

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **10th March 2011**

By: **Director of Governance and Community Services**

Title of report: **East Sussex Hospitals NHS Trust – Clinical Strategy**

Purpose of report: **To consider and comment on the Strategic Framework – the first part of the Trust’s Clinical Strategy**

RECOMMENDATIONS

HOSC is recommended:

1. **To consider and comment on the Strategic Framework.**
 2. **To request a further report on the Strategic Delivery Plan in June 2011.**
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1. Background

1.1 East Sussex Hospitals NHS Trust (ESHT) is the main provider of acute hospital services for the residents of East Sussex. It has two main hospital sites in Eastbourne and Hastings, and also runs services from a number of other sites including community hospitals in Bexhill, Uckfield, Lewes, Rye and Crowborough.

1.2 The Trust also manages (currently on an interim basis) the community health services previously managed by the East Sussex Primary Care Trusts (PCTs). These include services such as health visiting, district nursing, community rehabilitation and community hospitals. A process is underway to transfer these services to ESHT on a permanent basis, subject to approval by the PCT and Trust Boards in March 2011.

2. Clinical Strategy

2.1 ESHT is in the process of developing a clinical strategy, known as ‘*Shaping our Future*’ which aims to set out the future direction which will be taken by the Trust, taking into account the national and local context. It is intended to support the Trust in taking a consistent and coherent approach to developing and reconfiguring its services over the next five years.

2.2 The Clinical Strategy is being developed in two stages:

- Stage 1: the Strategic Framework
- Stage 2: Strategic Delivery Plan

2.3 The first stage, the Strategic Framework, sets out the Trust’s vision, mission, aims, objectives and priorities. It is intended to provide a framework within which the Trust will plan and make decisions over the next five years. By agreeing a Strategic Framework, the Trust aims to reduce the risk that decisions will be taken in isolation or inconsistently. The Strategic Framework, which has been approved by the Trust Board, is attached at appendix 1.

2.4 A further aim of the Framework is to assist the Trust in communicating what local people and partners should expect from the organisation. In addition to clarifying the Trust’s priorities, the intention is that a series of outcome measures will be developed, linked to the Strategic Framework, through which performance and improvement can be measured and communicated.

2.5 The second stage of the process is to develop a more detailed five year Strategic Delivery Plan. This will include detailed financial and service planning to identify how the Trust will deliver the priorities set out in the Strategic Framework, including the degree of change which will be required. In addition to demographic and clinical pressures, the Trust estimates that, as a merged

organisation, £101m of savings will be required over the five year period, delivered through a combination of efficiencies and redesign of services and care pathways.

2.6 The process of developing the Strategic Delivery Plan is currently underway, with the expectation that the Plan will go to the Trust Board in April 2011.

2.7 The Government's NHS White Paper, *'Equity and Excellence: Liberating the NHS'* sets out plans for all NHS Trusts to become Foundation Trusts by 2014. ESHT intends to apply for this status by 2012-13 and views the success of this application as being dependent on successful delivery of the Clinical Strategy.

3. Issues for HOSC to consider

3.1 HOSC received an initial presentation on the Strategic Framework at a seminar on 28th January. This provided an overview of the context and the content of the Framework. The Committee is now invited to consider and comment on the Strategic Framework.

3.2 Darren Grayson, Chief Executive, and Dr Amanda Harrison, Director of Strategy, ESHT will attend the HOSC meeting to discuss the Framework with the Committee.

3.3 Areas HOSC may wish to explore could include:

- The implications of the priorities identified in the Strategic Framework for service provision in the future.
- The extent to which clinicians and other staff are leading the development of the strategy.
- The engagement of patients, public and stakeholders in the development of the strategy.
- The focus on developing services for older people and those with long-term conditions.
- How the strategy is taking into account the proposed transfer of community health services to ESHT.
- Progress with the development of the detailed Strategic Delivery Plan.

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1. THE STRATEGIC FRAMEWORK

1.1 The development of our vision, mission, aims, objectives and priorities has involved our local population, partners and staff through an inclusive engagement process. Specifically they have been developed in consultation with colleagues in ESCHS to ensure they reflect the proposed integration of acute and community services and our aspiration to become a provider of integrated healthcare services. There will be a need to keep the framework under continuous review to ensure it reflects our development as an integrated organisation in the future.

1.2 **Our Vision** is to be:

The healthcare provider of first choice for the people of East Sussex

1.3 **Our Mission** is to

Continuously improving outcomes for our patients

1.4 **Our Aim** is to deliver patient centred care by:

- making safe patient care our highest priority
- using our resources efficiently and effectively for the benefit of our patients and their care.
- ensuring our services are clinically and financially sustainable.
- Improving and enhance patients' experiences and clinical outcomes.
- working in partnership to meet the needs of our local population
- continuously developing our services and our staff

1.5 **Our Objectives** are to:

- provide high quality, innovative and accessible emergency care
- provide high quality, innovative and accessible elective care
- revolutionise services for older people and those with long term and complex conditions through the provision of integrated services
- deliver the right care in the right place at the right time by working in clinical networks and other partnerships
- communicate effectively with our patients, our staff, our community and our partners
- maintain and develop a skilled and motivated workforce
- realise the benefits from our estate and IT infrastructure
- drive productivity and efficiency and where appropriate maximise our market share

1.6 **Our Service Parameters**

The Board defined the following high level parameters for future service provision prior to the proposal for vertical integration. These will need updating if the proposal is agreed:

- Acute services will be provided from two viable and vibrant main hospital sites
- There will be some differentiation in the range of services delivered on each of the two main hospital sites with A&E, day surgery and outpatient provision on both sites
- Services will be provided from other sites when and where appropriate
- The scope of services provided by ESHT in the future will not be restricted to acute/secondary care services if it can be demonstrated that extending provision will benefit to patients

1.7 Our Priorities

In order to deliver our aims and objectives within the parameters set out above the following priorities have been identified. These have been broadly allocated to four categories: Emergency Care, Planned Care, Integrated Care and Cross Cutting. However it is recognised that there is a high level of inter-dependency between these priorities and in the actions required to deliver them and this will be taken into account when developing the five year strategic delivery plan.

1.8 Emergency Care Priorities relate to those aspects of care that are provided urgently in an emergency and therefore are not planned or predicted in advance

The trust will:

- i. Deliver a clinically **safe and sustainable emergency service** in fit for purpose accommodation.

Actions will include:

- deciding how to maintain emergency services on the two acute hospital sites
- ensuring skill mix and staffing levels supports clinical safety and can be reliably maintained
- allocating resources based on demand and commissioning intentions
- reaching agreement with acute, community primary and social care providers about admission, discharge and readmission protocols
- recruiting, retaining and training staff to enable them to work flexibly across the Trust's sites.
- ensuring the delivery of care on the two acute hospital sites is in line with the RCP report '*Acute Medical Care: the right person, in the right setting, first time*'

- ii. Provide **specialist team assessment and specialist care regardless of the age of the patient** ensuring a patient's care pathway is determined by clinical need

Actions will include:

- ensuring access to assessment and treatment by specialist clinical teams on admission
- developing innovative specialist emergency care provision to meet local needs and respond to changes in clinical practice
- developing one stop services with appropriate multi-disciplinary support,
- reviewing and revising service locations to support the optimal delivery of agreed pathways

- iii. Deliver **rapid diagnosis, treatment and high quality care is available for the critical ill patient 24 hours** a day 7days a week

Actions will include:

- ensuring 24/7 access to senior speciality clinicians diagnostics and treatment for patients with emergency and urgent care needs
- improving access to critical care beds by effectively managing occupancy rates and through put
- providing a senior clinical opinion within three hours of emergency attendance

- iv. Work with partners to secure **appropriate use of emergency and urgent care services and to provide alternatives to using emergency services where appropriate**

Actions will include:

- working to develop integrated care pathways for patients with long term and complex conditions that enable access to urgent specialist clinical opinion at times of exacerbation
 - partnership working with commissioners and other providers to reduce the impact of 'frequent fliers' and inappropriate emergency attendances
 - enhancing and developing alternatives to emergency attendances in community and primary care settings
 - providing ambulatory care pathways for appropriate conditions
- v. Every patient to have a **complete package of care and a discharge plan** determined as rapidly as possible after an emergency admission to minimise length of stay and predict and remove barriers to discharge.

Actions will include:

- providing rapid and thorough assessment of the patient's clinical and social needs within a maximum of two days after admission,
- MDT working with support services (Dietetics, Therapies etc), Social Care, and specialist clinicians to agree and provide a complete package of care
- multi-disciplinary discharge planning

- vi. Ensure appropriate '**flow**' of patients along the appropriate emergency care patient pathway.

Actions will include:

- reducing unnecessary length of stay, outliers and 'bed blocking' by ensuring that no patient is waits unnecessarily in hospital for procedures or investigations
- optimising the use of twilight lists to avoid delays in patients receiving urgent surgical treatments

1.9 **Planned Care Priorities** relate to those aspects of care which are planned and scheduled in advance

The Trust will:

- i. **Provide excellence in the planned care and treatment of our older population** and patients with complex needs and co-morbidities

Action will include:

- developing care pathways for the older patient
- providing timely support services and rehabilitation in partnership with primary, community and social care providers
- developing specialist clinical support to address the medical needs of surgical patients
- providing step-down care according to need – developing integrated provision within Level 1 units
- supporting the development of ambulatory care models for planned care e.g. chemotherapy

- ii. **Increase the proportion of patients treated as day cases** by developing innovative care pathways and treatment modalities

Actions will include

- developing the use of procedures under local anaesthetic and laparoscopic interventions
- enhancing and developing day case services in locations other than acute hospital sites

- iii. **Ensure the development of patient pathways and treatment thresholds** which provide the right care in the right place at the right time including care closer to home

Actions will include:

- developing referral thresholds, protocols and proformas with Primary Care aligned to clinically agreed and supported pathways
- repatriating tertiary care patients where it is clinically safe and cost effective to do so
- developing one stop services with appropriate multi-disciplinary support,
- reviewing and revising service locations to support the optimal delivery of agreed pathways

- iv. **Ensure a complete package of care and a discharge plan** is determined *prior* to elective admission for all patients to minimise length of stay and predict and remove barriers to discharge.

Actions will include:

- providing rapid and thorough assessment of the patient's clinical and social needs prior to admission,
- MDT working with support services (Dietetics, Therapies etc), Social Care and specialist clinicians prior to admission to agree and provide a complete package of care
- Involving multi-disciplinary in pre-admission discharge planning

- v. **Maximise theatre capacity utilisation** by streamlining processes and support arrangements to speed patient flow and make effective use of clinical time

Actions will include:

- having dedicated admissions provision,
- reducing elective cancellations,
- maximising the use of the clinical team to preoperatively assess and prepare patients for theatre
- providing appropriate post operative critical care support

- 1.10 **Integrated Care Priorities** relate to those aspects of care that are primarily delivered in partnership with other health or social care providers including those in the third sector:

The Trust will:

- i. Deliver **integrated children's services** through a whole systems partnership approach

Actions will include:

- influencing and supporting the ongoing development of the Children's Trust through a focus on integrated health and social care provision
- enhancing and developing a range of universal, targeted and specialist services e.g. family nurse partnership, team around the child for disabled children
- developing fully integrated ambulatory care provision to minimise admissions

- ii. Develop a **specialist approach to rehabilitation and intermediate care** (step up and step down) particularly for older people and those with complex needs and co-morbidities

Actions will include:

- further developing the integrated health and social care partnership for the delivery of intermediate care

- developing further integration within rehabilitation pathways e.g. for therapy provision
- developing specialist/consultant support for rehabilitation and intermediate care pathways e.g. orthogeriatrics

iii. **Ensure a complete package of care** is determined for all patients to minimise acute admissions, minimise length of stay and predict and remove barriers to discharge

Actions will include:

- focusing on optimising length of stay across the health and social care system
- identifying patients at risk of deterioration or exacerbation and provision of rapid intervention and clinical support in partnership with primary care
- ensuring full multi-disciplinary team involvement in discharge planning and post-discharge care where required

iv. Develop a specialist approach to the **care management of people with long term conditions**

Actions will include:

- extending the support available for patients to self care by monitoring their own condition and identifying exacerbations through the Expert Patient Programme and telehealth and telecare programmes
- providing rapid access to clinical specialists and one stop shops for patients with exacerbations of their condition
- supporting joint assessment and care management building on work already in place with adult social care provision
- making appropriate provision for crisis management in community settings

v. Ensure the **identification and proactive management of patients at the End of Life**

Actions will include:

- ensuring staff are trained and supported to identify patients at the end of life and to provide appropriate care
- ensuring service provision supports patients to die in their place of choice

vi. Develop a specialist approach to **tackling health inequalities**

Actions will include:

- partnership working with the Health and Wellbeing Board to contribute to strategic planning and implementation
- adopting a holistic approach to individual care management and the identification of lifestyle risks
- providing and/or referring to appropriate primary and secondary preventative advice and support

1.11 **Cross cutting priorities** relate to those clinical areas which have a significant impact on all of the above aspects of care

i. Deliver **clinically sustainable and integrated maternity services**

Actions will include:

- ensuring skill mix and staffing levels support clinical safety and can be reliably maintained
- deciding how to maintain maternity services at the two acute hospital sites and the birthing centre.

- recruiting, retaining and training staff to enable them to work flexibly across the Trust's sites.
- offering national choice agenda to women accessing our services.
- fully involving local women with any developments or changes to services

ii. **Minimise clinical variation in care pathways**

Actions will include:

- ensuring development of and adherence to common care pathways
- ensuring cross speciality provision is matched to patient need
- developing and maintaining clinical expertise, appropriate levels of specialism and appropriate skill mix
- matching patient need to specialism
- supporting the local development and use of Map of Medicine as a tool for clinical decision making

iii. **Pre-empt changes in pathways and clinical practice** by innovating and adapting clinical practice and service design

Actions will include:

- planning for increases in intervention requirements resulting from screening programmes or NICE guidance
- developing a health economy wide clinical forum to identify and agree priorities for service development and innovation