

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

Date: **21 November 2013**

By: **Assistant Chief Executive**

Title of report: **East Sussex Healthcare NHS Trust Clinical Strategy**

Purpose of report: **To consider progress with implementing reconfiguration of the Trust's stroke, general surgery and orthopaedic services.**

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## RECOMMENDATIONS

**HOSC is recommended to consider how the Committee wishes to continue to scrutinise progress with implementation of the service reconfiguration linked to the Trust's Clinical Strategy.**

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### 1. Background

1.1 In June 2012 HOSC considered reconfiguration proposals for three services arising from the East Sussex Healthcare NHS Trust (ESHT) Clinical Strategy, known as '*Shaping our Future*':

- Acute stroke care
- Emergency and higher risk elective (planned) general surgery
- Emergency and higher risk elective orthopaedics

1.2 HOSC undertook a detailed review of the proposals from July to October 2012 and prepared a report, including 20 recommendations, which was agreed by the Committee on 30 October 2012. The report is available from the HOSC website [www.eastsussexhealth.org](http://www.eastsussexhealth.org).

1.3 In November 2012 the Board of NHS Sussex (the Primary Care Trust cluster), as the then commissioner of services, decided that:

- ESHT acute stroke services should in future be provided only at Eastbourne District General Hospital (DGH).
- ESHT emergency and higher risk elective orthopaedic and general surgery services should in future be provided only at the Conquest Hospital.

1.4 In December 2012 NHS Sussex and ESHT sought HOSC's support for the decisions. They also presented the NHS response to HOSC's recommendations, all of which were accepted. HOSC agreed, by majority vote, that the reconfiguration of these services is in the best interests of the health service for residents of East Sussex and could therefore proceed to implementation.

### 2. Implementation

2.1 In March 2013 HOSC received a report from ESHT on progress towards the implementation of the service changes and action against HOSC's recommendations. The Full Business Case (FBC), required to gain access to £30m in capital funding to support implementation of the reconfiguration plans and the wider Clinical Strategy, was in development, with the intention that it would be considered by the ESHT Board in June 2013. Implementation of the service changes was planned for autumn 2013.

2.2 In June 2013 HOSC received a further progress report from ESHT which advised the Committee of a delay to the production of the FBC in order to meet additional requirements of the new NHS Trust Development Authority (TDA), the body responsible (since April 2013) for overseeing NHS Trusts and agreeing their requests for capital funds. This delay was expected to impact on how the service reconfiguration progressed.

2.3 In September 2013 the Trust advised HOSC that the FBC would be considered by the Trust Board in October and, subject to approval, would then be considered by the TDA Board in early 2014. The Trust had made interim service change arrangements for the acute stroke service, which was centralised at Eastbourne Hospital in July. Interim plans to consolidate general surgery services at the Conquest Hospital were in development, with a view to moving services by

December 2013. The Trust indicated that the move of orthopaedic services would not take place until 2014, as it would await the outcome of the FBC process.

### **3. Progress reports**

3.1 A report from ESHT (**Appendix 1**) outlines the progress that has been made by the Trust in reconfiguring stroke, orthopaedics and general surgery. Stroke services have been located on the Eastbourne District General Hospital site and general surgery and orthopaedic services on the Conquest Hospital site.

3.2 The report also updates HOSC on progress being made in securing the enabling capital development that underpins the delivery of the clinical strategy as a whole.

3.3 Amanda Philpott, Accountable Officer/Joint Chief Operating Officer, Eastbourne, Hailsham and Seaford and Hastings and Rother Clinical Commissioning Groups (CCGs) will also be in attendance from a commissioner perspective. Amanda chairs the Shaping our Future Programme Board, the partnership group which oversees the Clinical Strategy implementation.

### **4. HOSC Task Group**

4.1 HOSC's Clinical Strategy Task Group provides additional scrutiny of the implementation of service reconfiguration and delivery of action against HOSC's recommendations. Since the last HOSC meeting the Task Group has visited the stroke wards at Eastbourne DGH and received a written update from the Trust on interim plans for general surgery. The Group will meet again on 17 December.

4.2 From January 2014, it is expected that the Task Group will cease its detailed work on maternity and paediatric services as the full Committee will be engaged in scrutiny of any specific proposals for change that emerge. In this context, and in light of the progress reports considered today, HOSC is asked to consider how it wishes to undertake ongoing monitoring of ESHT Clinical Strategy implementation.

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## APPENDIX 1

<b>To</b>	<b>East Sussex Health Overview and Scrutiny Committee</b>
<b>From</b>	<b>East Sussex Healthcare Trust</b>
<b>Subject</b>	<b>Update on implementation of the service reconfigurations to acute and hyper acute stroke services, emergency and high risk general surgery and emergency and high risk orthopaedic services</b>
<b>Date</b>	<b>For Consideration by HOSC members at the meeting on the 21<sup>st</sup> November 2013</b>
<b>Purpose and Timeframe</b>	<b>To update on the progress made by East Sussex Healthcare Trust (ESHT) in implementing the service reconfigurations formally consulted on in 2012</b>

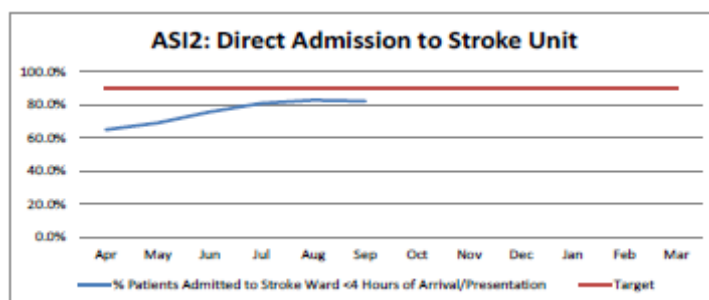
### 1. INTRODUCTION

- 1.1 East Sussex Healthcare Trust has had an ongoing programme of strategic development in place since 2011. The programme, *Shaping our Future*, has resulted in the development of a clinical strategy. The first phase of its implementation focused on the development of proposals for improving the clinical, operational and financial sustainability of eight key services. For three of these services (**Stroke, General Surgery and Orthopaedics**) the proposals involved the reconfiguration of services. For a further three (**Emergency Care, Acute Medicine and Cardiology**) the proposals could be delivered through service redesign. Public consultation and NHS decision making on the reconfiguration proposals took place in 2012. In December 2012 the HOSC agreed that the proposal to reconfigure these services was in the best interests of local people.
- 1.2 Proposals for delivering sustainable the remaining two key services, **Maternity and Paediatric** are being developed by the Clinical Commissioning Groups with progress in this area being reported separately to HOSC
- 1.3 This report updates the HOSC on the progress that has been made by the Trust in reconfiguring the above three services by locating stroke

services on the Eastbourne District General Hospital site and general surgery and orthopaedic services on the Conquest Hospital site. It also updates the HOSC on the progress being made in securing the enabling capital development that underpins the delivery of all six key service areas.

## **2 STROKE**

- 2.1 The Trust reconfigured stroke services at the end of July 2013. In advance of the reconfiguration operational policies were developed with the input of clinicians from the Trust and from South East Coast Ambulance Service (SECamb). ESHT also worked with neighbouring trusts, in particular Maidstone and Tunbridge Wells to ensure that any impact on their stroke activity was understood and managed.
- 2.2 Communications were sent in advance of the change to GPs informing them of the implications of the changes for their referral practice. Information was also provided to the public emphasising the national FAST campaign messages and highlighting the service change.
- 2.3 In advance of the reconfiguration significant work was undertaken to develop and commence the implementation of clinical pathways that would support the new model of care for stroke patients. Improvements against four of the five measures used for assessing stroke service performance were made during this period and these have been sustained following the reconfiguration.
- 2.4 Performance against one of the five measures, direct admission to a stroke unit, has not yet reached target levels (September figures). The Trust has looked in detail and at patient level as to why this target not been achieved and has recognised that further work is required to ensure the pathway for patients who are referred by their GPs with suspected but not definitive stroke symptoms is appropriate and fully implemented. This work is now underway and the trust continues to monitor all aspects of the stroke pathway to ensure improvements are delivered on a patient by patient basis.



- 2.5 Now that the reconfigured service has been operating for three months the Trust is commencing a service review which will consider clinical quality and patient experience as well as the operational aspects of the service. It has been agreed that the outcomes of this review, when complete, will be reported to the Trust Board and also made available to the Clinical Commissioning Groups and the HOSC as required.

### 3 GENERAL SURGERY

- 3.1 Plans are currently well developed in support of moving emergency and high risk general surgery to the Conquest site in mid December. As part of the planning process a robust risk register has been developed to highlight any clinical or operational risks associated with the changes and to allow mitigations to be developed and implemented.
- 3.2 The Trust Board will conduct a detailed review of the planned service move and will examine the risks and the robustness of the mitigations that are in place prior to giving the go-ahead for the change to take place. As part of this process the board will also consider the risks associated with not undertaking the move as planned.
- 3.3 Once the Board assurance process is concluded communications will be issued to all stakeholders informing them of the Board's decision and the implications.
- 3.4 The proposed move has been timed to allow a number of risk mitigations to be implemented and to coincide with a time of lower elective activity. As with Stroke services, planning for the reconfiguration has included the development of an Operational Policy in consultation with clinicians and SECamb.

- 3.5 Enabling building works have been completed in support of this move and the future relocation of emergency and high risk orthopaedic services. It should be noted that whilst these building works fully support the relocation of the service further capital improvement will be required in support of the full delivery of phase one of the Trust's Clinical Strategy as outlined below.
- 3.6 The plan for the reconfiguration includes undertaking a review of the service three months after implementation and this will allow the trust to gain an early view on the delivery of planned benefits as well as identifying any further risks and appropriate mitigating actions.

#### **4 FULL BUSINESS CASE IN SUPPORT OF CAPITAL INVESTMENT**

- 4.1 In order to meet the clinical needs of the reconfigured and redesigned services and to provide maximal financial and efficiency gain enabling investment to the estate is required. This investment addresses both the increased capacity requirements of the reconfigured services at ward level and at the "front of house" and ensures that the redesigned interdependent services (Acute Medicine and Accident and Emergency care) are provided in an environment that enables them to deliver the appropriate patient flow that supports the delivery of efficiencies. Additionally this investment updates those areas to improve the patient environment, meet single sex accommodation needs, address infection control issues and enable opportunities within IT to be maximised.
- 4.2 These changes to the services and estate will be the foundation stones of the Trust delivering clinically, financially and operationally sustainable services and future proofing the estate to respond to changing priorities and clinical requirements that will appear in the years to come.
- 4.3 The Trust has developed a Full Business Case (FBC) in support of this enabling capital investment for submission to the Trust Development Authority (TDA). This case builds on the Outline Business Case that was developed to support NHS decision making following public consultation. The FBC outlines the case for a £30million capital investment which will require TDA approval.

4.4 The Trust submitted a final draft business case to the TDA for comment and is now working on addressing the comments received prior to a meeting being held with the TDA to discuss the detail of the case and inform the TDA decision making process. The Trust Board will consider the FBC at a Board meeting in public prior to final submission to the TDA and a date for this will be confirmed shortly.

