

## Trust Board Report-

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| <b>Meeting Date:</b>   | 23 February 2015  |
| <b>Title:</b>  | Cannock Chase Hospital Integration Programme Update   |
| <b>Executive Summary:</b>  | <p>This report provides an update on the wider Integration Programme and will</p> <ul style="list-style-type: none"> <li>• Summarise the service changes which have now been completed</li> <li>• Highlight the next tranche of service changes and ongoing progress</li> <li>• Provide a summary of progress against key milestones</li> <li>• Outline key risks and issues</li> <li>• Performance on key indicators at Cannock</li> </ul>       |
| <b>Action Requested:</b>   | The Trust Board is asked to: Note changes now complete, the proposals for the next tranche of changes and the key issues facing the programme.  |
| <b>Report of:</b>  | Sultan Mahmud<br>Integration Programme Director<br>Executive Lead for Transition  |
| <b>Author:<br/>Contact Details:</b>                                  | Sultan Mahmud<br>Tel 01902 695366      Email:s.mahmud@nhs.net   |
| <b>Resource Implications:</b>  | None  |
| <b>Public or Private:<br/>(with reasons if private)</b>              | Public  |
| <b>References:<br/>(eg from/to other committees)</b>                 |   |
| <b>Appendices/<br/>References/<br/>Background Reading</b>            | Appendix 1- Cannock Site Specific KPI Dashboard   |
| <b>NHS Constitution:<br/>(How it impacts on any decision-making)</b> | <p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul> |

## Background Details

1.0

### **Phase 1 Changes**

Following the successful transfer of Obstetrics Services on 16 January 2015, Gynaecology, transferred on 9 February 2015. The Gynaecology team had worked closely with colleagues from UHNM to ensure the safe transfer of services. Clinics are continuing to run at Cannock Chase Hospital and plus the Obstetric and Gynaecology ultrasound service are still available at Cannock managed by the RWT team.

In addition, Trauma services ceased at County Hospital on 9 February and the service transition occurred smoothly. In line with local planning elective Orthopaedic activity has been transferred to Cannock Hospital with the designation of a fifth operating theatre and an additional 13 beds to support this activity. This has supported the transfer of inpatient operating for 6 lower limb surgeons, who commenced operating at Cannock on 10 February. This transfer has created capacity at New Cross Hospital to accommodate the anticipated increased trauma activity and operating theatre capacity for colorectal and breast surgery.

The intention is to further expand elective Orthopaedic services at Cannock by building two new theatres at Cannock by November 2015.

With the cessation of acute Surgery two Colorectal Consultant posts (one incumbent post holder) and one Breast Consultant transferred to RWT on 9 February 2015. Although all of their operating sessions have been programmed to take place at New Cross these consultants will continue to carry out clinics at Cannock.

2.0

### **Phase 2 Changes**

The second tranche of services changes updates and the timelines are as follows:

2.1

**Cardiology**- this service will implement a revised structure from 30 March 2015. The impact on RWT will include the transfer of Cardiology Investigations at CCH and the transfer of 2 Consultant Cardiology posts. The overall reconfiguration also included the closure of the Catheter Laboratory at County, Hospital, however there are no staff or activity transfers to RWT as a result of this.

2.2

**Acute Medicine**- Following changes in ambulance boundaries, much of this activity has already moved. The service model for Acute Medicine at County is still awaiting from UHNM, but the general view is that there will be no significant further non elective reconfiguration. UHNM senior management are finalising the clinical model which to be provided at the County Hospital Stafford. The Programme Team and Division are however actively pursuing the transfer of the lung function service delivered at Cannock. The Board will be kept up to date with progress.

2.4

**Imaging**- the service changes for imaging relate to both the reconfiguration of reporting systems and the transition to RWT systems at CCH and to the repatriation of imaging activity (Ultrasound, interventional, fluoroscopy and nuclear medicine) from County Hospital/UHNM. Both are targeted for 23 April 2015 remain on target.

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| 2.5 | <p><b>Paediatrics-</b> As reported previously, the closure of the Paediatric Inpatient ward at County Hospital was initially programmed for March 2015. However due to a range of issues including the mapping of pathways with community partners and availability of capacity at Stoke, it has been agreed that this service will now transfer on 18 May 2015.</p> <p>The RWT clinical team are working closely with colleagues at South Staffordshire and Shropshire Healthcare Foundation Trust (SSSFT) to ensure that all the necessary pathways are clear and provide appropriate support for children, their carers and GPs. There are however differences in terms of commissioned services between Wolverhampton and Staffordshire which will be continued to be worked through with the clinical teams and the commissioners after the initial changes in May.</p> |
| 2.6 | <p><b>Haematology/Oncology:</b> There are complex pathway issues that need to be resolved with outpatient services. Local Transition Board (LTB) approval for this service transfer to be delayed until at least June 2015 is being sought in order to ensure a safe transfer. The Directorate team are meeting with UHNM in order to agree the service model and move forward with this transfer.</p>   |
| 2.7 | <p><b>Orthopaedics:</b> RWT is leading on the Management of Change process and preparation of documentation in conjunction with UHNM. A week by week plan has been drafted and shared with UHNM.</p>   |
| 3.0 | <p><b>Human Resources</b></p> <p>A key issue facing the organisation as it progresses the 2<sup>nd</sup> tranche of transfers is the overwhelming view of staff working at County Hospital that their preference for future employment is County Hospital. Although this will offer significant challenges to the Trust's services RWT will recognise this position and ensure that potentially low transfer numbers are appropriately mitigated</p>   |
| 4.0 | <p><b>Internal/External Assurance Processes:</b></p> <p>The external assurance process and timetable for Paediatrics has now been confirmed by the CCG and TDA, with the Trust based assurance visits programmed for week commencing 2 March, and COG/CCG panel date set for 12 March. The outcome will be reported to the Trust Board meeting on 30 March</p>   |
| 5.0 | <p><b>Communication and Engagement</b></p> <p>The programme specific engagement plan continues to progress. Updates have been provided to the Health Scrutiny Chairs for both Wolverhampton and Cannock Chase Councils.</p> <p>Orthopaedic and Obstetric Clinical staff have also presented details of their new service configurations and proposals for potential further developments at Cannock To the GP members of the Cannock Chase CCG.</p>  |

6.0

**Acquisition Business Case**

The case including the capital funding and revenue proposals was approved by the NTDA in January secures funding for the RWT element of the delivery of the TSA model for a period of 29 months (November 2014- March 2017).

The NTDA are in the process of designing a benefits realisation reporting mechanism in light of the investment received from receiving Trusts as part of the Transaction process.

7.0

**Performance and Delivery against programme/plan**

The transition Phase is marked by a number of key milestones

| Programme Area            | Key Milestone/Indicator  | Progress   | Status |
|---------------------------|--|--|--------|
| Programme Plan            | Double Lock process 2 <sup>nd</sup> tranche service moves  | In progress  |        |
|                           | Documented plans and risk register available for each 2nd tranche service move                           | In progress  |        |
| Acquisition Business Case | NTDA approval  | Complete   |        |
| Budget                    | Service Income/Expenditure mapped to reflect adjusted transfer dates and appropriate monitoring in place | In progress for 2015/16                                  |        |
|                           | Programme Budget monitoring  | On target  |        |
| Activity                  | Activity numbers understood, mapped and appropriate monitoring in place                                  | In progress  |        |
|                           | Profiles adjusted to reflect transfer date changes   | In progress (await LTB confirmation)                     |        |
| Estates                   | Maternity Phase 1  | Available for occupation 16.2.15                         |        |
|                           | Endoscopy  | Completion March 2015                                    |        |
|                           | Rheumatology Day Case  | On programme   |        |
|                           | Car Parking- 30 on site plus 40 in CCC car park  | In progress  |        |
|                           | CCH Theatres   | Design principles agreed for enabling works and theatres |        |

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|  | Completed                              |
|  | In Progress and on track               |
|  | In Progress but off planned trajectory |
|  | Significantly off plan                 |

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| 8.0 | <p><b><u>KPI Dashboard</u></b></p> <p>In addition to the activity and finance profiles the Trust is monitoring the site specific performance of Cannock against the existing KPI dashboard. (see Appendix 1)</p>   |
| 9.0 | <p><b>Conclusions and Recommendations</b></p> <p>The integration to date has taken place with minimal disruption and this is a considerable credit to the hard work of the clinical directorates and operational leadership. There are still challenges facing the clinical teams, the Trust and the health economy, but there are robust structures in place to manage the process, facilitate communication and mitigate risks.</p> <p>The Trust Board is asked to note:</p> <ul style="list-style-type: none"> <li>• The successful integration of Obstetrics, Gynaecology, acute Surgery and Trauma.</li> <li>• The progress towards the second tranche of changes.</li> <li>• The outstanding issues being addressed by the Programme Team and Directorates.</li> </ul> |

Draft for Board Approval

**KPI's Performance**  
(site specific performance)

**Executive Lead: Chief Operating Officer**

KPI's Performance

(site specific performance)

|  | Target | RWT     | CCH     | Total   |
|--|--------|---------|---------|---------|
| 18 Weeks - Non-admitted  | 95%    |         |         |         |
| 18 Weeks - Admitted  | 90%    |         |         |         |
| 18 Weeks - Incomplete pathways   | 92%    |         |         |         |
| Diagnostic tests >6 weeks  | <1%    | 0.00%   | 0.00%   | 0.00%   |
| 2 WW - GP referral to 1st outpatient cancer                                    | 93%    |         | 89.87%  | 92.16%  |
| 2 WW - GP referral to 1st - breast symptoms                                    | 93%    | 59.15%  |         | 59.15%  |
| 31 Day - Diagnostic to 1st treatment   | 96%    |         | 100.00% | 95.51%  |
| 31 Day - 2nd or subsequent treatment - Surgery                                 | 94%    |         | 100.00% | 87.88%  |
| 31 Day - 2nd or subsequent treatment - Drugs                                   | 98%    | 98.46%  |         | 98.46%  |
| 31 Day - 2nd or subsequent treatment - Radiotherapy                            | 94%    | 100.00% |         | 100.00% |
| 62 Day - Urgent GP referral to treatment                                       | 85%    |         | 100.00% | 81.48%  |
| 62 Day - Urgent GP referral to treatment - Screening                           | 90%    | 81.25%  |         | 81.25%  |
| 62 Day - Urgent GP referral to treatment - Consultant Upgrade (local standard) | 88%    |         | 100.00% | 92.93%  |

|  | Target | RWT | CCH | Total |
|--|--------|-----|-----|-------|
| Mixed Sex Accommodation                        | 0      | 0   | 0   | 0     |
| Cancelled operations rebooked <28 days         | 0      | 0   | 0   | 0     |
| Urgent operations cancelled 2nd time           | 0      | 0   | 0   | 0     |
| 0 tolerance to RTT Waits of more than 52 weeks | 0      | 0   | 0   | 0     |
| Clostridium Difficile                          | 0      | 9   | 0   | 9     |
| MRSA   | 0      | 0   | 0   | 0     |