

Delivering our Future 2 to 10 Year Strategy







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)
- 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)





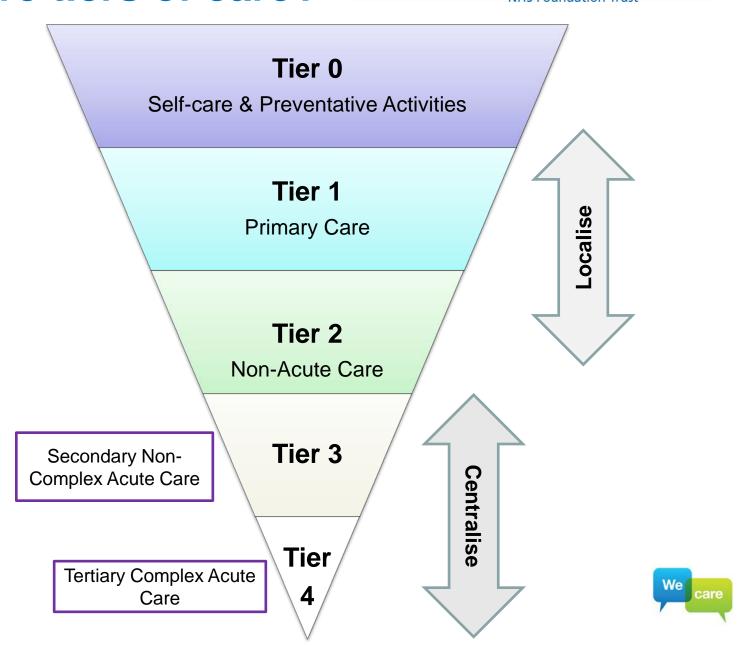
So, what's the answer?

- 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
- 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?







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:

East Kent Hospitals University NHS

NHS Foundation Trust

Phase 'A'

Phase 'B'

Preparatory Works

Stakeholders analysis & mapping, gather general views

Preconsultation

Gather views on proposed changes prior to public consultation

Formal Public Consultation

Gather views on details of the proposed changes

Post-Consultation

Feedback analysis & report generation

Preferred Option

Identification & Agreement

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.

