

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 8 June 2018.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett, Mr N J D Chard, Mr N J Collor, Ms K Constantine, Mr D S Daley, Mrs L Game, Ms S Hamilton, Mr K Pugh, Mr I Thomas, Cllr J Howes and Cllr D Mortimer

IN ATTENDANCE: Ms L Adam (Scrutiny Research Officer) and Dr A Duggal (Deputy Director of Public Health)

### UNRESTRICTED ITEMS

#### **55. Membership**

*(Item 1)*

- (1) Members of the Health Overview and Scrutiny Committee noted the following changes to the membership of the Committee:

Councillor Mortimer (Maidstone Borough Council) and Councillor Peters (Dartford Borough Council) had replaced Councillor Searles (Sevenoaks District Council) and Councillor Hills (Gravesham Borough Council) as borough representatives on the Committee for 2018/19.

#### **56. Election of Vice-Chair**

*(Item 2)*

- (1) Mr Pugh proposed and Mr Collor seconded that Mr Bartlett be elected Vice-Chair of the Committee.
- (2) RESOLVED that Mr Bartlett be elected as Vice-Chair.

#### **57. Declarations of Interests by Members in items on the Agenda for this meeting.**

*(Item 4)*

- (1) Mr Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.
- (2) Mrs Game declared an interest as the Chair of the QEQM Hospital Cabinet Advisory Group at Thanet District Council.
- (3) Ms Constantine declared an interest in relation to her work with the Managers in Partnership which supported staff in the NHS in London, the South and the South East. She confirmed that she was not undertaking work in Kent.

- (4) Mr Thomas declared an interest, in relation to any discussion regarding a new hospital in Canterbury, as a member of Canterbury City Council's Planning Committee.

## **58. Transforming Health and Care in East Kent - Verbal Update**

*(Item 5)*

- (1) The Chair informed the Committee that following the publication of the Agenda, she had agreed to a request from East Kent CCGs to postpone consideration of the Transforming Health and Care in East Kent item until the July meeting, as the planned verbal update on the timeline was no longer available to be presented to the Committee. She read out the following statement which had been provided by East Kent CCGs:

*"The request to delay the verbal update was as we wished to be able to present a more complete picture of the work required in east Kent and at this point we are midway through re-evaluating the programme. The two issues that are increasing the complexity of the programme are: understanding the requirement of the revised NHS England guidance on the assurance of major service reconfiguration; and the more complicated planning requirements of the blended capital model (i.e. the total capital cost being through a combination of public and private capital) associated with Option 2. We have commissioned external support (EY Consulting) to assist with this process and will be able to give a more detailed report to the July meeting of the HOSC."*

- (2) RESOLVED that the interim report be noted and that the East Kent CCGs be requested to provide a detailed update, including a timetable, to the Committee in July.

## **59. Medway NHS Foundation Trust: Update**

*(Item 6)*

*Lesley Dwyer (Chief Executive, Medway NHS Foundation Trust) and Glynis Alexander (Director of Communications, Medway NHS Foundation Trust) were in attendance for this item.*

- (1) The Chair welcomed the guests to the Committee. Ms Dwyer began by stating that the Trust last provided an update to the Committee in October 2016 prior to the Trust's exit from special measures. The Trust had been re-inspected by the CQC in April and May 2018 and the inspection report was anticipated in June. She noted that there were no areas of immediate concern. She reported that whilst the Trust was not consistently meeting the constitutional targets, particularly in relation to A&E performance, there were early signs of improvement. She highlighted the closure of an escalation ward which had been open since December 2014 and the Trust's work with system partners to reduce the number of delayed transfers of care (DTOC); the Trust now had one of the lowest DTOC figures in the country and was sharing its learning with other systems.
- (2) Ms Dwyer noted that workforce and vacancies had been an issue for the Trust. The Trust's ability to recruit had been particularly impacted when the Trust was in special measures. She reported that there had been a 3%

increase in the number of substantive staff and a 11% decrease in the use of agency staff. She stated that the Trust had a challenging financial position with a reported £66.4 million deficit in 2017/18 which was one of the worst NHS deficits. She reported that the Trust had agreed a control total of £46.7 million for 2018/19 with NHS Improvement. She explained that the Trust was working with commissioners about services to be provided within the available budget. The Trust had developed a three-year recovery plan to return to a breakeven financial position.

- (3) Ms Dwyer reported that the Trust had commissioned a fire safety report from Kent Fire & Rescue Service which identified a number of risks and actions required which the Trust had implemented. She highlighted the Trust's Better, Best, Brilliant improvement programme. She stated that she was confident that the Trust's challenges could be addressed but stressed the importance of the wider healthcare system working together.
- (4) Members enquired about integrated discharge planning, international recruitment, Kent & Medway Medical School and NHS bursaries. Ms Dwyer explained that the Trust worked in conjunction with Virgin Health, Medway Community Health, the local authorities and commissioners to improve patient discharge. Ms Dwyer explained that the Trust had undertaken international recruitment campaigns, for nursing vacancies, via local, national and international routes. She noted that recruitment from the Philippines had been particularly successful; the Trust had provided support packages to integrate overseas workers into the community and to support language and fluency skills. She reported that the Trust had played an important role in influencing a change to the English Language Test set by the Nursing & Midwifery Council to ensure it was more realistic. Ms Dwyer noted that the new Medical school would help to attract aspiring doctors within the local community to build their career in Kent and would help to address the recruitment and retainment issues of skilled medical professionals within the South East region. Ms Dwyer stated that the impact of the removal of the NHS bursary had not yet been felt; the Trust was supporting clinical support workers who were converting to nursing with study leave.
- (5) In response to a specific question about the Medway area being identified as one of 32 risk areas due to below-average health outcomes *and* deficit-running NHS trusts, Ms Dwyer stated that in an area of increased health needs, in a system where there was a paucity of primary care services people would access services through the Emergency Department which would increase pressure on the Trust as there would be an increase to the number of people it delivered care to. Ms Dwyer noted that whilst Trust had a primary care practice on the hospital site, placing a GP surgery near the hospital, could help support the Trust. She reported that the Emergency Department saw an increase of 44 patients each day.
- (6) A Member sought assurance that the closure of escalation beds and reduction in capacity would not impact on the Trust's ability to provide adequate services to the community. Ms Dwyer explained that hospitals operated most efficiently at 85% capacity. She confirmed that the 53 escalation beds had been closed to reinstate the day surgery at Medway Hospital. She noted that 90 of the Trust's 154 surgical beds had been used by medical patients who could have

been better cared for elsewhere. Ms Dwyer noted the Trust's aspiration to be the site of a Hyper Acute Stroke Unit. She reported that the Medway site was the only unit currently seeing the correct number of patients and provided services to the largest conurbation in South East and had a demographic need. The Trust had appointed an additional Stroke Physician to improve performance for the local community in the interim whilst the decision was being made.

- (7) Members enquired about support provided to new staff including accommodation. Ms Dwyer explained that the Trust initially provided short-term on-site accommodation for staff; as part of its support package, international staff were given advice about National Insurance contributions, private renting and banking. Ms Dwyer highlighted an initiative with the University of Greenwich, whereby nursing staff in the Emergency Department were able to gain credits towards a Masters, which had reduced turnover. She noted that the Trust currently had nine physician associates and highlighted the role of nurse associates.
- (8) Members enquired about the deliverability of the financial recovery plan. Ms Dwyer explained that the Trust was required to save £20 million each year for the next three years to breakeven. In order to do this, service reconfiguration would be required, and the Trust would not continue to provide all the services that it currently does. She noted that the Trust's savings, in month two, was ahead of its financial recovery plan. She reported that additional areas of savings included pay ceilings for temporary staff across Kent and Medway and reduction in the number of administration roles through the use of technology. She confirmed that the Trust met regularly with the unions as part of the Trust's Transformation Group.
- (9) The Chair congratulated the Trust on its progress in many areas but expressed concerns about the risks associated with the Trust's financial recovery and the impact it would have on services.
- (10) RESOLVED that:
  - (a) the report on Medway NHS Foundation Trust be noted;
  - (b) the Trust be requested to provide a detailed report to the Committee on its financial recovery plan at the earliest opportunity.

## **60. Maidstone & Tunbridge Wells NHS Trust: Update**

*(Item 7)*

*Miles Scott (Chief Executive, Maidstone & Tunbridge Wells NHS Trust) was in attendance for this item.*

- (1) The Chair welcomed Mr Scott to the Committee and asked him to introduce himself. Mr Scott explained that he joined the Trust as Chief Executive four months ago from NHS Improvement. He stated that he had worked in the NHS for over 30 years and had been Chief Executive of St George's University Hospitals Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust and Harrogate and District NHS Foundation Trust.

- (2) He presented a series of slides which provided an introduction to the Trust; updates on the Trust's financial and operational performance; and recent CQC inspection. Mr Scott stated that the Trust had two main roles: it provided a range of general hospitals services to a population of 650,000 residents in West Kent and East Sussex and specialist cancer services to 2 million people across Kent and Sussex via the Kent Oncology Centre. He noted that both Maidstone and Tunbridge Wells Hospitals provided accident & emergency and general medical services; Maidstone provided cancer and complex surgery services whilst Tunbridge Wells provided trauma, maternity and children services.
- (3) Mr Scott explained that the Trust was placed in Financial Special Measures (FSM) in July 2016. NHS Improvement appointed a Finance Improvement Director (FID) who identified a potential deficit of £42.7 million, which equated to 10% of turnover at the time, and worked with the Trust to construct a financial recovery plan which helped to put the Trust into the position whereby the activity growth was now greater than the pay-bill and the underlying deficit had reduced to £20 million in the last financial year. Mr Scott informed the Committee that through the combination of productivity improvements and alignment of non-recurring measures, the Trust was on track to meet its control total for the current year.
- (4) In terms of operational performance, Mr Scott drew the Committee's attention to six key points:
1. There were no reported MRSA cases and only 25 cases of reported clostridium difficile at the Trust in the last year;
  2. Low numbers of avoidable pressure ulcers and patient falls were two key indicators of safe nurse staffing levels;
  3. There was a 10% increase in emergency admission in one year across the Trust which impacted on its ability to carry out planned work.
  4. There was an increase in Referral to Treatment Times (RTT) due to planned cases being displaced by emergency cases and pressures around cancer service access standards. In response to this, the Trust had devised a programme to increase elective surgery through increased productivity in operating theatres
  5. Improvements to access to cancer services were required particularly around early diagnosis. He noted that Kent ranked 19<sup>th</sup> out of 19 areas in England for access to cancer services.
  6. As with other NHS Trusts, Maidstone and Tunbridge Wells NHS Trust faced a number of pressures in terms of staffing and work was continuing to be done to tackle those.
- (5) Mr Scott explained that the Trust had been inspected by the CQC and there had been a significant shift in the individual ratings between 2015 and 2018 inspections. He stated that the Trust was well placed to move up through the ratings as further services were inspected. He noted that the CQC had made a series of recommendations which the Trust was working through to address.
- (6) In response to a question about the impact of budget on hospital services, Mr Scott advised Members that regardless of money, the Trust would not be able to staff more beds. Instead, the Trust was finding new ways to develop services within hospitals and the local community that helped to get patients

back into their own home more rapidly such as the new Frailty Unit at Tunbridge Wells Hospital.

- (7) Members enquired about the PFI funding for Tunbridge Wells Hospital and whether the Trust had been able to renegotiate its fixed PFI charges. Mr Scott explained that any new hospital would have cost more in terms of capital in comparison to operating the old hospital. Mr Scott noted that the FID had not recommended renegotiating the PFI charges in 2016 but acknowledged that it may be timely for it to be reviewed.
- (8) Members asked about the Trust's ability to reduce fixed costs and the increased rate of serious incidents and emergency department attendance. Mr Scott stated there had been a reduction in costs through the use of generic drugs and a reduction in blood transfusion charges due to improved measures to conserve patient fluids and reduce internal bleeding. He reported that clinical savings were the Trust's biggest targets. Mr Scott explained that the increased rate of serious incidents was positive; it showed that staff felt confident to report incidents and enabled the Trust to make improvements, mitigate risks and be held to account. Mr Scott stated that it was important to ensure that as soon as people presented at an Emergency Department, staff were able to respond quickly and proportionately and identify the correct pathway of care. He supported streamlining processes, such as encouraging people to use the telephone or internet as the first point of call for concerns regarding their health care.
- (9) Members enquired about the holes in theatre walls, safeguarding training and appraisals which had been identified in the CQC inspection report. Mr Scott stated that the hole referred to plaster damage in a wall caused by a trolley bashing into it at Maidstone Hospital which had been fixed. He noted that Maidstone Hospital had been well maintained and the condition of the hospital was much better in comparison to Wexham Park Hospital, Slough which had been built at the same template. Mr Scott acknowledged that when the Trust experienced high levels of demand, training such as safeguarding came under pressure. Mr Scott highlighted that the Trust's appraisal rate was at 90% which was positive for an NHS organisation.
- (10) Members asked about complaints handling, ambulance handovers and staff turnover. Mr Scott acknowledged that the process for responding to complaints was not at the desired standard. He assured the Committee that work was being done to improve the timeliness and quality of responses and was being overseen by the Chief Nurse. Mr Scott reported that handover delays at the Trust were lower than at other trusts and SECamb were happy with how the Trust transferred patients. He noted that in the last year rapid assessment and treatment areas had been implemented along with Fit2Sit for patients who did not need to be on a trolley. Mr Scott noted that the Maidstone and Tunbridge Wells NHS Trust had historically had a lower turnover rate compared to neighbouring hospitals in Kent, however, the Trust could not be complacent with its efforts. Tunbridge Wells Hospital had experienced issues around the cost of accommodation for its staff and was in discussions with the Borough Council about the creation of more affordable key worker accommodation.

- (11) The Chair enquired about the actions being taken to improve access to cancer services. Mr Scott explained that for each tumour type, the Trust was investing in the front-end of the pathway to ensure diagnostics were completed within a quicker timeframe. As the cancer centre for Kent, the Trust was aware of the complexity of individual cases and the importance of tracking patients on an individual basis. He stated the Trust was planning to deliver the national standards by the end of the financial year.
- (12) RESOLVED that the report on Maidstone & Tunbridge Wells NHS Trust be noted and the Trust be requested to provide an update at the appropriate time.

## **61. NHS response to winter in Kent 2017/18**

*(Item 8)*

*Ivor Duffy (Director of Assurance and Delivery, NHS England), Bill Millar (Interim Director, Urgent Care and Primary Care, East Kent CCGs) and Mark Atkinson (Head of Acute Commissioning, West Kent CCG) were in attendance.*

- (1) The Chair welcomed the guests to the Committee and noted that the North Kent CCGs had been unable to provide a representative. Mr Duffy began by stating that winter had been challenging. There had been a severe outbreak of seasonal influenza which had an unusual strain. He highlighted a successful vaccination scheme at East Kent Hospitals University NHS Foundation Trust which had donated a tetanus vaccination to UNICEF for every staff member who had the flu jab; as a result, the Trust had one of the highest flu jab uptakes in the country.
- (2) He stated that a number of reviews had been undertaken to pull together the key learning which included a greater need for consistency around escalation and working together as a system through the STP. He noted that whilst NHS England had historically been responsible for coordinating the system, local systems had now taken on the leadership role and NHS England was providing more of an advice and support role. He stated that further work to improve communication with the public on accessing primary and urgent care services was required.
- (3) Mr Millar explained that the winter and Easter periods had been challenging in East Kent with A&E performance at 60 – 70% against a standard of 95%. There was also a system focus to address discharge; EKHUFT worked with SECAmb to put in place mitigating actions for handover delays and additional funding from NHS England had been received to work with the voluntary sector to support discharge. He noted that an improvement plan had been submitted to NHS England which described the collective action being undertaken.
- (4) Mr Atkinson stated that the position in West Kent was slightly better as there were only two hospitals and flow could be moved between the sites. He highlighted a number of initiatives which had been implemented using winter monies including primary care centres at the hospital sites being managed by MTW, additional medical team to support delayed transfers of care and the introduction of a Home First scheme by a private provider to support patients

in their own homes. He recognised that there needed to be better engagement with primary care; he reported that the relationship and collaboration between health and social care had developed over the winter.

- (5) The Chair enquired about additional resources for primary care. Mr Duffy explained that there had been a number of initiatives had been implemented which included GP triaging at A&E departments and extended primary care opening hours. He recognised that more work was required to tie-in these resources with the wider system and effectively communicate with the public as there had been some underused capacity. He stated that the growing demand for the 111 service was being addressed as part of the Integrated Urgent Care Service Procurement. Further work was also being undertaken to identify where the peak periods for 111 would fall as part of planning; the 2017/2018 peak came sooner than anticipated which had a knock-on effect to other services.
- (6) Members enquired about elderly fallers, staff vaccinations and the strain of flu and the effectiveness of the vaccination. Mr Duffy reported that hospitals planned for increased falls and fractures such as the procurement of additional orthopaedic surgeons at EKHUFT for anticipated periods of high demand. Mr Duffy explained that staff vaccination was personal choice and not compulsory. He noted the work done with care homes to ensure that staff knew the benefits to them and the wider system of having the vaccination. He committed to sharing with the Committee, the percentage of staff in Kent & Medway who had the flu vaccination and the learning from the influenza debrief. Dr Duggal explained that the strain for the flu vaccine was determined a year in advance, based on global evidence, by the World Health Organisation, Centre for Disease Control and UK Health Authority. She noted that a new strain arose whilst the 2017/18's vaccination was in production and it was therefore not able to be included in the vaccine.
- (7) RESOLVED that the report be noted and NHS England and the Kent & Medway STP be requested to provide an update about preparations for 2018/19 winter to the Committee at its September meeting.

**62. Patient Transport Service: Key Performance Indicators (Written Briefing)**  
(Item 9)

- (1) The Committee considered an update report from NHS West Kent CCG which detailed the new Key Performance Indicators for Patient Transport Services.
- (2) RESOLVED that the report on the new Key Performance Indicators for Patient Transport Service be noted, and that the CCG be requested to present an update on performance to the Committee in the Autumn.