

EKHUFT update report July 2018

Performance and capacity planning for Winter 2018/19

1. Background

- 1.1 East Kent Hospitals University NHS Foundation Trust (EKHUFT) is one of the largest acute Trusts in England. The Trust serves a population of 695,000, employing around 8,000 staff and has more than 1,000 beds across three main hospital sites in Ashford, Canterbury and Margate.
- 1.2 We provide local access to services with a range of outpatient and diagnostic services in our two community hospitals in Dover and Folkestone, as well as a range of services throughout the local area in facilities owned by other organisations, covering a large geographical area.
- 1.3 As with other acute Trusts, we are facing significant demand for services from an ageing population with complex needs. The reconfiguration of hospital services has remained largely unchanged for over a decade, impacting on the performance of some services and the Trust's ability to recruit staff, leading to very high spend on agency staff.
- 1.4 We also have a large, diverse and ageing estate, which requires considerable capital investment. The clinical strategy for the future of healthcare in east Kent includes significant capital investment in the hospital's estate.
- 1.4 Despite these challenges staff work incredibly hard to provide good patient care, 97% of inpatients say they would recommend our hospitals to their friends and family.

2. Investment and improvement in our services

- 2.1 In March 2017, NHS Improvement confirmed that the Trust had exited special measures for quality and by September 2017 there had been big improvements in the annual inspection of reports for hospital food, cleanliness and environment.
- 2.2 There have also been a number of investments made to support service improvements:
 - May 2017: The new chemotherapy unit at William Harvey Hospital (WHH) was officially opened, and blood transfusions were made available to patients using the mobile chemotherapy service.

- July 2017: The haemophilia centre at Kent and Canterbury Hospital (K&CH) was the first in the country to recruit patients to a new clinical trial.
- October 2017: The maternity bereavement suite opened at Queen Elizabeth The Queen Mother Hospital (QEQM).
- October 2017: funding approval was given for a joint partnership to provide a Dementia centre of excellence at Dover.
- October 2017: Two new MRI scanners were unveiled at Kent and Canterbury Hospital, as part of a £4m investment into diagnostic facilities at the hospital.

3. Improving performance on NHS constitutional access targets

- 3.1 We have a clear focus and plan in place to improve performance in waiting times in A&E, for planned care and cancer treatment and the experience for patients this represents, although these measures will only go some way to improving the situation. Long-term sustainable transformation of hospital services, supported by local care, is essential.
- 3.2 In May the Trust's performance for the percentage of patients being seen, treated and discharged or admitted within 4 hours was 80.8% against the national target of 95%. The Trust last reached 80% in March 2017.
- 3.3 67.2% of patient's treatment for cancer started within 62 days of an urgent referral by a GP, against the national target of 85% and 76.7% waited less than 18 weeks for a planned operation, against a national target of 92%.
- 3.4 In order to improve performance in the A&E four-hour standard, we need to have enough bed capacity to improve the flow of patients through the emergency department and ensure that patients are not staying in hospital for longer than they need to.
- 3.5 Having the right capacity in the right places, for example the right mix of surgical and medical beds, improves flow, reduces length of stay and improves performance across all target areas.
- 3.6 In order to plan ahead for next winter the Trust has allocated further investment this year for additional beds and staffing as part of its operational plan, see table below for details.

2018/19 Winter Improvement Plan

Standard	What the change is	What impact this will have
Meeting the 4 hour standard	Extending ambulatory care	To provide a more sustainable service and increase the number of patients who are seen and treated in a day, without needing to be admitted to hospital.
	Additional nurses to work alongside senior emergency doctors in the Rapid Assessment and Treatment area	To ensure timely assessment of patients, support early diagnostics and streaming, 24/7 dedicated nursing service for children, support the decongesting of emergency department and stream patients direct to Majors or AMU/SEAU.
	Provide additional resources to our radiology departments	This will extend operating hours of the second CT scanner at WHH into the weekend 12 hours per day, speeding up diagnosis for patients arriving in the emergency department.
	Additional staff resources for medical beds	Providing 28 additional medical beds at QEQM and 31 additional medical beds at WHH. This will improve patient flow across the whole emergency medical pathway reduce length of stay (LOS), decrease the risk of harm events, improve patient experience and A&E performance.
	Increase capacity for elective orthopaedics at Kent & Canterbury Hospital	Install two temporary theatres at K&CH supported by 22 ring-fenced beds. This will allow the Trust's orthopaedic surgeons to improve the quality of their service and will remove the risk of unplanned activity forcing the cancellation of planned surgery.
	Reduce delayed transfers of care	Whole-system plan to improve discharges, reduce the number of stranded patients and reduce length of stay.
Improve compliance with RTT targets	Reduce backlog in key specialities. Align capacity to better meet demand. Improve productivity in theatres, outpatients, pathways.	Reduce 52 week breaches for patients on an active RTT pathway in line with the NHSI submitted trajectory and reduce waiting times for outpatient services
Improve Cancer Targets	Improvements in capacity and demand planning.	This will enable the Trust to achieve its 62 day cancer target for its patients

4. Financial performance

- 4.1 The Trust continues to work hard to improve its financial position. At year end 2017/18, we had delivered a £33.1m cost improvement plan with a final financial deficit of £19.4m at the end of the year.
- 4.2 This involved considerable effort from staff who worked extremely hard to put in place efficiency schemes, all schemes involving clinical services are assessed to ensure that they maintain or improve patient care, for example by providing treatment which is more effective and leads to quicker recovery times.
- 4.3 The main operational drivers of the Trust's financial performance in 2017/18 included the failure to secure the full allocation of Sustainability and Transformation Funding due to our inability to remain within budget and for not hitting the 4- hour A&E target. Increasing operational pressures during the winter period meant our costs on staffing were higher than planned.
- 4.4 The increased pressure on our services and continuing difficulties in recruiting permanent staff led to the Trust being reliant on agency and locum staff in order to maintain safe staffing levels to meet CQC requirements. £29.4m was spent on agency staff and medical locums (including direct engagement), in the year and in addition £13.5m spent on Bank Staff largely for medical support and to address challenges in A&E.
- 4.5 For 18/19 EKHUFT has a planned annual consolidated turnover of £590million for 2018/19 and a cost improvement (savings) plan of £30m. Although the Trust's financial position has been stabilised, this means we are still forecasting a £30.9m deficit as we are unable to access Sustainability and Transformation funding.
- 4.6 The Trust continues to work closely with NHS Improvement under financial special measures.

5. Ophthalmology in Dover

- 5.1 Ophthalmology is a high volume specialty. The Trust provides the full range of out-patient services from its hospitals in Dover, Canterbury and Ashford. Buckland Hospital in Dover has specialist cataract theatres where 3-4,000 cataract operations are carried out annually, along with other eye surgery procedures.
- 5.2 The range of sub specialities within Ophthalmology provides services from cradle to grave and is predicted to grow by 30.7% in the over 70s and 13.5% in children under 10 by 2021.

- 5.3 In addition to demographic growth, is the demand that will continue to grow with treatment options for several diseases that were previously untreated, such as Wet Age related Macular Degeneration (wAMD), Diabetic Macular Oedema (DMO) and Macular Oedema due to Retinal Vein Occlusion (RVO).
- 5.4 The Wet AMD injection treatment service was first commissioned in 2008 when injectable anti-VEGF drugs became effective and available. In the 10 years since it started, there has been a huge increase in patients requiring the service. Patients also require multiple appointments each year to ensure minimum loss of sight and involve a programme of follow-up appointments for life.
- 5.5 The injection service, which was run by East Kent Hospitals University NHS Foundation Trust, was available at Kent and Canterbury Hospital, with a follow-up service at Buckland Hospital in Dover. However the increase in demand placed significant pressure on hospital services.
- 5.6 The service has now successfully been divided into two parts to increase the number of locations and providers of the service and so that the Trust can focus on the initial diagnosis and start of treatment:
- Tier 1: Diagnosis of Wet AMD and initiation of treatment – continues to be provided by East Kent Hospitals.
 - Tier 2: Follow-up monitoring and treatment continuation - is provided by ophthalmologists in the community from the following providers:
 - Spencer Hospital, Queen Elizabeth the Queen Mother Hospital, Margate
 - Spencer Hospital, William Harvey Hospital, Ashford
 - New Hayesbank Surgery, Kennington, Ashford
 - St Anne's Surgery, Beltinge, Herne Bay
 - Whitstable Medical Practice, Estuary View, Whitstable
- 5.7 Commissioners are currently seeking providers to deliver the Tier 2 service in Canterbury Dover.
- 5.8 Once the initial diagnosis is confirmed and treatment is started by the hospital, patients can choose which providers they want to be treated by for their subsequent follow-up, monitoring and injection appointments and can change providers at any time.
- 5.9 Patients who are eligible for NHS-funded patient transport to an east Kent hospital are also eligible for patient transport to the new Wet AMD clinics, this also applies to patients who are eligible for NHS-funded travel expenses for hospital treatment.

6. Radiology review of scans

- 6.1 The Trust's Radiology Department identified an administrative issue with the Radiology electronic management systems on 23 March 2018. This affected 5,581 examinations out of circa 6million dating back to 2007.
- 6.2 The Trust has two standard electronic management systems for radiology, the picture archiving and communication system (PACS) and the radiology information system (RIS).
- 6.3 On 23/3/2018, during a routine review, Radiology identified a number of examinations on PACS that do not have the information from an associated examination attendance record on the RIS.
- 6.4 All the examinations will have been reviewed by the requesting clinician at the time they were taken and all have always been available on the system for clinicians to view at any time.
- 6.5 The Radiology team has reviewed all of the 5581 images and reports as a precautionary measure and we are updating each of these records to make sure the information is recorded consistently across our systems.
- 6.6 No harm has been identified. The process of reviewing these images has been extensive and the process is almost complete.
- 6.7 As part of our assurance process to ensure that this problem cannot happen again, reports are now run on a weekly basis to identify any images that do not have an associated examination.

7. Update on Dementia Village

- 7.1 Working with Local and European health, local authority, education and research partners, East Kent Hospitals Trust has secured funding from the [Interreg 2 Seas programme](#) (co-funded by the European Regional Development Fund). The four year project is called "Community Areas of Sustainable Care and Dementia Excellence in Europe" (CASCADE).
- 7.2 The project will see the construction of new facilities for the elderly and for people living with dementia and will create a Centre of Excellence for dementia sufferers across the partner regions, behind Buckland Hospital in Dover, based on existing housing.
- 7.3 The overall objective of the project is to develop a new sustainable model of care for People Living with Dementia (PLWD) that can be applied across Europe.

- 7.4 Designs for modifications to the existing housing and a community centre were submitted to Dover District Council in December 2017, and planning approval received in May 2018.
- 7.5 A construction contract was tendered and a contractor has been selected. The aim is for an April/May 2019 opening. The site will be connected to the Buckland Hospital power supply which has generator back-up. The Dementia Village will also use space and facilities at the Buckland hospital.
- 7.6 Dr Phil Brighton has been appointed as the clinical lead for the project and the Trust successfully applied for Darzi Fellowship support for the Dementia Village and as a result Dr Jo Seeley and Dr James Hadlow are supporting the project.
- 7.7 Two meetings have been held with local residents around the Dementia Village site and the feedback has been very supportive. A resident has volunteered to represent the local neighbourhood and support the development of community resources.
- 7.8 Supportive technology will be a core part of the model of care and a research programme on its use will be conducted. It will be unobtrusive and used to support staff decision-making and to give PLWD at the Dementia Village as much freedom as possible. The intention is that staff time will be used more productively and interactions between PLWD and staff will be enriched.
- 7.9 Feedback from the focus groups and from our Dutch project partners is that the name "Dementia Village" has negative connotations. We are currently working on several ideas for a name for the Dover facility.

Ortho-geriatric services		✓	✓				
--------------------------	--	---	---	--	--	--	--

Our services	Kent & Canterbury Hospital	William Harvey Hospital	The Queen Mother	Elizabeth Hospital	Royal Victoria Hospital	Buckland Hospital	Estuary View Whitstable	Other community sites
Clinical support services								
Interventional radiology	✓	✓	✓					
Outpatient and diagnostic services	✓	✓	✓	✓	✓	✓	✓	✓
Therapy services	✓	✓	✓	✓	✓	✓		✓
Inpatient rehabilitation	✓	✓	✓					
Specialist services								
Cancer care (chemotherapy)	✓	✓	✓					✓
Cancer care (radiotherapy)	✓							
Child ambulatory services	✓	✓	✓			✓		
Community child health services	✓					✓		✓
Haemophilia services	✓							✓
Inpatient child health services		✓	✓					
Inpatient clinical haematology	✓							
Inpatient dermatology	✓							
Inpatient obstetrics, gynaecology and consultant-led maternity		✓	✓					
Midwifery-led birthing units		✓	✓					
Neo-natal intensive care unit		✓						
Special care baby unit		✓	✓					
Inpatient renal services	✓							
Renal dialysis	✓	✓	✓			✓		✓ ^[1]

^[1] Also provided by EKHUFT at Maidstone and Tunbridge Wells NHS Trust and Medway Maritime Foundation NHS Trust