing of capital expenditure has been completed and this will be presented to the Finance and Investment Committee (FIC) in August before being presented to the Trust's Board of Directors meeting in September.
- 5.5. A proposal to develop plans for a 7th outpatient site at Sittingbourne is also under consideration. Commissioners in Swale are working with EKHUFT to provide details of specialties and activity numbers for a sustainable service to be provided by the Trust in the Swale area.
- 5.6. Following discussions with CCGs, the Trust has agreed that the proposals for outpatient services will be subject to formal public consultation. The plans for the public consultation process are being worked up by the Communications and Engagement Work Stream (see Communications and Engagement Work Stream below).
- 5.7. The plans to undertake more detailed work on the North Kent coast proposal have been put on hold until after the public consultation has been completed.

6. Trauma

- 6.1 The Trust went live with the WHH being designated as an Interim Trauma Unit on 8th April 2013. The Trauma Unit service has been running smoothly since the go-live date and the project has now become fully operational and has been handed over to the Urgent Care and Long-term Conditions Division. The Surgical Services Division and the Urgent and Long-Term Conditions Division continue to monitor and report on the Trauma activity and to ensure all the operational standards are met.

7. Dover Hospital Project

- 7.1. Work continues to progress on the new Dover Hospital project. The Hospital will provide a wide range of outpatient services co-located with diagnostic facilities as well as renal dialysis, child health ambulatory services and a minor injuries unit. All existing

services will continue to be provided from the current hospital whilst construction of the new hospital is underway.

- 7.2. Following a review of the activity planned for the new hospital, it was felt that the costs associated with providing lower endoscopies in the proposed treatment room by far out-weighed the income that would be generated from this service. As a consequence, a decision has been taken to remove the provision of lower endoscopies from the new site. The plans have been adjusted accordingly and the area will be “future proofed” to allow for service development if necessary (the clean and dirty scope rooms will remain with fixtures but no equipment will be purchased for this procedure).
- 7.3. The final 1:50 drawings have been completed and are with the Divisions for final sign off. Clinical engagement is good and the components list has been distributed for checking by each team.
- 7.4. Nightingale Associates, the Architects Practice leading the design of the new hospital, has provided proposals for the design of the building’s interior and these will be discussed with the users during September.
- 7.5. The Trust has now received the Guaranteed Maximum Price (GMP) from the contractor Interserve Ltd. and building work is due to commence shortly. A separate paper on the capital costs associated with the Dover Project will be presented to the FIC and to the Board of Directors in August.
- 7.6. The planned completion date of the new hospital has slipped by approximately two months due to the discovery of asbestos in the buildings that had to be demolished, the need to redesign part of the building to comply with planning requirements, and the second World War bunkers that we knew existed in the car park (which turned out to be a lot larger than we had originally believed). The planned hand over date therefore is now February 2015.

8. Communication and Engagement Work Stream

- 8.1. Early engagement has already taken place with CCGs, a wide range of stakeholders and hospital-related patient groups on the Trust’s Clinical Strategy.
- 8.2. Now that plans for outpatient services have become clearer a decision has been taken to carry out a public consultation on the proposals for outpatient services.
- 8.3. The Trust will be working with the Kent and Medway Commissioning Support (KMCS) Unit to undertake the outpatient public consultation. A meeting has been arranged for 22nd August with KMCS Team to scope out the public consultation and to agree timescales and costs.
- 8.4. The public consultation will focus on the Trust’s proposals to implement a new model of care for outpatient services across East Kent including the proposal to provide extended opening hours and one-stop outpatient clinics. The consultation will also present the Trust’s proposals to concentrate outpatient services onto a fewer number of sites and will outline a range of proposals for the future provision of outpatient services on the North Kent coast and in the Deal area. The consultation will encompass difficult issues as some local GPs may feel their patients will be disadvantaged by the loss of outpatient clinics from their local Community Hospital. However, under the proposals 88% of patients will be able to access a local outpatient service within 20 minutes by car as opposed to 73% currently.

- 8.5. The consultation documentation will explore the “pros and cons” of each option and is also likely to explore a “do-nothing” option. The main aim will be to create opportunities for local people across east Kent to receive information about the proposals and be able to ask questions and share their views on the proposed changes. This engagement will involve a range of external patient groups, the voluntary and community sector and the wider public.
- 8.6. Work is already underway to lay the ground work for the consultation process. An outpatient survey commenced on 21st August asking patients to provide the Trust with their top three ideas for improving outpatient services. The results of this survey will be used in the public consultation documentation.
- 8.7. C4 CCG has confirmed that they wish to work jointly with EKHUFT on the consultation process. The remaining three CCGs have all confirmed that they intend to be consultees in the process.
- 8.8. The current, proposed, draft timescales suggest that the Trust might commence the outpatient consultation in mid-October through to the end of January (a period of 13 weeks). This would enable the Trust’s Board of Directors to conclude on a preferred service model for outpatient services in March 2014. The draft timescales are however very tight and allow for no slippage or delays. A final timeline will be formally agreed with KMCS and then presented to the Trust’s Board of Directors in September.
- 8.9. It is likely that a second formal public consultation process will be required for the proposed service changes that will come out of the rest of the Clinical Strategy (medium and high risk surgery, breast surgery and any other possible subsequent service changes).

9. Next Steps

- 9.1. The detailed analysis of the general surgical activity data will continue so that clarity can be sought for the capacity planning required for each option for medium and high risk surgery. The plans for breast surgery and other clinical dependencies will then be incorporated into the FBC for surgical services.
- 9.2. Work will continue to model the estates changes required for Emergency Care services and will include a solution for a Surgical Assessment Unit. The FBC will then be presented to an Executive Challenge Event in October.
- 9.3. The Teams will continue to develop the plans for Ambulatory Care services, working closely with CCGs and the Trust’s Finance Department.
- 9.4. The Communications and Engagement Team will work closely with KMCS to clarify the scope and timescales for the public consultation on outpatient services.