

Title of Meeting:	Governing Body	Agenda Item: 7.1									
Date of Meeting:	22 December 2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #4F81BD; color: white;"> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Development Session	
Session (Tick)											
Public	X										
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Development Session											
Paper Title:	Scarborough Hospital Emergency Department Outline Business Case										
Responsible Governing Body Member Lead Simon Cox, Director of Acute Commissioning And Programme Director of East Coast Transformation		Report Author and Job Title Simon Cox, Director of Acute Commissioning And Programme Director of East Coast Transformation									
Purpose (this paper if for)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #4F81BD; color: white;"> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td style="text-align: center;">X</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </table>			Decision	Discussion	Assurance	Information	X		X	
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X		X									
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Yes. A version of this paper was reviewed at the Finance, Performance, Contracting and Commissioning Committee in November 2020.											
Executive Summary As part of the East Coast transformation programme the Emergency Department (ED) at Scarborough Hospital is to be redeveloped in a £40m capital proposal. This will facilitate the full implementation of a new model of urgent and emergency care, designed for the unit and consistent with the needs of smaller, rural District General Hospitals. The new model, the Acute Medical Model (AMM), is how the East Coast will manage both its forecast growing demand for care and achieve the nationally mandated performance targets. The ED system in York-Scarborough has been one of the most challenged in the Yorkshire and Humber. Scarborough, in particular, has struggled to maintain performance consistent with the 4-hour waiting time target for ED and has not consistently delivered this standard for over 5 years. Although there are a number of complex factors involved in the under-performance, the size and configuration of the ED and its dislocation from associated services are factors that prevent the performance targets from being consistently delivered. The future design of urgent and emergency care in responding to the needs of the population requires an alternative care model. The AMM will deliver this, but it is difficult to achieve this in the current environment. Size alone inhibits performance as the ED unit was developed for a much smaller footfall than the current flow through the front-door services of approximately 70,000 patient visits per year. The health economy has secured £40m of capital to support the proposal and is in the process of completing the Outline Business Case (OBC). The OBC process has identified the further opportunity to relocate the Hospital's critical care facilities into the floor above the new ED, which would further enhance the delivery of the new unit and also address the non-compliance issues (such as the constrained physical environment) associated with the current critical care unit. The NHS is in the process of establishing the final capital costs for this potential enhanced option and the availability of capital funds to support it. The NHS is reviewing the revenue costs of the proposal and will confirm as part of the final OBC. This will then lead into securing a build partner with the production of the Final Business Case in											

2021. The estimated build time is 2 years, and it is anticipated (at this stage) the new unit may be open in late 2023 or early 2024.	
Recommendations The Governing Body is being asking to: <ul style="list-style-type: none"> • Note the contents of this paper. • Support the ongoing process of developing the OBC. • Support the work to confirm the activity and service configuration modelling on both its direct impact on the ED activity and the associated impact on primary and community care. • Support the principle of including the provisional revenue costs in medium-term financial planning processes and note that the finance and performance committee will be reviewing the costs of the development and requiring assurance on any CCG funding commitments. 	
Monitoring The Governing Body will receive updates at each subsequent meeting as to progress with greater detail on the activity and finance being presented to the CCG Finance, Performance, Contracting, and Commissioning Committee (FPCCC)	
Any statutory / regulatory / legal / NHS Constitution implications	Compliance with the NHS constitution access targets. Compliance with the 4-hour access Emergency Care Standard.
Management of Conflicts of Interest	The author of this paper is a joint appointment between NHS North Yorkshire CCG and York Teaching Hospital NHS Foundation Trust.
Communication / Public & Patient Engagement	Communications to wider stakeholders will be developed jointly with York Teaching Hospital NHS Foundation Trust
Financial / resource implications	See enclosed. The detailed financial implications will be considered by the FPCCC.
Outcome of Impact Assessments completed	To be confirmed as to the quality assessment following review by the Quality and Clinical Governance Committee

**Simon Cox, Director of Acute Commissioning
And Programme Director of East Coast Transformation**

Development of the New Model for Urgent and Emergency Care at Scarborough Hospital

1. Introduction

As part of the East Coast transformation programme the Emergency Department (ED) at Scarborough Hospital is to be redeveloped in a £40m capital proposal.

This will facilitate the full implementation of a new model of urgent and emergency care, designed for the unit and consistent with the needs of smaller, rural District General Hospitals. The new model, the Acute Medical Model (AMM), is how the East Coast will manage both its forecast growing demand for care and achieve the nationally mandated performance targets.

2. The Acute Medical Model

The ED system in York-Scarborough has been one of the most challenged in the Yorkshire and Humber. Scarborough, in particular, has struggled to maintain performance consistent with the 4-hour waiting time target for ED and has not consistently delivered this standard for over 5 years. Although there are a number of complex factors involved in the under-performance, the size and configuration of the ED and its dislocation from associated services are factors that prevent the performance targets from being consistently delivered. The future design of urgent and emergency care in responding to the needs of the population requires an alternative care model. The AMM will deliver this, but it is difficult to achieve this in the current environment. Size alone inhibits performance as the ED unit was developed for a much smaller footfall than the current flow through the front-door services of approximately 70,000 patient visits per year.

The new clinical model aims to deliver improvements in care quality, performance and efficiency. The fully functioning Acute Medical Model (AMM) provides:

- a) Improving support to primary and community care, through provision of 'hot clinic' and 'next day emergency care' support to provide assessment, diagnosis and treatment without needing admission or immediate transfer to ED. The AMM will thus function as the central hub for clinical advice and support within the healthcare 'village'.
- b) Maximised streaming into the integrated Urgent Treatment Centre (UTC) within the facility. This will increase the flow of 'minor' ED attendances who can rapidly assessed, treated and discharged.
- c) Increasing the proportion of patients managed as Same Day Emergency Care (SDEC). There remains significant scope to avoid inpatient admission for a wide range of patient groups, providing they have rapid access to senior clinical assessment and appropriate diagnostic tests. This supported by strong links to community care will allow rapid relocation of a larger number of patients to their normal residence.
- d) Improving outcomes for the frail elderly. Part of the benefits of increased SDEC is that for the frail elderly avoiding inpatient admission (particularly where this is prolonged) is the greater likelihood of maintaining functional independence and reducing the need for institutionalised long-term care.
- e) The AMM model, through faster access to definitive diagnosis and implementing treatment planning should lead to an overall reduced length of stay in the general medical and elderly medicine patient cohorts. Combined with the increase in SDEC, this should provide a lower demand for inpatient hospital beds than would be the case in future years.
- f) The AMM, if fully developed, will support the health economy in achieving improved performance targets and efficiency. The healthcare system is required to achieve the national standard of 95% of ED patients seen and discharged within 4 hours, and to deliver the maximum midnight bed occupancy of 90%. The development is seen as being critical to achieving both these performance targets.
- g) A fully functioning AMM is also expected to contain growth in inpatients admissions and LOS for a number of years following completion.

NY CCG recognise that the health and care system including primary care, community services, mental health services, social care services, urgent treatment services and the acute trust need to

work together to develop an integrated response which supports an affordable and efficient model of care in Scarborough AMM that can address demand and help to reduce health inequalities. This integrated approach will be required to deliver a sustainable financial model in support of the capital bid. In the appendix a number of key areas where we would expect outcomes to improve are set out and we expect that performance measures will have been worked up in more detail and included in the OBC. The Director for the East Coast has agreed to work with the Trust on this element of the business case.

3. Financial summary

The health economy has secured £40m of capital to support the proposal and is in the process of completing the Outline Business Case (OBC). The OBC process has identified the further opportunity to relocate the Hospital's critical care facilities into the floor above the new ED, which would further enhance the delivery of the new unit and also address the non-compliance issues associated with the current critical care unit. The NHS is in the process of establishing the final capital costs for this potential enhanced option and the availability of capital funds to support it.

The NHS is reviewing the revenue costs of the proposal and will confirm as part of the final OBC. This will then lead into securing a build partner with the production of the Final Business Case in 2021. The estimated build time is 2 years, and it is anticipated (at this stage) the new unit may be open in late 2023 or early 2024.

To enable the development to move forward the following proposal based on the current OBC should be considered:

- An efficiency requirement is expected to be delivered to enable the development to proceed at the Trust. This would be required to fund 1/3rd of the costs.
- Approximately 1/3rd of activity at Scarborough pertains to East Riding CCG in the Humber system. There is an expectation that support would be needed from the Humber system to deliver the development.
- With the Humber system North Yorkshire CCG would need to fund 2/3rds of the revenue costs of the scheme (2/3rd to North Yorkshire and 1/3 for Humber)

4. Further work

There is further work on going pre-Christmas to ensure that the OBC is completed to give NHSE/I assurance before the business case is submitted to the national investment committee.

This work includes:

- I. A further review of costs included in the case
- II. A further workup of the integrated community model for the AMM to operate efficiently
- III. Clarity on the impact of the AMM on future activity growth
- IV. Clarity on the estimated impacts on the outcome measures.

5. Recommendations

The Governing Body is recommended to:

- Support the ongoing process of developing the OBC
- Support the work to confirm the activity and service configuration modelling on both its direct impact on the ED activity and the associated impact on primary and community care.
- Support the principle of including the provisional revenue costs in medium-term financial planning processes and note that the finance and performance committee will be reviewing the costs of the development and requiring assurance on any CCG funding commitments.

**Simon Cox, Director of Acute Commissioning
And Programme Director of East Coast Transformation**