

Sustainable Healthcare

Ashford Health and Wellbeing Board - 20 July 2016

Matthew Kershaw Chief Executive



East Kent Hospitals University NHS Foundation Trust

Challenges and opportunities

- Improvements in healthcare have had a dramatic effect on life expectancy
- We have a growing, ageing population living with long-term conditions, resulting in a significant increase in demand for our services
- A large number of the patients in acute hospital beds would be better cared for at home, in a nursing home or in the community
- Despite all our efforts, challenges in recruiting, faced nationally, are putting our staff under pressure
- And if we make no changes the Trust will have a deficit of £43m at the end of 2020/21
- We need to make sure people are cared for as close to home as possible and are only in hospital for as long as they need to be
- This is an opportunity to improve the way care is delivered and to make it more affordable so that we can meet increasing demand

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Why change is needed

- To meet this demand we need to transform the way we work to ensure:
 - people are cared for in the right place
 - care is safe and effective
 - our workforce is used as effectively as possible
 - We live within our means financially
- We are working with our commissioners and partners in health and social care on new models of care so that more patients can be treated out of hospital
- New initiatives are being developed to support this such as Multi–specialty Community Providers and Integrated Care Organisations
- There are plans for East Kent to have four MCPs for each CCG, to include:
 - acute interface and rapid response
 - Diagnostics
 - higher acuity ambulatory care
 - ALL provided more locally to the population
- Included in our Sustainability and Transformation Plan





Transforming acute care

- Some of our hospital services are already centralised, e.g.
 - A&E at Margate and Ashford and an Urgent Care Centre at Canterbury
 - acute general surgery based at Margate and Ashford
 - Ashford provides specialist cardiology for the whole of Kent and Medway
- We need to go further to concentrate some of our services across sites, to:
 - deliver services 24 hours a day, 7 days a week
 - make better use of our scarce specialist resource
 - ensure specialists see more patients and remain experts in their field
- We are working with our clinicians to look at how we can best configure our services across our three main sites, for planned, urgent and emergency care
- No decisions have been made and any changes will be consulted on by commissioners





Our improvement journey

- The Care Quality Commission said the Trust had made "significant improvements" when it visited us in July 2015
- The CQC upgraded the Trust's rating from "inadequate" to "requires improvement"
- The CQC praised our staff for how caring they were, which they rated as Good
- Improvement has continued at a pace overseen by the Improvement Plan Delivery Board – led by Dr David Hargroves and Chief Nurse Sally Smith
- We are being re-inspected over three days on September 5, 6 and 7
- The inspection will focus on the emergency pathway, medicine, maternity, care
 of the deteriorating patient and end of life
- The team will also be interested in leadership across the organisation (well-led domain)
- We are preparing with a mock inspection visit involving many of our external partners





Engaging the public

- We hold regular involvement sessions with our staff, who are also our local residents and sometimes our patients. Their friends and family are too
- We work closely with our governors who represent the "voice" of their local constituents, helping us to improve our services
- Our friends and family surveys and patient experience team ensure we get feedback from patients so we can improve the care we provide
- We are improving the information we make available to the public by turning our members publication into a low cost Trust magazine, free for anyone to pick up in GP surgeries, pharmacies and other community sites, starting from August
- We are involving our clinicians, wider staff and partners in discussions about future models of care

