



Our opportunity

June 2021



Our opportunity

- we have been given a share of £3.7 billion government funding for a new hospital development. This is a once in a lifetime opportunity to make a real difference in how we deliver services with, to and for our people
- we are developing our strategic outline business case to make the case for investment in our services and that is why we are talking to you today – we want to share what we are doing and why we are doing it
- we want to build our brighter future together

Why it matters

- this is not only about building a better hospital in Torquay, but exploring opportunities to deliver our services in ways that provide better outcomes for our population and better working environments for staff across all the communities that we serve
- building a brighter future focuses on our estate, our people and our digital set-up – these are where our biggest challenges are and where we can have the most impact

Our Devon long-term plan

our Devon long-term plan (owned by local councils and the NHS) focuses on:

- new hospital developments in Torbay, Plymouth and North Devon, changing how we can deliver services and also modernising our GP estate
- investing in diagnostics and technology to do things differently
- more partnership working, sharing resources and helping each other to meet increasing needs



Our vision is developing.....

Our vision is a community where we are all supported and empowered to be as well and as independent as possible, able to manage our own health and wellbeing, in our own homes.

When we need care we have choice about how our needs are met, only having to tell our story once.



Our vision is developing.....

We will enable our whole community to live well and independently, managing their own health and wellbeing digitally or as close to home as possible

As an Integrated Care Organisation, we will get the best value for the community, working with people, carers and our partners to improve people and carers' experiences by providing accessible health and care and optimise health and wellbeing outcomes



What this would mean for Dawn . . .

- Dawn has arthritis and has been experiencing difficulties with her mobility.
- She sees her GP who orders blood tests and a range of scans.
- She has her scans at her local diagnostic centre and these are reviewed virtually by the orthopaedic service
- Dawn has a hip replacement at her nearest planned care centre – she is discharged home the next day. More people having operations and receiving a shorter period of hospital care.
- All her pre-operative and post-operative care is provided either in her own home through virtual appointments, at her GP surgery or locally at her health and wellbeing centre.



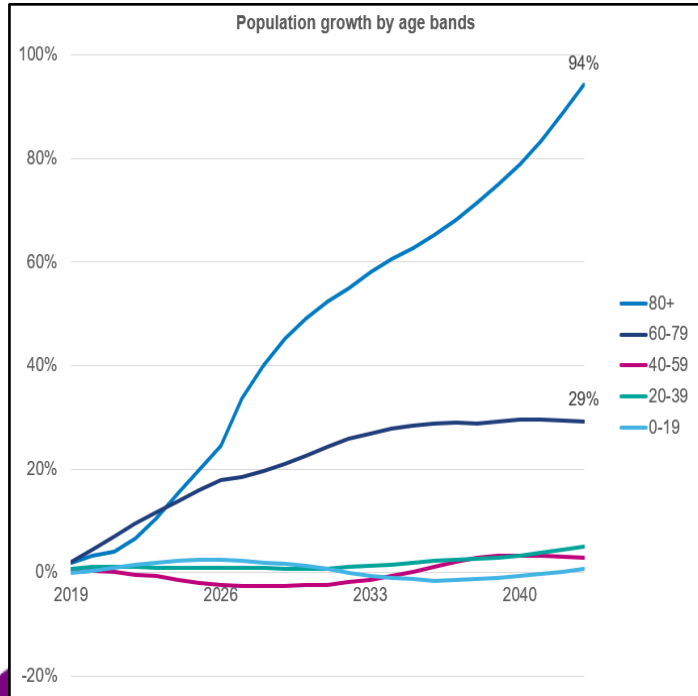
What this would mean for Tim . . .

Tim, a community nurse, sees people at home. For these appointments, virtual or online options are not appropriate. Tim currently has to return to his work base in between each home visit to write up his case notes and get the details for his next home visit. This means he can only do four home visits a day.

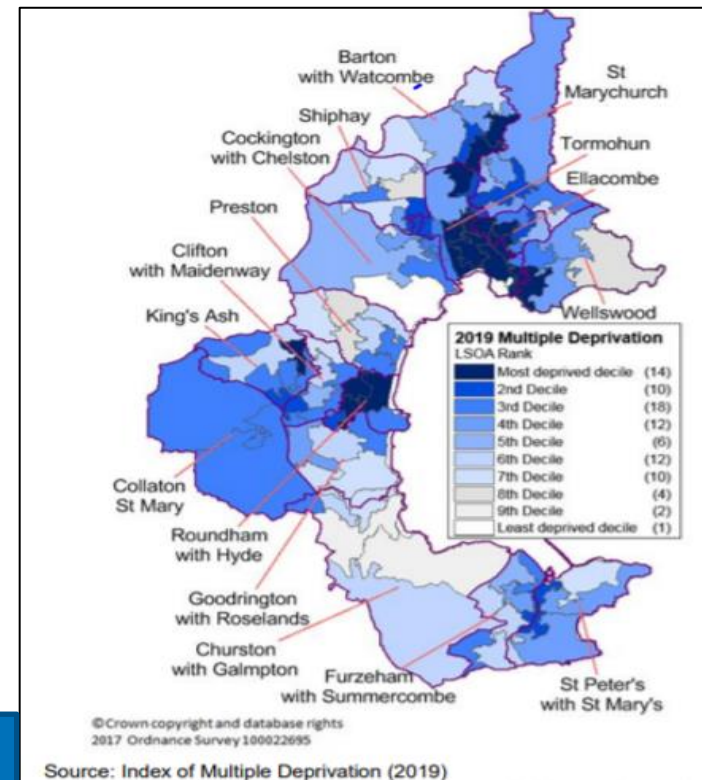
If Tim was able to update case notes during the home visit and pick up the details for his next home visit at the same time, he would be able to do five home visits a day, as well as reducing his travel time and his carbon footprint. One more home visit a day for Tim could mean up to 20 more home visits a month, and up to 240 more home visits a year.

- an **ageing estate** that doesn't offer us the **flexibility** we need, doesn't provide a good **working environment** for our people or a good **experience** for people who use our services
- an **unstable digital** set-up, with lots of **standalone systems** that don't talk to each other
- a workforce who are **held back** from transforming services by our poor estate and digital set-up and **unable to deliver the care they aspire to provide**

Our drivers for change



• Demographic Challenge



Social Deprivation indices

Bill's story

- Bill has Chronic Obstructive Pulmonary Disease (COPD), receives visits from a community nurse and has twice daily packages of care from social care.
- After a visit to his GP because he is feeling unwell, Bill is taken to hospital by ambulance, he is seen in the Emergency Department, admitted to a hospital ward and receives treatment and care.
- On his discharge from hospital, he continues to receive care from his community nurse and from social care as well as his GP.
- This one episode of care for Bill resulted in our people having to use **25 separate digital and paper information systems**. Our people had to remember, print, write and speak to connect these systems together.

Building our brighter future together

- digital solutions that enable seamless care pathways leading to better outcomes and care
- robust digital systems that talk to each other and reduce bureaucracy and duplication for our people
- flexible, modern spaces that are easy to maintain and operate, enabling care to be provided and received in different ways

Building our brighter future together

- systems and set-ups that support our people to transform services, deliver the high quality care they aspire to while attracting and retaining the best people to work with us
- sustainable spaces that are value for money, support local economic regeneration and are kind on the environment
- all of which support collaborative working across all our services and beyond

How do we achieve this?

- submission of our strategic outline business case to NHS England and NHS Improvement at the end of July 2021 with options in respect of digital and estates
- high level options to be taken forward in the outline business case – due to be submitted October 2022
- interdependencies include Devon Integrated Care System elective care strategy

- digital transformation of our services
- a robust and agile single electronic record system with inbuilt e-prescribing solution for use by all our services
- redevelopment of the Torbay hospital site
- address our backlog maintenance
- all of which will support an empowered and energised workforce

Our digital short listed options

- digital option 1 – counterfactual: continuation of the current multiple systems strategy
- digital option 2 – do minimum: maximise the current multiple systems strategy
- digital option 3 – integrated electronic record system
- digital option 4 – join RD&E's integrated electronic record system independently
- digital option 5 - join RD&E's integrated electronic record system as a collective group of trusts with regional partners.

Key principles in our estate planning



Reprovision of
medical beds
and
emergency
surgery beds
in the hospital



Separation of
planned and
unplanned
services



Non clinical
services to
be moved off
the hospital
site



Emergency
Department
and SDEC
services to be
completely
upgraded.

Our estates short listed options

- estates option 1 – counterfactual: do nothing
- estates option 2 – do minimum
- estates option 3 – option D
- estates option 4 – option F
- estates option 5 – do maximum

Option F



Existing hospital.







Phase 2: Demolish Medical Records, Histopathology etc to North & Kitson, Bryant & Stevens to South.



Phase 2: New hospital wards to enable Tower decanting and new elective care centre (Ph2).

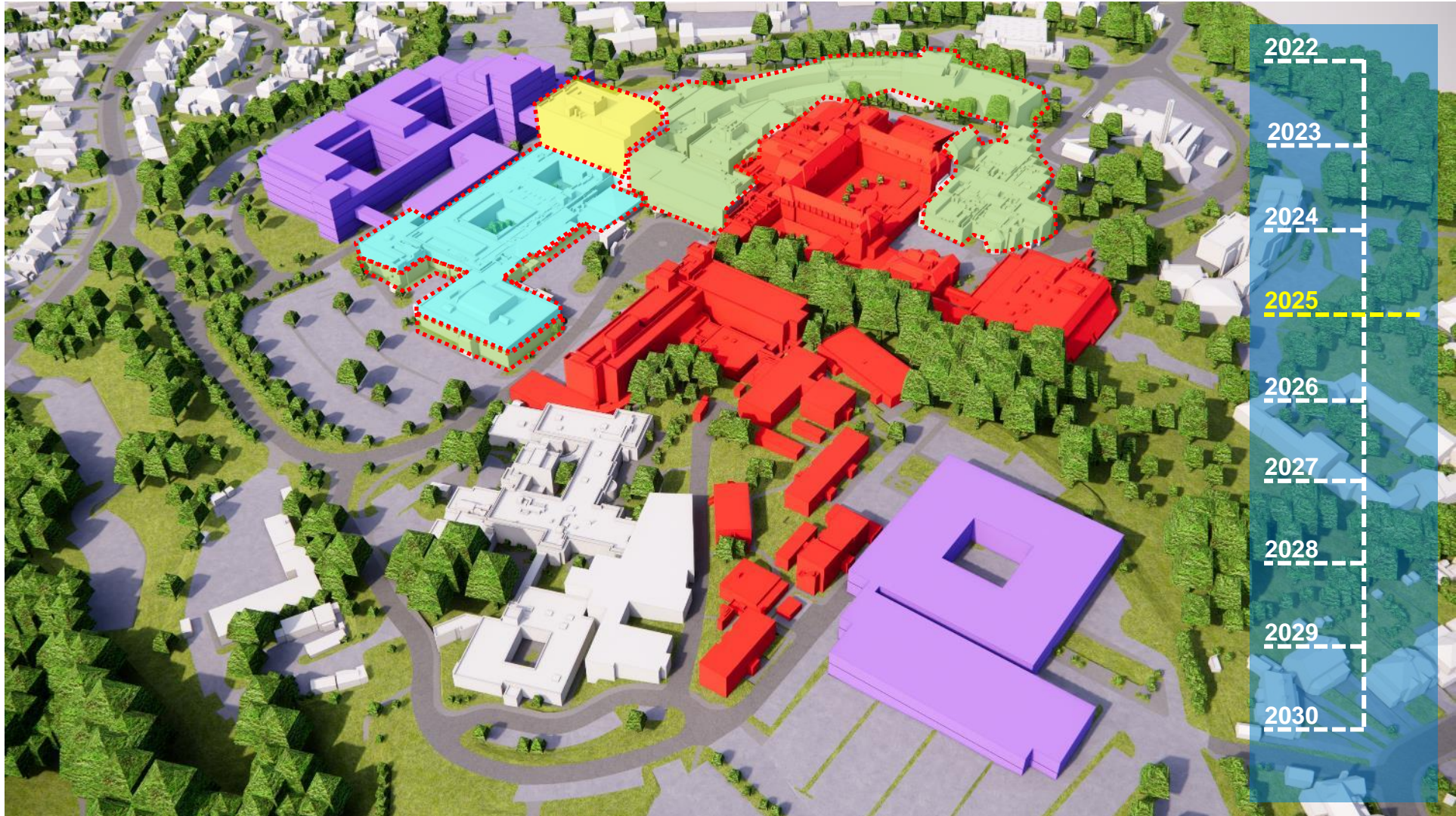


Phase 3: Re-modelling of Emergency Department and ward refurbishment to Tower.




Retained estate. Sequential refurbishment of retained estate funded by Trust Capital.

Option F



Site clearance of existing estate. Sequence to be defined.

Item	Notes	
Phase 1 & 2	15,650m2	Responds to NHP initiatives around MMC / Net Zero & feedback around 70:30 single / multi-bed bays solutions. HIP1 influences being tracked.
Elective care phase 2	5,000m2	
Total new build development	20,650m2	
Refurbished areas	Podium Level 3 – 3,797m2 / Tower 3,817m2	
Total new / refurbished areas	28,264m2	
Programme	2025 - 2028	
Site disruption / risk	Low – limited interfaces with existing estate.	
Planning risk	Medium - scale to north.	
Costs	£313m 	



Reprovision of medical beds and emergency surgery beds in the hospital



Separation of planned and unplanned services



Non clinical services to be moved off the hospital site



Emergency Department and SDEC services to be completely upgraded

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- we want to build our brighter future together
- help us shape our thinking . . .



Your questions

- have we explained what we are doing and why we are doing it?
- what have we got right?
- what have we missed?
- do we have your support?

Your statement of support

- we would like to include a statement of support from you in our strategic outline business case
- statements can be in the form of a letter or email and should be sent to Liz Davenport, Chief Executive by 14 July 2021 (liz.davenport@nhs.net)
- we thank you for your support

What happens next

- your feedback will be included in our strategic outline business case
- we will submit this to NHS England and NHS Improvement at the end of July
- we will then start working on our outline business case which will include:
 - benefits appraisal and economic appraisal of shortlisted options
 - risk assessment
 - identifying the preferred option, demonstrating affordability
 - procurement plan and delivery plan

What happens next

- we will share information about building a brighter future on our website, in our newsletters and on social media, including case studies featuring our people
- we will begin community conversations about building a brighter future which will include listening events and a range of ways that people can share with us what matters to them
- we will work with you to make sure we hear from as many people as possible, particularly those who may be affected by changes we may make

BUILDING A
**Brighter
Future**



Thank you