

Public Document Pack



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19 June 2015

Dear Councillor

I am now able to enclose, for consideration at the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** on Tuesday 23 June 2015 at 3.00 pm, the following reports that were unavailable when the agenda was printed.

8 **EAST KENT HOSPITALS UNIVERSITY FOUNDATION TRUST** (Pages 2 - 11)

To consider the presentation from Ms Rachel Jones, Director of Strategy and Business (East Kent Hospitals University Foundation Trust).

Yours sincerely

A handwritten signature in black ink, appearing to be "N. Jones", written over a white background.

Chief Executive

Delivering our Future

2 to 10 Year Strategy

People feel
cared for as
individuals

Respecting
each other

People feel
safe, reassured
and involved

People feel
confident we
are **making a**
difference

Agenda Item No 8

East Kent Hospitals NHS Foundation Trust

- 2013/14 Turnover (*nearly £526 million / £6 million surplus*)
- Financial position is rapidly changing
- Developing new models of care and service improvement (*one-stop OP clinic facilities and the new hospital in Dover etc.*)
- Hospital death ratio (*20% ≤ lower than the national average*)
- Good infection control rates (*MRSA / C diff*)



Challenges which must be addressed:

- Recent CQC report
(e.g. emergency services A&E, medicine, surgery)
- A&E operational issues
- Waiting time targets issues
- Workforce constraints
- 2020 Financial Challenge
(£40m deficit by 2017/18 & £147m by 2020)



We can't stand still as

- Increasing demand (*1.0% growth/year = 76,000 people over 10 year period*)
- 75+ age population (*3.5% growth/year = 29,000 people over 10 year period*)
- ^o East Kent increasing younger population (*1.3% growth/year = 18,000 over 10 year period*)
- Obesity rate (*continuous rise*)
- Facilities (*old / modern facilities, technology advancement*)
- Patient expectation (*quality care/close to home*)



Can we continue to do what we are currently doing?

If we say 'No' to change, by 2023:

- Activity would increase by:
 - Inpatient: +16% (15,000 people)*
 - Day case: +17% (12,000 people)*
 - Outpatient: +15% (92,000 people)*
- The Trust does not have the spare capacity to deliver growth at this level (*staff, estate or beds*)

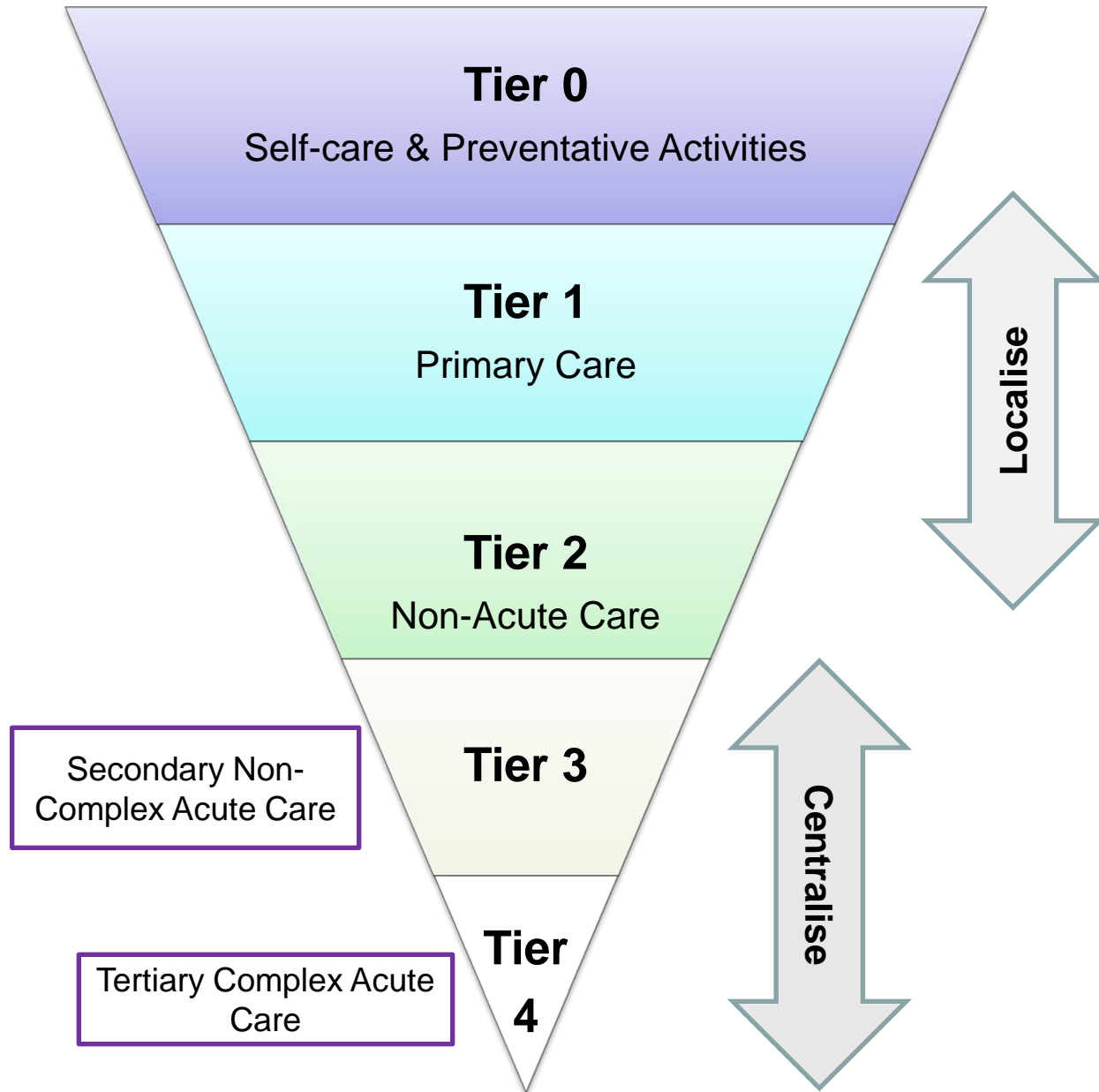


So, what's the answer?

- Unsustainable current pattern of services (*3 hospital sites*)
- Re-consideration of future care delivery
 - Local service delivery
 - Service centralisation/consolidation
 - Start new service delivery
 - Service delivery in different setting
- 7
- Integrated care strategy (*health and social care campus*)
 - tiers of care;
 - integration with primary care (*shared strategic aims*)
 - teaching nursing homes.
- Considering different options



What are tiers of care?



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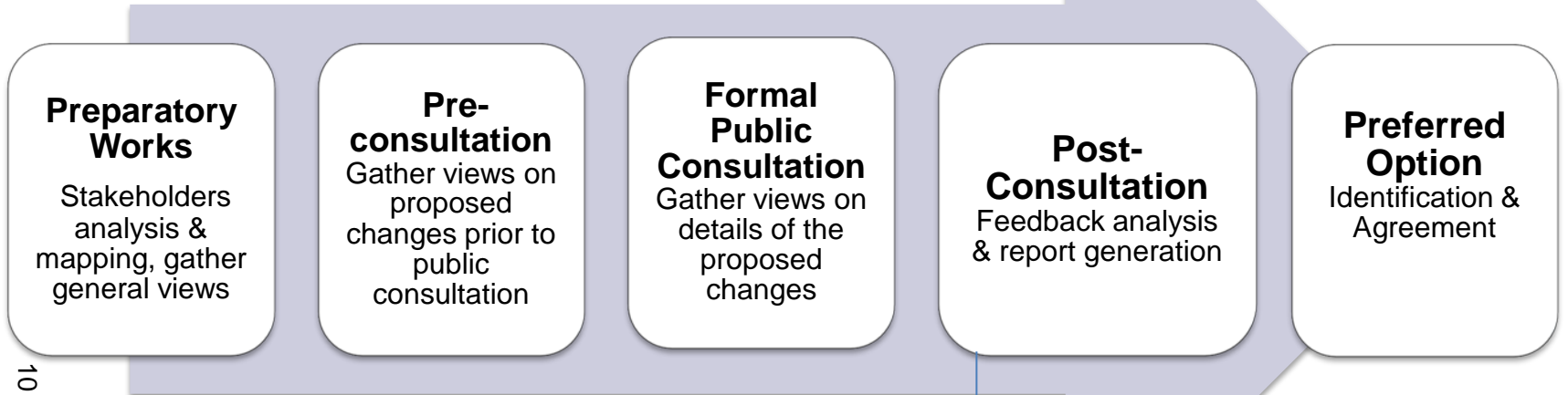


Steps taken toward 'Delivering Our Future'

- Working with Ernst & Young to model options
- Working with Clinicians and staff (ongoing) and the Clinical senate to agree Clinical Model
- Researching good practice and models of care
e.g. Clinically led visit to Holland in September 2014, visits to other Trusts
- Working jointly with CCGs and other providers to agree East Kent Health Economy wide approach
- Patients & Public engagement strategy (*ongoing*)
 - Kent Healthwatch engagement events (*ongoing*)
 - *9 events scheduled across East Kent*
 - *Spoken to over 767 people (56% face-face)*
 - *Over 180 speakout forms completed (88% positive)*
 - *Feedback received from all post codes in East Kent*
- Development of a range of options using the above information



Overview of Process:



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Staff engagement and working closely with clinicians
CCG involvement
Key healthcare partner engagement

Kent Healthwatch – Engagement events with Community Groups

- Stakeholders analysis and mapping
- Gathering views on proposed changes prior to public consultation

Clear Options for proposal

All Feedback Analysis & Report Generation

Report to EKHUFT Board of Directors



Current situation

- Wide recognition we cannot stay as we are and clinical consensus that reconfiguration is required.
- Acuity analysis and options around possible local care models has been completed.
- Public consultation will be required for reconfiguration and a date for this to start will be agreed as the options are agreed.
- Discussions have raised concern that 3 site unselected medicine is unsustainable in the medium term and so specialty risk assessments are now being finalised to inform the options
- The Trust's financial position has directly impacted our ability to borrow significant capital.
- The solution must take the Trust to a clinically, operationally and financially sustainable position.

