

TRIGGER TEMPLATE

Scrutiny welcomes early drafts of this form for proposals 'under consideration'.

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| NHS Trust or body & lead officer contacts: | Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts: |
| King's College Hospital NHS Foundation Trust Lead: Jane Farrell, Chief Operating Officer | Six CCGs in south east London and NHS England specialised commissioners (noting that activity from some south west London and Kent commissioners is also affected by the proposals). |

| Trigger | Please comment as applicable |
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| 1 Reasons for the change & scale of change | |
| What change is being proposed? | <p><u>Context</u></p> <p>King's College Hospital (KCH) is planning to increase the number of beds across the Trust's hospital sites (Denmark Hill, Princess Royal University Hospital (PRUH) and Orpington Hospital) to address long standing performance challenges related to the delivery of national access targets for emergency and elective waiting times. An increase in the number of beds will support an improvement in waiting times for non elective and elective care and enable an improved patient experience and offer, though:</p> <ul style="list-style-type: none"> • reducing bed occupancy through providing additional bed capacity to support more timely admission for emergency patients and hospital flow. • providing increased and ring fenced bed capacity for inpatient elective activity, reducing waiting times and elective cancellations and supporting the separation of emergency and elective activity. • providing a dedicated frailty and step down unit to support improvements in the management of these patients and to free up bed capacity to reduce bed occupancy. <p>The proposed increase in beds represents a response to immediate and significant capacity and performance pressures. It is</p> |

recognised that over time the total number of beds required at KCH and their utilisation will change in the context of changing population needs, improved productivity and efficiency and the implementation of agreed service and care pathway changes, in line with the developing five year south east London Sustainability and Transformation Plan. The additional KCH beds will not cut across or preclude any of these plans being implemented, with a commitment to review the KCH beds 18-24 months post implementation to determine any required changes to meet agreed south east London strategic change proposals.

These proposals are aligned to the future Our Healthier South East London strategy plans but recognise that those changes will not be felt in full in the short to medium term and interim and immediate capacity is therefore required alongside efforts to improve the overall pathways involved, both in and out of hospital.

Proposal

The bed proposal is part of the Trust's plans to address an assessed and recognised current 74 bed shortfall across the Denmark Hill (54 beds) and PRUH (20 beds) sites. The bed proposals form part of the Trust's overarching 2016/17 Recovery Plans for A&E and elective waiting times, with these plans including in and out of hospital care actions to support sustainable performance improvement, including work to improve internal productivity and efficiency which will address part of the bed gap (11 beds in 2016/17). The residual bed shortfall will be addressed through the creation of 63 extra beds, as follows:

- The creation of 40 beds at Orpington, which will enable the transfer of 40 beds from the PRUH site to Orpington. These beds will be used to provide a dedicated frailty and step down unit for Bromley and outer south east London residents.

- The 40 beds freed up at the PRUH though the above Orpington move will be utilised as follows:
 - To increase bed capacity at the PRUH by 20 beds for acute care, to better meet emergency demand and reduce bed occupancy.

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| | <ul style="list-style-type: none"> ○ To provide an additional 20 beds at the PRUH for elective activity, to support a transfer of elective inpatient cases from Denmark Hill, to improve access and waiting times for these patients. All elective activity at PRUH will be undertaken in ring fenced beds, eliminating the risk of cancellation, leading to reduced waiting times in line with the NHS constitutional standard. A robust options appraisal is being undertaken to confirm the proposed specialties for transfer - the Trust's provisional shortlist includes gynaecology, colorectal, bariatric orthopaedic and respiratory services. Based on this provisional list the proposed service moves would impact approximately 1030 patients across south east London in a year. ▪ The creation of an additional 23 beds at Denmark Hill, which along with the 20 beds freed up through the transfer of elective services to the PRUH will provide increased bed capacity of 43 to reduce bed occupancy and improve both non-elective and planned care access and waiting times. <p>The Trust's ability to address the bed gap has been enabled by a national one off capital investment opportunity, with the Trust's proposals driven by available potential capacity across the Trust's sites. The remaining capacity opportunity at Denmark Hill is being fully utilised in this proposal, but is insufficient to close the Denmark Hill gap, hence the need to look across the Trust's sites to utilise all potentially available capacity whilst also ensuring that resulting service and configuration changes will support a high quality service offer to patients.</p> <p>The urgency associated with the Trust's bed proposals is in part driven by the availability of national funding for the capital costs associated with the proposals.</p> |
| <p>Why is this being proposed?</p> | <p>The Trust's bed proposals form part of the wider recovery plans that focus on strategic solutions across emergency and elective pathways, recognising that these will take time to establish and that action and improvement is also required in 2016/17.</p> |

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| | <p>The Trust's bed proposal is driven by the following factors:</p> <ul style="list-style-type: none"> ▪ The need to address a significant bed capacity gap at the Trust's Denmark Hill and PRUH sites. ▪ The Trust's Recovery Plans to support improved performance against national standards for A&E and Referral to Treatment Times. 2016/17 Operational Plans include clear commitments related to incremental improvement in performance over 2016/17, including quarter four commitments, the delivery of which will be part predicated upon having sufficient bed capacity available at KCH. ▪ The need to address long standing performance challenges across A&E and RTT access and waiting times, thus securing an improved offer and patient experience in terms of waiting times. ▪ Recognition that the needs of PRUH frailty patients could be better supported through the implementation of a dedicated frailty unit, as part of overall work to improve pathways and outcomes for frailty patients. |
| <p>What is the scale of the change? Please provide a simple budget indicating the size of the current investment in the service and any anticipated changes to the amount being spent.</p> | <p>There will be no additional recurrent cost to commissioners associated with the proposed service moves between Denmark Hill, PRUH and Orpington. The proposals support a reduction in bed occupancy and the ability to ring fence elective beds to enable the Trust to meet planned levels of demand and activity whilst also improving waiting times. There will be capacity costs associated with the proposals – national funding is being provided to allow this capital investment to be made. Capital investment of £8.972m will be made at KCH, with these additional capital funds provided nationally. There will also be non recurrent revenue costs in quarter four of 2016/17 which local CCG and specialised commissioners have committed to addressing with KCH.</p> <p>In activity terms the change represents a shift in location for some elective activity noting that in overall terms it represents a small element of the Trust's total elective activity.</p> |
| <p>How you planning to consult on this? (Please briefly describe what stakeholders you will be engaging</p> | <p>The Trust has engaged with local CCG and specialised commissioners on the</p> |

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| <p>with and how). If you have already carried out consultation please specify what you have done.</p> | <p>proposals, along with NHS system regulators, NHS England and NHS Improvement, as the bed proposals from an important element of the Trust's 2016/17 recovery plans related to A&E and RTT performance.</p> <p>The Trust plans to engage with a wider range of stakeholders on the proposals, with a proposed three month engagement process to ensure that key stakeholders have an opportunity to consider and feedback on the Trust's proposal and that the Trust is able to take account of feedback received in framing the service offer to patients:</p> <ul style="list-style-type: none"> ▪ Patient groups and service users ▪ NHS commissioners ▪ Healthwatch <p>Both the Trust and commissioners are committed to providing regular reports to the HOSCs to update on progress in relation to the engagement process and the implementation of the Trust's business case.</p> |
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| 2 Are changes proposed to the accessibility to services? | Briefly describe: |
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| <p>Changes in opening times for a service</p> | <p>The bed proposals will not result in any change to opening times</p> |
| <p>Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location</p> | <p>There is no proposed change to diagnostic, outpatient and day case facilities. Pre and post-operative care will continue to be provided from local sites. The proposals relate to an element of the Trust's inpatient services, noting that no service is being withdrawn by the Trust but that a number of services will be provided from a different location. For the elective service moves the proposals will affect approximately 1030 south east London residents over a year – this relates to 0.6% of the Trust's total south east London elective activity. Patients and referring clinicians will be made fully aware of the service offer at the Trust, with all but the elective procedure itself continuing to take place locally as now. South east London residents will still have a wide range of choices available to them for elective inpatient care with each CCG holding 20 plus contracts with different providers.</p> <p>The Trust recognises that the bed proposals will support improved waiting times but equally that geographic access</p> |

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| | for the Denmark Hill to PRUH elective service moves may mean travel is less straight forward for some patients. As part of the engagement process the Trust will be considering appropriate transport arrangements for these patients. |
| Relocating an existing service | A small number of elective inpatient services will be relocated from Denmark Hill to PRUH, as outlined above. |
| Changing methods of accessing a service such as the appointment system etc. | There will be no change to the access and referral process to these services. |
| Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done? | <p>The Trust is undertaking an Equality Impact Assessment (EIA). Any issues identified in the EIA will be mitigated in the Trust's proposals e.g. transport arrangements, recognising that geographic access to PRUH for some patients may be an issue.</p> <p>If required transport will be provided free of charge to all Lambeth, Southwark and Lewisham patients to ensure the change in location of the service does not impact financially on the patient.</p> <p>In overall terms the Trust's proposals aim to improve access to services, to improve the patient experience and to provide dedicated and ring fenced facilities to enable the optimal treatment and care of patients.</p> |
| 3 What patients will be affected? (please provide numerical data) | Briefly describe: |
| Changes that affect a local or the whole population, or a particular area in the borough. | Appendix 1 provides a breakdown, by CCG, of the 2015/16 inpatient activity being considered within the shortlisted specialties. |
| Changes that affect a group of patients accessing a specialised service | N/A |
| Changes that affect particular communities or groups | N/A |
| 4 Are changes proposed to the methods of service delivery? Briefly describe: | |
| Moving a service into a community setting rather than being hospital based or vice versa | The services will move between the Trust's acute sites. |
| Delivering care using new technology | N/A |
| Reorganising services at a strategic level | The proposals represent a point in time response to an immediate bed gap that needs to be addressed to support improvement and recovery for national access targets. The proposals do not represent a reorganisation of services at strategic level and the Trust's bed and service configuration will be reviewed in the context of south east London Sustainability |

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| | and Transformation Plan strategic proposals where relevant. |
| Is this subject to a procurement exercise that could lead to commissioning outside of the NHS? | No |
| 5 What impact is foreseeable on the wider community? | Briefly describe: |
| Impact on other services (e.g. children's / adult social care) | None |
| What is the potential impact on the financial sustainability of other providers and the wider health and social care system? | None |
| 6 What are the planned timetables & timescales and how far has the proposal progressed ? | Briefly describe: |
| What is the planned timetable for the decision making? (Please note that the timeline must include the date that scrutiny is asked to respond to the proposal by, and the date that the NHS body/ Commissioners intend to make the decision on the proposal. If relevant it would be helpful include dates that any consultation will take place.) | The Trust's internal decision making timetable is for 1 September 2016 decisions (allowing for capital build timescales). The engagement process with commissioners, HOSCs and other stakeholders has commenced and will continue in line with the Trust's engagement plan. Both the Trust and commissioners are committed to providing regular reports to the HOSCs to update on progress in relation to the engagement process and the implementation of the Trust's business case. |
| What stage is the proposal at? | High level Trust proposals developed and shared with CCG and specialised commissioners and system regulators, linked to the 2016/17 recovery planning process for A&E and RTT and the national offer of capital funding support. Development of fully worked up proposals is underway, including a detailed review of potential elective transfer specialties and an equality impact assessment. A three month engagement plan is also being developed. |
| What is the planned timescale for the change(s) | Proposed opening of the additional beds in January 2017. |
| 7 Substantial variation/development | Briefly explain |
| Do you consider the change a substantial variation / development? | No – the proposal supports the delivery of national performance standards and an improved service offer, with no change proposed to the Trust's service offer. The proposals do include a proposed change of location for some services, but this is not considered to represent a substantial |

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| | <p>change with 0.6% of the Trust's total elective activity transferring between sites under the proposals.</p> <p>If required transport will be provided free of charge to all Lambeth, Southwark and Lewisham patients to ensure the change in location of the service does not impact financially on the patient.</p> |
| <p>Have you contacted any other local authority OSCs about this proposal? (Please note that if this is viewed as a substantial variation by OSCs / NHS bodies / Commissioners , and the proposal impacts on more than one borough, then regulations stipulate that the relevant boroughs must consider forming a Joint Health Overview & Scrutiny Committee , a JHOSC. It is the consultees responsibility to inform all the boroughs of a proposal to enable this to be considered.??</p> | <p>The Trust plans to work with all south east London CCGs and HOSCs on the proposals. This will include the proposal being set out as part of the Trust's Corporate Communication Team's regular briefing to local HOSCs and the provision of regular update reports.</p> |