East Kent Hospitals University NHS
NHS Foundation Trust

Delivering our Future

HOSC Update

October 2015

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Current Position (Summer 2015)

The Trust is currently in a similar position to many other foundation Trusts in England – and our position has significantly deteriorated in the last 12 months

We need to provide Monitor with an overview of our proposed approach to address the clinical and financial challenges to sustainability.

We remain one of the safest acute Trusts in the country maintaining high performance for infection control and our hospital death rates remain around 20% lower than the national average

Our turnover for 2015/16 is expected to reach a new high of nearly £550 million but we are forecasting a deficit of £37m (for 2015/16)

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Why do we need to change?

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	2012	2015
Population	629.700	642,100
% over 75	9.5%	9.8%
Activity		YTD
Emergency (A&E)	200,085	85,989
Elective (El & DC)	85,308	38,188
Performance		
A&E (4 hour)	95.09%	88.02%
Cancer		
2ww	95.43%	91.83%
31 day (diag–treat)	99.09%	93.28%
62 day (GP ref)	87.83%	70.32%
18week RTT (admit)	91.95%	81.32%
Finance		
Income	£500,056,000	£534,450,000 projected
Surplus / Deficit	£15,100,000	£36,710,000 projected
Safety		
Mortality		
Crude EL (per 1000)	0.489	0.25 (average YTD)
Crude NEL (per 1000)	30.9	28.11 (average YTD)
Infection rate	4 MRSA & 40 C Diff cumm	0 MRSA & 14 C Diff (YTD)
Vacancy % (Sept Trust Average)	6.7%	8%

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Why do we need to change?

- CQC report.
- Increasingly stringent quality criteria for various clinical specialties.
- 7 day working pressures and KEOGH recommendations.
- Patients and public expectation of high-quality care close to home.
- Failure to achieve RTT in some areas.
- Increasing outsourcing of elective activity.
- Failure to achieve cancer targets in some areas.
- Failure to achieve the A/E standards

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So, what's the answer?

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- We need to re-consider how we deliver care in the future
- We cannot continue to provide the current pattern of services on three hospital sites and there is wide recognition that reconfiguration is required
- But we need to ensure we continue to deliver services locally wherever possible

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So, what's the answer?

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- Where absolutely necessary we have to consolidate services

- Financial position directly impacts the ability to borrow so the solution must be financially deliverable. We have assessed a borrowing capacity of circa £100m (alongside delivery of a Financial Recovery Plan).

- Delivery of **any** model is only achievable if we have a truly integrated care strategy with primary care, community & social care

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What have we done so far?

- Phase 1 of public engagement is complete and phase 2, ahead of a formal consultation process, will be planned for later in the year.
- Risk assessments have completed for all specialties.
- We have analysed the level of need (acuity) of our patients.
- We understand the financial envelope.

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What have we done so far?

- The CCGs have established an East Kent Strategy Board to lead a health economy approach.

  Members include:

  - Current providers EKHUFT, SeCAMB, KMPT, KCHFT.
  - Developing providers of the future – SKC, Thanet and Ashford Integrated care organisations led by GPs (primary care), Canterbury Vanguard Multi speciality provider led by GP Dr John Ribchester.

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Next Steps

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- We must agree a set of criteria including patient experience, clinical, financial and workforce aspects that will support option development.

- All options will need to be modelled against a range of viability metrics including specialist professional workforce availability and cost.

- We are working towards CCGs consulting with the public of any consequent significant service change in early/mid 2016.

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