

# **EK Detailed Evaluation**

## **Ratification of medium list options**

East Kent Transformation Programme

**23 January 2020 – Joint Committee**

# Ratification of medium list of options (1)

## **Context**

In July 2018, the Joint Committee approved stage 1 (hurdle criteria) and stage 2 (ranking criteria) of the evaluation process. This enabled the evaluation to move to stage 3 so the medium list of options (Option 1 and Option 2) could undertake a full detailed evaluation.

The configuration for Option 1 was a Major Emergency Hospital (MEC) at William Harvey Hospital; an Integrated Care Hospital at Kent & Canterbury Hospital and a Medical Emergency Centre (MedEC) **or** an Emergency Centre (EC) at Queen Elizabeth the Queen Mother Hospital (QEQM).

Therefore it was agreed at the Joint Committee in July 2018 that further analysis was required during the full detailed evaluation (stage 3), to confirm whether Option 1 would include a Medical Emergency Centre or an Emergency Centre at QEQM. The main difference between a Medical Emergency Centre and an Emergency Centre is emergency surgery. A. Medical Emergency Centre does not have emergency surgery whereas an Emergency Centre does include emergency surgery..

Workforce analysis was carried out by the East Kent Transformation Programme and the East Kent Hospital University Foundation Trust (EKHUFT) which showed there would be a compliant emergency surgery rota at QEQM, in addition to a compliant emergency surgical rota at WHH.

Therefore for the full detailed evaluation (stage 3) the East Kent Transformation Programme agreed Option 1 should be evaluated with an Emergency Centre at QEQM.

A review of governance has identified that this decision has not been formally ratified in a meeting in public of the Joint Committee. The full detailed evaluation of Option 1 (with an Emergency Centre) and Option 2 against the Do-Minimum took place during September 2019.

## **Purpose**

For Option 1, the Joint Committee to ratify the sub-option of an Emergency Centre at QEQM – based on QEQM having a sustainable emergency surgery rota. Therefore the Medical Emergency Centre sub-option is ruled out.

# Ratification of medium list of options (2)

## Assumptions

- If workforce analysis indicates that the inclusion of emergency surgical services will not make a “full” Emergency Centre unsustainable from a workforce perspective, then a Emergency Centre would be preferred over a Medical Emergency Centre.
- Minimum workforce requirements have been used to sustain a consultant emergency surgical rota at QEQM ( for General Surgery and Trauma)
- The workforce analysis was initially undertaken in November in 2018 and analysed again during the evaluation process using March 2019 ESR data.
- Both sets of workforce analysis showed there would be a compliant emergency surgery rota at QEQM. As there have been no significant changes to emergency workforce rotas since March 2019, it is assumed the emergency surgery is still sustainable at QEQM

## Conclusions

### General Surgery

- The analysis demonstrated that General Surgery are able to sustain consultant rota at QEQM as firstly, they have little vacancy and are currently working nearly 1.8 WTE over the minimum requirement.
- The middle grade rota for General Surgery also indicated clear ability to sustain a rota at QEQM as there is no locum usage and the in-post WTE is 2.8WTE higher than minimum requirement.

### Trauma

- Trauma consultant rota, although has an establishment of less than the minimum requirement locums are used to fill the rota.
- Trauma Middle Grade establishment showed a rota with less that 60% of the minimum requirement. However the rota is sustained through using Resident Medical Officers to backfill.

***The overall conclusion is that EKHUFT are able to run compliant emergency surgery rotas at QEQM. This means Option 1 would have an Emergency Centre and the provision of a Medical Emergency Centre is ruled out***