



East Hertfordshire Council 14 December 2011

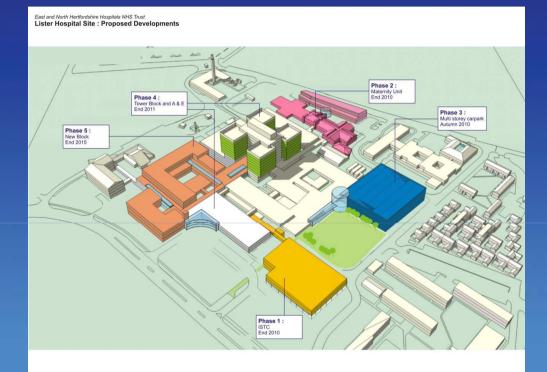
Overview

- Strategic context Nick Carver, chief executive
- Our changing hospitals programme –Sarah Brierley, director of business development & partnerships
- QEII A&E service from January 2012 Sarah Brierley, director of business development & partnerships



Strategic Context

Nick Carver, chief executive





Delivering Quality Healthcare for Hertfordshire

- Improve clinical outcomes for more complex/serious conditions
- Improve access to services for less complex care
- Enable investment in cutting edge technology
- Provide an attractive environment to enhance staff recruitment & retention
- Put the NHS in Hertfordshire on a firm basis to ensure future operational sustainability and financial viability



Our strategic aims moving forward

- Constantly improve the quality of everything that we do
- Maintain pre-eminence of Mount Vernon as a tertiary cancer centre and provide more cancer care locally in Hertfordshire
- Work with PCT/CCG colleagues to improve local access to hospital services
- Consolidate acute services at the Lister



A track record of delivery...



Making DQHH a reality in east and north Hertfordshire

- Service reconfiguration on a scale unprecedented
- Clear rationale behind the Our changing hospitals Programme
- Robust programme and project management approach



Our changing hospitals

Sarah Brierley,

director of business development & partnerships





Lister infrastructure works: electrical upgrade

- Dedicated link to national grid
- 100% emergency back up power January 2012
- Planned installation of combined heat and power plant October 2012





Lister phase one: Surgicentre

- Delivered by NHS' partner
 Clinicenta
- Day case and short stay adult orthopaedic surgery and all ophthalmology services
- Opened fully from October 2011, 12,000 operations per annum
- Facilitated reconfiguration of remaining Trust surgical and trauma services





Lister phase two: maternity services

- Opened fully October 2011
- New midwife and consultant-led units, day assessment and early pregnancy units
- Expansion of existing neonatal unit
- Home-from-home environment – all rooms have en-suite facilities
- Designed to accommodate 5,500 births annually





Lister phase three: car parking

- 667 car parking spaces, including 83 designated blue badge bays
- Pay-on-exit tariffs
- Direct undercover link to main entrance, with lift access to floors
- Green plaza
- Opened September 2011





Lister phase four: emergency and inpatient services

- 11 individual projects to increase capacity at the Lister, including:
 - Emergency department extension and refurbishment

 - New two-storey ward block
 Four new operating theatres
- Outline business case approved August 2011
- **Emergency Department** full business case with **DH/Treasury for final** approval





Looking ahead to QEII's changing role

- PCT's business case for new QEII hospital underway – planning permission September 2011
- Phased consolidation of acute emergency and inpatient services at Lister
- Constant focus on interim service configurations to ensure safe, sustainable services during the transition
- Ongoing engagement will continue to inform our planning



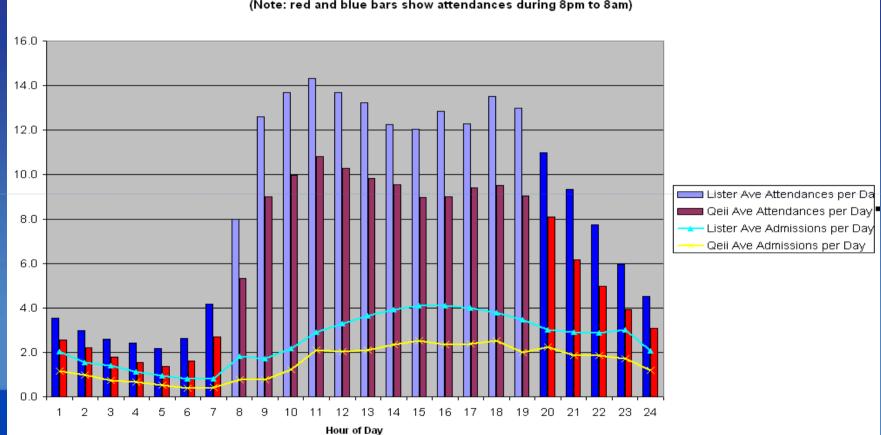


Further improving clinical quality

Changing services to improve :
 quality
 efficiency
 patient experience



East & North Hertfordshire NHS Trust – average daily A&E attendances and admissions



Average daily A&E attendances and Admissions by site and hour of day (Note: red and blue bars show attendances during 8pm to 8am)



Changing adult emergency services

- 8am to 8pm:
 - QEII A&E service as now
- 8pm to 8am:
 - QEII A&E revised service: still support non-life threatening injuries and illnesses
 - Out of Hours service at QEII
- Minor injuries unit at Cheshunt
- 24/7 A&E at Lister





Implications for adult patients

- Adult service changes only overnight:
 - Majority of patients (c 65%) attending at these times will continue to be treated at the QEII
- All night-time emergency ambulance journeys to the Lister or other A&E if closer / more clinically appropriate
- All QEII self-presenting patients requiring Lister service stabilised before being transported:
 - If too unwell to travel, QEII retains ability to cope
- Patients cared for by the right specialist teams:
 - Including more consultant-led care where clinically appropriate
- Between 8.00pm and 8.00am daily, of the 40 adults (on average) attending the QEII A&E currently, c 26 will continue to be treated at the QEII and c 14 are expected to go to the Lister emergency department



Children's emergency services

- 24-hour specialist paediatric care through Lister's dedicated children's emergency service
- QEII: 8am to 8pm Children's urgent and unscheduled care including GP out of hours service
- QEII and Hertford County Hospital: Outpatient clinics
- Clinical team exploring scope to set up "hot clinics" for urgent GP referrals





Implications for children and their families / carers

- No change to night-time A&E services remain as now (24/7 service at Lister)
- Approx. 65% of children attending between 8am to 8pm are expected to continue to be treated at the QEII
- Based on 2010 data this is approximately 7,064 children and young people
- Children and young people will be cared for by the right specialist teams:

Including more consultant-led care where clinically appropriate

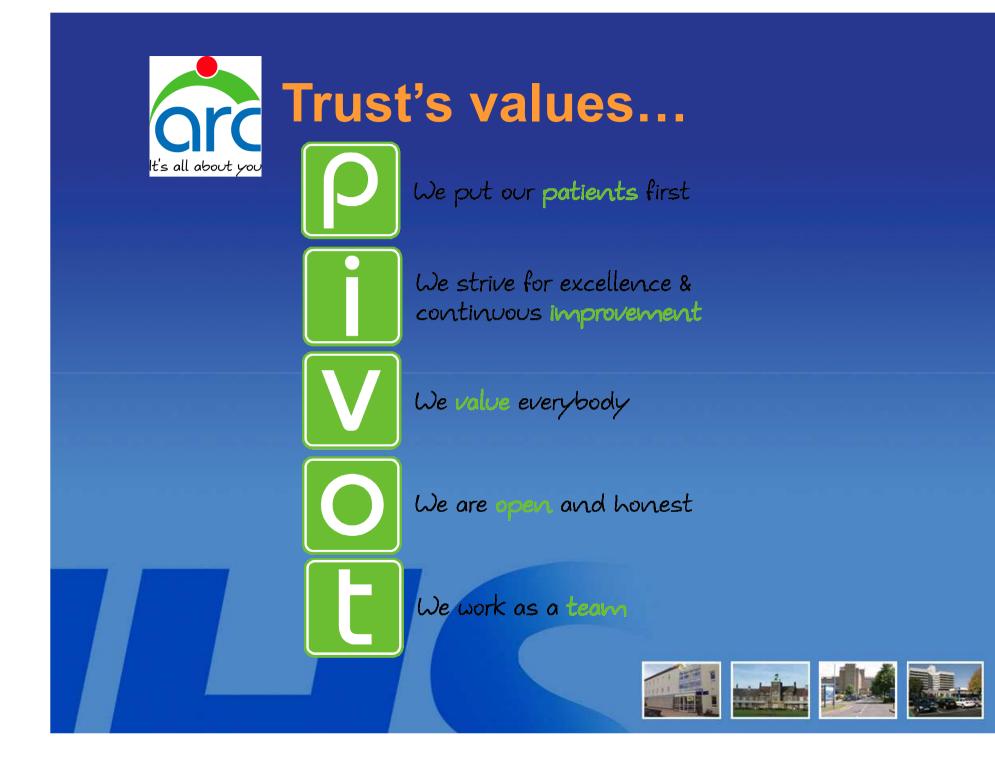




Consolidate

....qualityon our values and our patientsour services and teams





Key challenges

- Getting key phase four full business cases approved and work underway early 2012
 - New Lister emergency department key enabling step
- Work starting on building new QEII hospital
- Communicating QEII still very much open
- Transport and travel
- Workforce especially at QEII
- Authorisation as a NHS foundation trust in 2012



Your questions

