HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 17th September, 2020

10.00 am

Online

Kent County Council
kent.gov.uk

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 17th September, 2020, at 10.00 am
Online

Ask for: **Kay Goldsmith**

Telephone: **03000 416512**

Membership

Conservative (11):	Mr P Bartlett (Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Mrs L Game, Ms S Hamilton, Mr P W A Lake, Mr K Pugh (Vice-Chairman), Mr D L Brazier and Mr A R Hills, vacancy
Liberal Democrat (1)	Mr D S Daley
Labour (1):	Ms K Constantine
District/Borough Representatives (4):	Councillor J Howes, Councillor K Maskell, Councillor S Mochrie-Cox and Councillor P Rolfe

In response to COVID-19, the Government has legislated to permit remote attendance by Elected Members at formal meetings. This is conditional on other Elected Members and the public being able to hear those participating in the meeting. This meeting will be streamed live and can be watched via the media link on the webpage for this meeting here.

County Councillors who are not Members of the Committee but who wish to speak at the meeting are asked to notify the Chairman of their question(s) in advance.

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

Item		Timings*
1.	Membership	10:00
2.	Substitutes	
3.	Declarations of Interests by Members in items on the Agenda for this meeting.	

4. Minutes from the meeting held on 22 July 2020 (Pages 1 - 10)

5. Covid-19 update and restart of NHS services (Pages 11 - 16)

6. East Kent Hospitals University NHS Foundation Trust - Covid-19 update (Pages 17 - 24) 10:40

7. Acute Stroke Services Update (Pages 25 - 28) 11:10

8. East Kent Hospitals University NHS Foundation Trust - Maternity Services (Pages 29 - 34) 11:30

9. Edenbridge Primary and Community Care (Pages 35 - 38) 12:00

10. Work Programme 2020-21 (Pages 39 - 44)

11. Date of next programmed meeting – 24 November 2020

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

9 September 2020

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Online on Wednesday, 22 July 2020.

PRESENT: Mr P Bartlett (Chairman), Mr K Pugh (Vice-Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr D L Brazier, Mr N J D Chard, Ms K Constantine, Mr D S Daley, Mrs L Game, Mr A R Hills, Mr P W A Lake, Mrs C Mackonochie (Tunbridge Wells (BC), Patricia Rolfe and Mr J Wright (Substitute for Ms S Hamilton)

ALSO PRESENT: Mrs C Bell and Ms L Gallimore

IN ATTENDANCE: Dr A Duggal (Deputy Director of Public Health), Mrs K Goldsmith (Research Officer - Overview and Scrutiny) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

33. Membership
(Item 1)

It was NOTED that:

- Mr D Brazier and Mr A R Hills had joined the committee; and
- there was a Conservative vacancy following the passing of Mr I Thomas.

34. Apologies and Substitutes
(Item)

Apologies for absence had been received from Ms S Hamilton and Cllr M Rhodes.

Mr J Wright was present as a substitute for Ms Hamilton.

Also present were Ms L Gallimore from Healthwatch and Dr A Duggal, Deputy Director of Public Health.

35. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 3)

Relating to agenda items 6 and 8, Mr J Wright declared that he was a KCC - appointed Partner Governor of the Medway Hospital Trust.

Mr N J D Chard declared that he was a Director of Engaging Kent.

36. Protocols for virtual meetings
(Item 4)

It was RESOLVED that, in order to facilitate the smooth working of the committee's virtual meetings, the protocols be adopted.

37. Minutes of the meeting held on 5 March 2020
(Item 5)

It was RESOLVED that the minutes of the meeting held on 5 March 2020 are a correct record and they be signed by the Chairman. There were no matters arising.

38. Local Covid-19 response and restart of NHS services
(Item 6)

Mr W Williams, Accountable Officer for Kent and Medway CCG, was in attendance for this item at the invitation of the committee.

Mr J Wright declared that he was a KCC–appointed Partner Governor of the Medway Hospital Trust.

1. Mr Williams introduced the report and emphasised the importance of understanding the complexity of what the CCG was dealing with in terms of managing the impact of Covid-19, which had necessitated suspending many other services temporarily. Restarting these services was complex and involved overcoming ongoing challenges in terms of stringent infection control measures and physical distancing, which would inevitably have an impact on the throughput of cases. There were also some resources impacts in terms of revenue and capital funding.

2. Mr Williams responded to comments and questions from the committee, including the following:-

a) asked about inconsistencies in the information for the recommencement of various cancer screening services across the county, and what information about this was made available to patients, Mr Williams explained that statistics differed as they included different services. He undertook to address the issue of patient information outside the meeting;

b) asked to comment on the 9-10% of hospital deaths due to Covid-19 recorded in East Kent, Mr Williams advised that, although Thanet had recorded some of the highest Covid-19 death rates in the UK, rates in East Kent were now low, and he undertook to look into the pattern of most recent rates;

c) referring to infection control, he assured the committee that the Trust and nursing colleagues were closely involved in monitoring and that only one ward currently had any Covid-19 cases;

d) referring to staff testing, he assured the committee that the rate of infection was very low and that all EKHUFT staff were being tested. He undertook to provide a written response to the committee on this issue;

e) staff at QEQM had requested that Perspex screens be installed around A&E reception, and Mr Williams undertook to look into this at QEQM as well as the

William Harvey and Kent and Canterbury hospitals and to provide a written response to the committee;

f) Mr Williams advised that the risk of a second wave of infection in Kent depended on the extent to which the public adhered to public health advice to avoid transmission. A Health Surveillance Board was looking in more detail at rates of testing and the number of calls made to the NHS 111 line. He assured the committee that the latter had not risen, but he cautioned against complacency;

g) asked how any resurgence in infection would be handled, Mr Williams advised that use of local lockdowns was an option and would help to manage any future spread of the virus. The first surge of the virus had been managed by taking over areas of hospitals, such as operating theatres, to accommodate Covid-19 patients, and this could be repeated if necessary as it helped manage capacity. It would also help to avoid the need to suspend other services while prioritising Covid-19 patients;

h) the importance of mental health issues was highlighted and a question asked about restarting support services in community. Mr Williams acknowledged the increasing need for services for existing patients and those who had developed mental health issues as an effect of Covid-19. He advised, however, that the level of increased need would be difficult to quantify;

i) asked if small daily clinics would soon be able to re-start, Mr Williams advised that outpatient clinics and general practices were opening, offering face to face appointments wherever possible, so physical examinations could be undertaken. Optimum use would be made of non-face to face appointments to avoid travel wherever possible, for example, to and from care homes. He advised that 95% of patients in Kent and Medway were listed with GPs who had appropriate technology to offer non-face to face appointments;

j) a point was made that many people did not have access to online technology and would rely for information on the radio, so that medium should be included when considering how best to spread public information; and

k) a view was expressed that many people did not seem to take the pandemic seriously and this was perhaps because the public health message had been toned down to avoid frightening the public. People needed to be told about the reality of dealing with the Covid-19 virus and to be encouraged to take it more seriously. In the event of a second wave, it would be helpful also if the local authority response to it were quicker than for the initial wave.

3. Mr Williams thanked the committee for the issues raised about communications and undertook to look into them. He advised that it was not possible to give a date when all GP surgeries would be able to return to face to face appointments as each practice needed to assess the risk factors in their own premises, for example, in some practices it would be difficult to apply social distancing requirements fully.

4 The Chairman referred to a review of elective capacity in NHS trusts at the committee's 5 May meeting, at which the committee had been advised that

arrangements with the private sector to add to this capacity would continue until 31 August. He said it would be very helpful if this arrangement could be extended further and he offered to write to private sector providers on behalf of the committee to seek an extension and a review of tariffs. Mr Williams welcomed this as a helpful move.

5 It was RESOLVED that the update be noted, with thanks, and that the following action be taken:-

a) Mr Williams provide written responses about the provision of protective screens at East Kent A&E departments, patient information, the rate of infection and testing; and

b) the Chairman write to the Secretary of State to seek an extension to the arrangement to provide additional capacity and a review of tariffs after consultation with Mr Williams.

39. Dermatology Services
(Item 7)

Ms C Selkirk, Director of Health Improvement, Kent and Medway CCG, Ms N Teesdale, Associate Director of Commissioning, and Mr J Chisnall, Acting Director of Health Improvement (Governance and Compliance), were in attendance for this item at the invitation of the committee.

1. Ms Selkirk introduced the report and explained that, since writing the report, Sussex Community Dermatology Services had been appointed and started seeing patients on 13 July. They were delivering services seven days a week and had seen 1,000 new patients so far, including all those who had been waiting since the suspension of the previous contract. Capacity had been increased and they would shortly be seeing 1,000 patients per day. She acknowledged that there had been delays, including for those patients waiting for cancer treatments, but assured the committee that this had not exposed people to risk of harm. No new cancer diagnoses had been made since 19 June. There was also a separate small contract in East Kent, serving 200 patients in Ashford and Canterbury, which had been suspended in July. A dermatology helpline had been established, and had gone live on 21 July, with 100 calls being received so far, from those who had been referred to DMC but had not yet been seen.

2. Ms Selkirk responded to comments and questions from the committee, including the following:

a) disappointment was expressed about the suspension of the East Kent service. Dermatology was an important area; skin problems could point to many other conditions, including skin cancer. It was difficult to understand how dermatology services could be delivered in small, separate areas, requiring people to travel distances to be seen. Ms Teesdale explained there was a national shortage of dermatologists, which was inevitably impacting on service provision. In relation to the services suspended, she emphasised that many patients were treated virtually, but the service would see every patient in the backlog in face to face appointments. This was important, in light of the problems previously experienced. Services had been set up North Kent and East Kent to reduce the need for patients to

travel. The service was now seeing the backlog of patients as a matter of urgency.

3. Relating to primary care, Mr J Chisnall explained that there had been CQC interventions in two practices based in Medway. DMC ran practices in Swale and Maidstone, which would be visited by CQC, and the CCG was prepared for the possible outcomes of those visits.

4. It was RESOLVED that the report be noted and the Kent and Medway CCG be invited to update the committee at the appropriate time.

40. Review of Frank Lloyd Unit, Sittingbourne
(Item 8)

Ms C Selkirk, Director of Health Improvement, Kent and Medway CCG, was in attendance for this item at the invitation of the committee.

Mr J Wright declared that he was a KCC–appointed Partner Governor of the Medway Hospital Trust.

1. Ms Selkirk introduced the report and apologised to the committee for the concerns expressed about review process at its March meeting. She assured the committee that the new CCG was committed to addressing these concerns by engaging with the committee and the public. The CCG would expand and develop its new model to clarify what was proposed in it and the review. It would now take the opportunity to review, speak to the public and clinicians and come back to the HOSC in March 2021 to set out the new model, including the role of the Frank Lloyd unit in relation to that new model.

2. Ms Selkirk explained that the Frank Lloyd unit was never intended to be an inpatient unit; it was an assessment unit, with a flow-through rather than resident patients. Any inpatient care needed would be provided by KMPT. The CCG believed that the care model provided for patients had value and followed national guidelines. Patients were now being seen in similar services in the community. She accepted that the previous CCG had got the review process wrong and asked that the new CCG be given the opportunity now to put it right and bring the issue back to the committee's March 2021 meeting, rather than a referral being made to the Secretary of State.

3. The committee made the following comments:-

a) concern and disappointment were expressed at the lengthy process followed by the previous CCG in considering the future of the Frank Lloyd unit, the CCG's intransigence and the lack of notice taken within that process of the committee's views. Members asked that this be made known to the Secretary of State and the NHS, at the highest level;

b) examples were given of a number of patients with complex needs occupying beds at Maidstone Hospital who could benefit from moving to the Frank Lloyd unit. The previous CCG had been asked to look favourably at keeping the Frank Lloyd unit open as part of the review of

services for elderly and dementia patients and to make the best use of elected Members' local knowledge about local people's needs;

c) the Frank Lloyd unit was still a relatively new building with modern facilities and should continue to be used;

d) a plea was made that the NHS put every effort into getting the future process right, and that the Frank Lloyd unit be used as an interim measure during the period of review. No assumptions must be made about the outcome of the review;

e) concern was expressed about where patients would be discharged to from the Frank Lloyd unit and how they would be cared for afterwards, as many would need ongoing nursing care, some 24 hours a day; and

f) it was suggested that the committee could still make a referral to the Secretary of State if the outcome of the second review did not bring its desired result.

4. Ms Selkirk thanked Members for their comments and undertook to look at all options. She added that a wide range of stakeholders would be consulted in the review and the outcome reported back to the committee in due course.

5. The Chairman summarised the points made and offered a form of words for a recommendation. This wording was discussed by the committee and adjustments made to more closely reflect the concerns raised during debate.

6. The Chairman then proposed and Mr Bowles seconded the following wording: "The committee notes the next steps (set out on page 43 of the agenda pack) and would like to add that the Frank Lloyd unit be kept available until the review is completed. The committee will write to the Secretary of State to express its concern over the process undertaken by the previous CCG, which led to the suspension of the Frank Lloyd unit." This was agreed without a vote.

7. It was RESOLVED that the next steps (set out on page 43 of the agenda pack) be noted and that the committee add that the Frank Lloyd unit be kept available until the review is completed. The committee will write to the Secretary of State to express its concern over the process undertaken by the previous CCG, which led to the suspension of the Frank Lloyd unit.

41. Medway NHS Foundation Trust - Performance Update
(Item 9)

Ms G Alexander, Director of Communications and Engagement, and Mr H McEnroe, Statutory Medical Commander for Covid-19 response, were in attendance for this item at the invitation of the committee.

1. Mr McEnroe summarised to the committee the Trust's Restore and Recovery programme, its recent CQC report and the outcome of the staff survey. He thanked the County Council and community partners for the support they had given to the Trust in dealing with Covid-19, including safe and effective discharges from hospital. April had seen the peak of cases with 100 patients, but the Trust had been able to

rearrange beds to meet demand, including an increase in ICU bed capacity from 9 to 23 beds, while maintaining its diagnostic, cancer and maternity care services, the latter with the help of colleagues in the independent sector. Non-urgent surgery had been stepped down but face to face cancer care had been able to continue in a 'green area' of the hospital, to which traffic was minimised to guard against infection. A good supply of PPE had been maintained throughout the Covid-19 crisis, there had been a robust oversight process and a good multi-disciplinary team approach. Outpatients, diagnostic and face to face appointments were now restarting and other services would restart in early August. The system had worked well to respond to the Covid-19 crisis and robust internal and external planning was preparing for a possible second wave of infection and the usual winter pressures on services. However, the Trust felt that 'business as usual' was not necessarily 'business as best' so improvement would be sought. The Trust was proud that its critical care had been rated as 'outstanding', however, the rating of its medical care had been lowered to 'inadequate'. The Trust was working with partners and commissioners to act on the CQC advice and move forward, using a recovery action plan.

2. Members made the following comments;-

a) thanks and appreciation were extended to all Trust staff for their work during the Covid-19 crisis. The Trust's response to the crisis had been excellent, including staff training on use of PPE, partnership working on discharges, falls units and dementia services. Mr McEnroe acknowledged that some patients with dementia were still staying in hospital too long when they could be placed elsewhere, either in their own homes or in care homes. Creation of good step-up and step-down processes was important, and the Frank Lloyd unit in Sittingbourne offered an opportunity to contribute to this and to manage the care paths of elderly and frail patients in an innovative way; and

b) concern was expressed about the effect of CQC ratings on staff morale. Staff were doing their best to deliver services, in difficult circumstances and sometimes in outdated facilities, and for their service to be given a low rating was demoralising. All staff needed to know that their work was appreciated and valued, and they should be congratulated. Mr McEnroe and Ms Alexander assured Members that the Trust was very conscious of the impact of CQC inspection reports on staff morale and much time had been spent listening to staff feedback on the inspectors' report.

4. It was RESOLVED that the report be noted, with thanks.

42. Single Pathology Service for Kent and Medway
(Item 10)

Ms A Price, Programme Lead and Workforce and OD Lead, Kent and Medway Pathology Programme, Kent and Medway STP, and Dr S Joshi, Clinical Director of Pathology, Maidstone and Tunbridge Wells Hospital, were in attendance for this item at the invitation of the committee.

1. Ms Price set out progress made on the outline business case since the report to the committee had been published. The cases for IT systems, service changes, managed service contracts and a laboratory information

management system (LIMS) had been approved by EKHUFT and the MTW Trust. Dr Joshi added that the outline business case had been approved by the programme boards. North Kent Trusts were seeking to join their services into LIMS but not into the single management network. A hybrid model had been proposed by EKHUFT and MTW with North Kent joining later, and a third proposal would be updated later. Ms Price emphasised that the replacement of IT systems was a priority and the tendering process would be launched in mid-August.

2. Ms Price and Dr Joshi responded to comments and questions from the committee, including the following:-

   a) asked what affect Covid-19 had had on the development of business cases, Ms Price advised that work on business cases had been paused during May but had now resumed, though timescales had slipped by around 3 months. Covid-19 had made great demands on the pathology and microbiology services, the latter having taken a lead in testing, and demand for these services was expected to increase in the near future;

   b) the omission of commercial options from the business cases was welcomed and a view expressed that services were best kept in-house;

   c) asked what impact the changes would have on patients, and whether engagement with them had flagged any concerns, Ms Price advised that patient groups had not recorded any concern because the changes would not impact the public facing service. Patient representatives had said that they were satisfied with the OBC because it adequately demonstrated that the access to sampling and timeliness of results would not be negatively affected. Dr Joshi was hopeful the patient experience would actually improve as a result of the single network because historically there had been difficulty in viewing results across the county (such as East to West Kent and vice versa); and

   d) asked if patients would still be required to go to separate locations for different tests, Dr Joshi explained that samples needed to be sent to different places for different types of testing, including specialist hospitals in London. A separate piece of work was underway to address any issues related to sending samples outside of county lines (project called Empex).

3. It was RESOLVED that the update be noted, with thanks, and that Kent and Medway CCG be invited to attend and present an update at the appropriate time.

43. East Kent Financial Recovery Plan and Financial Performance for Kent and Medway CCGs, 2019-20 (written item)
(Item 11)

It was RESOLVED that the report be noted.

44. East Kent Hospitals University NHS Foundation Trust - Maternity Services (written item)
(Item 12)

A supplementary report on this issue had been published after the main agenda pack.

1. Members made the following comments on the report:-

   a) concern was expressed about performance targets being missed in the maternity services at QEQM, including avoidable infant deaths. The committee would need to be able to talk to the decision makers at QEQM as soon as possible, to ask them what had happened and what steps had been taken to remedy the situation. It was suggested that a public inquiry might be needed. The Cabinet Member, Mrs Bell, acknowledged this concern and said she would like to see the issue discussed by the committee at its September meeting; and

   b) the committee should be more forceful in its recommendations to the Trust and would need to see that they were being acted upon. The Chairman supported these suggestions.

2. It was RESOLVED that the report be noted, that the issue be added to the committee's September agenda and that Trust be asked/pressed to attend to answer the committee's questions.

45. Edenbridge Primary and Community Care (written item)
(Item 13)

1. Mr P W A Lake, local Member for the area, spoke about the importance of the development to Edenbridge, and the concerns that local people had about the accessibility of local health services, in particular minor injuries and X- ray units. He raised the following issues which would require a response:

   i. Assurance over the timings in the Project Plan set out in 6.3 of the report, especially in light of any coronavirus delays;
   ii. Flexibility of new building to expand and whether there would be sufficient parking;
   iii. Continuation of current Minor Injuries Unit and X-Ray services in new build?
   iv. Was there an intention to block purchase inpatient beds to deal with any overflow from Pembury Hospital?
   v. Paragraph 3 of the agenda pack mentioned potential investors – what are they investing in, the new build or some space on the land? Who from KCC has been involved in these decisions so far – Mr Lake had not been aware of such discussions;
   vi. What was the nature of the investors Assura plc?

2. The Chairman noted Mr Lake's points and would ensure the CCG provided a response for the Committee.

3. It was RESOLVED that the report be noted.

46. Work Programme

(Item 14)

1. Members requested that items be added for the next meeting to cover:

    - Dermatology Services
    - Maternity Services
    - An update on a backlog of diagnostic screening appointments for various cancers, including bowel cancer, mentioned in Minute 38 above
    - An update on how services are recovering from the effects of Covid-19

2. An update was requested on the effects of aviation and freight on the health of local people, particularly in Thanet, including the effects of pollution on people living near a flightpath. The committee was advised that this was a public health matter and better referred to the Health Reform and Public Health Cabinet Committee, and this was subsequently done.

3. It was RESOLVED that, with the addition of the items listed above, the committee's future work programmed be noted.

47. Date of next programmed meeting – 17 September 2020

(Item 15)

It was NOTED that the next meeting of the committee would be on Thursday 17 September 2020, commencing at 10.00 am.

(a) **FIELD**
(b) **FIELD_TITLE**

Item 5: Covid-19 response and restart of NHS services

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 September 2020

Subject: Covid-19 response and restart of NHS services

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Kent & Medway CCG.

It provides background information which may prove useful to Members.

---

1) Introduction

a) On 22 July 2020, HOSC received an update on the local NHS response to covid-19. It was explained that the local NHS was focussing on three overarching issues:

i) Ensuring there is sufficient capacity to care for people who continue to be infected with Covid-19.

ii) Restart non-Covid-19 services.

iii) Meet the increased demand across rehabilitation and mental health services for those affected by Covid-19 either directly or indirectly.

b) Members were particularly keen to understand the impact on the waiting lists for services that were stopped during the height of the pandemic, such as diagnostic screening for cancer. The Kent and Medway CCG endeavoured to provide this information for Members at the next meeting.

c) On 31 July 2020, the NHS Chief Executive and Chief Operating Officer sent a joint letter to all NHS providers and commissioners regarding the start of phase three of the covid-19 recovery programme. The priorities set out were:

i) Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter

ii) Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.

iii) Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.[1]

d) The Kent and Medway CCG have provided the attached update paper and will be in attendance at the meeting to answer questions.

[1] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf

e) Possible lines of questioning based on Members prior discussions on this topic:

- Have Breast and Bowel diagnostic screening services restarted?
- What has the impact been on waiting lists for routine elective procedures as well as Referral to Treatment times?
- Is the local relationship with the independent sector continuing to assist with recovery and reducing wait times?
- How are Emergency Departments preparing for possible increased demand (following a fall during phase 1 of the pandemic), and what is being done to ensure patients know the best facility for them to visit (i.e. Accident & Emergency, Urgent Treatment Centre, GP surgery).
- What has been the impact on demand for mental health services, and is there adequate capacity to meet this demand?
- What has the impact been on Local Care, in terms of facilitating the drive for freeing up capacity in secondary care by improving the capacity and services of primary care?

2) Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2020) *'Health Overview and Scrutiny Committee (22/07/20)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8496&Ver=4

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

Covid-19 response and restart of NHS services

September 2020

This report updates HOSC on Covid-19 relates issues following the paper discussed at the 22 July 2020 meeting.

1 Current position on Covid-19 patients

The numbers of patients needing hospital treatment for Covid-19 has continued to reduce. At the time of writing this report (1 Sept 2020) there was a total of ten Covid-19 positive patients in beds across the four acute hospitals in Kent and Medway. New admissions for Covid-19 are low, often zero across the four trusts on any given day.

The impact of Covid-19 on the people of Kent and Medway is a tragedy. Whilst there has been a downward trend in the number of infections and deaths, Covid-19 has not gone away and the NHS is continuing to provide treatment for Covid-19 patients and plan for possible increases in infection rates. The NHS across Kent and Medway is working as one to respond to the pandemic and will continue to do so through the restart phase of work. The NHS also continues to be a key partner on the Kent Resilience Forum response for Covid-19 and is actively involved in the recovery cells of the KRF.

2 Recovery of NHS services

The NHS has now restarted the services that were put on hold as a result of the pandemic, such as non-urgent surgery and diagnostics. Patients who had their care postponed are now having appointments rescheduled and new patients are able to access the treatment they need. As noted in the previous report to HOSC, our restart work will be phased and prioritised.

Emergency activity is now back to near pre-covid levels, having fallen by 45% during the height of the pandemic. Restart plans are focussed on ensuring urgent care patients are seen in the most appropriate place and work is underway for the Kent and Medway roll out of improvements to NHS 111 which will allow direct booking of patients into a range of urgent care services including Urgent Treatment Centres and Emergency Departments.

Cancer services have been making good progress. Chemotherapy and Radiotherapy services are in place. Activity across all cancer treatments had previously been planned to return to pre-COVID levels by September, however is now anticipated by the end of October 2020.

For June 2020 the Kent and Medway performance against the 62 Day target (patients beginning treatment within 62 days of initial referral) was 80.7%. Whilst this is below the 85% standard, it is joint top nationally.

Two week wait performance (patients having first appointment within two weeks of a GP referral) was 96.3% for June, which is compliant with the national standard. Two week cancer referrals have now recovered to >75% of pre-pandemic levels.

Elective treatments (non-urgent planned treatments) have a target to recover to 90% of pre-pandemic levels of activity by end of October 2020 and 100% by March 2021. Good progress is being made recognising that requirements of running Covid-secure services (social distancing, increased cleaning etc) have reduced capacity and more work is needed to reassure patients being offered rescheduled appointments.

Independent sector hospitals will continue to be used to support recovery and reduction of waiting lists. As discussed at HOSC in July, the use of private hospitals is a positive and important part of recovery. It has now been confirmed that central funding for using independent sector hospitals will continue to be available until March 2021.

10 high impact changes for primary and community care

Kent and Medway is refreshing its primary and community care strategy to embed the beneficial changes from the Covid-19 response, support the restoration of services in line with national priorities and set out a vision for how primary and community care will be delivered in the future.

As part of the strategy, we have developed the following 10 high impact changes to transform primary and community care. They have been coproduced by Integrated Care System (ICS) and Integrated Care Partnership (ICP) groups and are underpinned by the National Voice's principles 'Nothing about us without us'. We believe they will maximise resources to deliver the best outcomes for patients and staff.

1. Address health inequalities faced by BAME and vulnerable groups through improved risk stratification & proactive care
2. Expand the flu vaccination programme to population groups at risk of Covid-19
3. Expand the Covid-19 testing programme for health and social staff as well as vulnerable groups.
4. Enable digital first primary and community of care through the consistent provision and use of digital equipment & software across providers
5. Expand provision of digital equipment & software to care homes to support digital patient consultations & communication across providers
6. Use the National Voice's 'Nothing about us without us' to underpin communications and engagement with patients regarding the restart of services
7. Take a system approach to managing waiting lists in the restart of services
8. Increase the provision pulse oximeters to vulnerable groups to improve patient safety
9. Streamline and expand Advice & Guidance service to support patient referrals
10. Ensure consistent supply of PPE for staff working across primary and community care

Supporting BAME and vulnerable groups through improved risk stratification and proactive care

Linked to point one in the ten high impact changes shown above, local GPs and other clinicians are developing plans to provider more support to BAME and other vulnerable groups.

This work is closely linked to and supporting the work being done by the Public Health teams at Kent County Council and Medway Council. We have identified six strands to the work that could make a significant difference to the excess risks faced by people from these groups:

1. Collection of robust population and patient level data of ethnicity
2. Culturally competent health information regarding Covid-19 with regards to avoiding infection, excess risks and the need to modify those risks

3. Occupational risk assessment and appropriate protection for those working in health & social care as well as public transport, taxi drivers, retail workers etc. Focused and culturally competent to ensure reach within BAME communities
4. Risk modification for those at highest risk: obesity, diabetes & hypertension
5. Close monitoring of patients who contract Covid-19 and are deemed high risk for hospital admission, ITU admission, ventilation & death
6. Post Covid mental and physical health rehabilitation offered to those who survive Covid-19

The ten high impact changes and priorities for supporting BAME and other vulnerable groups were discussed at the CCG's August Governing Body meeting and are being progressed thought the Covid-19 Restart programme.

Central funding for urgent care improvements

Kent and Medway received £8.4m as part of Government funding announced in August 2020.

Trust	Award	Projects
Maidstone And Tunbridge Wells NHS Trust	£2,817,000	• Building work to convert office space to a paediatric emergency department; • IT systems to improve bookings systems and seven day working; • Opening a winter escalation word and increasing capacity of the SDEC service at Tunbridge Wells; • Improvements to oxygen infrastructure pipework; • A new sub-station to provide power requirements for increased capacity in A&E.
Dartford And Gravesham NHS Trust	£2,553,000	• Major Emergency Floor reconfiguration to meet demands of a 'covid winter'. • An upgrade of the mental health assessment room in A&E. • A 6-beded modular unit to treat surgical emergencies.
Kent Community Health NHS Foundation Trust	£1,500,000	• Improvements at Sevenoaks, Folkestone and Deal urgent treatment centres to meet social distancing and cleaning requirements and increase capacity by 30%.
Medway NHS Foundation Trust	£857,000	• A new sub-station to provide power requirements for increased capacity in A&E.
Kent and Medway STP	£750,000	• To support *111 First* deployment across Kent and Medway and extend direct booking and e-triage being used in east Kent urgent treatment centres
Total	**£8,477,000**	

East Kent hospitals also have improvement work underway at the emergency departments, intensive care and other urgent care services. A separate paper to HOSC provides more details.

3 Lockdown patient and staff experience surveys

During lockdown Kent and Medway CCG ran a range of surveys and engagement activities to gather the experiences of patients and staff. The reports from the survey have now been published on the CCG website and circulated to partners.

Over 3,000 people responded, including; 2,100 responses to an online patient survey, interviews with community and voluntary sector representatives, and nearly 700 NHS staff surveyed.

Summary of findings:

- Patient's reported high levels of satisfaction with changes to services during lockdown, including the use of phone and online appointments, being seen at a different location or by a different professional than they normally see.

- Whilst there was strong support for the continued use of telephone and online appointments there was a clear message from both patients and staff that services must respect that it's not always suitable for everyone including people with communication difficulties, or those without access to technology - the most vulnerable groups should not be disadvantaged further. Staff also highlighted the clinical need to see some people in a face to face environment – particularly those who were frail and had complex needs.

- Concerns were raised by patients and staff that information provided about the pandemic was overwhelming and hard to follow. Information for people shielding from the virus was noted as particularly confusing.

- Collaboration and agile working across teams, and across the system was a positive theme from staff and partners in the local authorities and voluntary and community sector. Staff told us that barriers between organisations had been lifted and that teams had worked well together.

The feedback will be used to support the NHS to make decisions about restarting services whilst the coronavirus is still present and to plan for the future improvement of services. The full reports on the surveys are published on the Kent and Medway CCG website at:
www.kentandmedwayccg.nhs.uk/your-health/coronavirus/patient-experience-covid19

Ends

Item 6: East Kent Hospitals Covid-19 update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 September 2020

Subject: East Kent Hospitals Covid-19 update

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by East Kent Hospitals University NHS Foundation Trust.

It provides background information which may prove useful to Members.

---

1) Actions from the meeting held on 22 July 2020

a) During the covid-19 update at the meeting of 22 July 2020, HOSC members raised some questions in relation to East Kent Hospitals that were unable to be answered during the meeting. The CCG undertook to provide a response as soon as possible.

b) The responses to the two questions are set out below.

Staff testing at East Kent Hospitals University Foundation Trust (EKHUFT)

i) Kent and Medway CCG Accountable Officer Wilf Williams assured the committee that the rate of infection amongst EKHUFT's staff was very low and that all staff were being tested. He undertook to provide a written response to the committee on the issue.

ii) Response (provided on 30 July 2020): "EKHUFT carried out a rapid testing programme of 9,000 staff over five days as part of an on-going package of measures to keep patients, staff and the wider community safe and minimise the risk of transmission within hospital. 15 Trust staff were isolating in line with national guidance following a positive test result.

The Trust had reported that they were taking all possible steps to keep patients and staff safe, including limiting the number of people on site, having a strict "front door" policy including taking temperature checks before people enter the hospitals, providing face masks for those entering and hand cleansing facilities, and testing asymptomatic patients regularly whilst they are in hospital."

Use of Perspex screens across EKHUFT sites

iii) A committee member asked if Perspex screens had been installed to protect staff, particularly in A&E, at QEQM, William Harvey and the Kent and Canterbury hospitals. Mr Williams undertook to provide a written response to the Committee.

iv) Response (provided on 30 July 2020): "Protective screens are in place within the emergency department receptions at Queen Elizabeth Queen Mother Hospital in Margate and The William Harvey Hospital in Ashford, and at the Urgent Treatment Centre at Kent and Canterbury Hospital."

2) Recent events

a) Following an inspection on 12 August at EKHUFT's William Harvey Hospital, the Care Quality Commission (CQC) has taken enforcement action over "serious" safety concerns at the Trust. The action comes after reports of high numbers of people contracting Covid-19 whilst in the care of its hospitals.[1]

b) The CQC has used its regulatory powers to impose formal conditions on the hospital which if breached could lead to further action including prosecution. The Trust has 28 days from the date of notice to appeal the conditions, after which date the CQC can make their concerns public.

c) The Chair of HOSC has invited the Trust to attend today's meeting to answer Member's questions. It should be noted that the Trust will not have responded to the regulator before today's meeting and therefore there may be constraints on what they can share.

3) Recommendation

RECOMMENDED that the Committee consider and note the report and that the Trust be invited to attend a future meeting at the appropriate time.

Background Documents

Kent County Council (2020) *'Health Overview and Scrutiny Committee (22/07/20)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8496&Ver=4

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

[1] BBC News (27 Aug 2020) East Kent Hospitals faces action over Covid-19 controls, https://www.bbc.co.uk/news/uk-england-kent-53937887.com

East Kent Hospitals Update for Health Overview and Scrutiny Committee

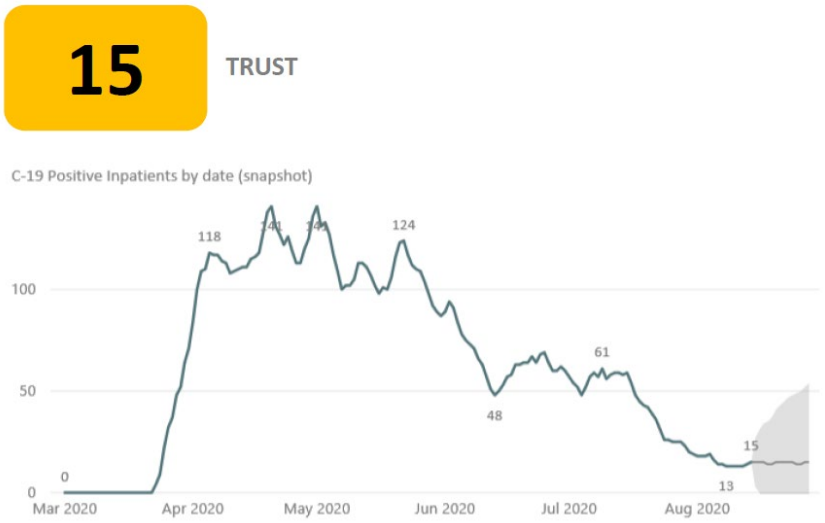
Covid-19 Update: September 2020

1. Current position

1.1 The Trust is now caring for a very small number of patients with Covid-19 and recording very low numbers of Covid-related deaths.

1.2 The numbers of patients needing hospital treatment for Covid-19 in east Kent continues to fall and is at the lowest since the start of the pandemic in March 2020. During August, 32 patients were treated for Covid-19, down from 146 in July.

1.3 The graphs below show the numbers of inpatients treated for Covid-19 in East Kent Hospitals since March 2020.[i]



1.4 The Trust is working with its NHS partners to prepare for possible increases in hospital admissions, making improvements within the hospitals to increase capacity in readiness for the winter, as well as continuing to improve infection prevention and control and further supporting staff health and wellbeing.

2. Background

2.1 At the time of writing, 1,044 inpatients had recovered from Covid-19 following treatment for Covid-19 at hospitals in east Kent since the start of the pandemic. Tragically, 454 patients have lost their lives. Staff are committed to caring for all our patients and our thoughts are with everyone who has lost a loved one during the pandemic.

2.2 The initial increase in patients presenting for treatment in the Trust's hospitals began later than other parts of England and this translated into a later reduction in hospital activity and Covid-related deaths. Other areas of the country are now starting to see higher virus rates reinforcing the need to be vigilant at all times.

2.3 East Kent, which is one of the largest Trusts in the country, has accounted for 1.5 per cent of deaths of any cause recorded by NHS Trusts in England since the start of the pandemic where the patient has had a positive test for Covid-19 in the last 28 days or it is mentioned on the death certificate.

2.4 There was a rise in Covid-19 related deaths in the Trust towards the end of June, since when there has been a continuing reduction and they are currently at their lowest level since the start of the pandemic.

2.5 The higher number of deaths from Covid -19 reported over a week towards the end of June is under review to understand any internal and external factors that may have contributed to this pattern. In addition the Trust has put itself forward to be part of a national review of Covid-related mortality hosted by the Royal College of Physicians.

2.6 The Trust has acted to minimise the transmission of Covid-19 in hospital throughout the pandemic, improving bed management, maintaining patients in chronological cohorts, increasing cleaning and where necessary, closing wards or bays.

2.7 More is being learnt about how to effectively treat Covid-19 and prevent its spread as the pandemic progresses. Staff at the Trust continue to be committed to learn more about this virus and to provide the best care and treatment for patients.

3. Cancer care

3.1 Throughout the pandemic a number of essential hospital services continued, for example, treatment for patients with medical and surgical emergencies and urgent cancer care.

3.2 The Trust continued with urgent cancer surgery, moving some procedures to K&C for a short time, as well as continuing with treatments such as chemotherapy and radiotherapy, for patients with a range of cancers including breast, bowel and gynaecological cancer. Theatre and nursing staff swapped roles to care for cancer patients rather than their usual specialities, such as orthopaedics.

3.3 As a result, Trust performance is in line with key national access standards. During July:

- 98% of patients were seen by a specialist within two weeks of urgent referral (target: 93%),
- 98.5% of patients started cancer treatment within 31 days of a diagnosis (target: 96%), and
- 91% of patients started cancer treatment within 62 days of initial referral (target: 85%).

4. Video consultations

4.1 To support as many patients as possible to continue to access appointments, the Trust rapidly enabled the change from face to face consultations to video and phone consultations.

4.2 The Trust went from no video consultations to 450 consultants, nurses, therapist and midwives using this technology to keep in touch with their patients.

4.3 The Trust is now one of the biggest users of video consultations in the country and something that clinicians will continue to use where it provides the most clinically-appropriate means of contact with their patients.

5. Testing

5.1 The Trust was one of the first to carry out extensive patient and staff testing for Covid-19 and has also supported 49 external organisations undertake testing. To date, more than 66,600 Covid-19 tests and 26,000 antibody tests have been undertaken by the Trust.

5.2 The Trust's IT and Pathology Departments developed an online portal which has now been adopted across Kent and Medway. It meant staff were able to book their test, drive to their nearest hospital, have their swab and receive their result by text message, all within 24 hours.

5.3 This has enabled staff to return to work safe in the knowledge that they were not infected and a risk to patients and colleagues. It has also supported colleagues within the police, fire, ambulance and other social care organisations and care homes.

5.4 The portal has also enabled staff to book a Covid-19 antibody blood test to support prevalence studies and has most recently been adopted for routine blood testing to support social distancing reducing patient footfall in the Trust's hospitals.

6. Managing PPE

6.1 A PPE taskforce and IT solutions have supported the supply and distribution of PPE across the Trust's hospitals.

6.2 At the start of the pandemic staff were physically counting the amount of PPE daily but a new electronic system meant stocks could be recorded, with distribution and use monitored down to individual ward level. The PPE application manages millions of PPE items from regional distribution to front line care. It has also ensured a steady supply of PPE, included setting up site-based PPE stores so that stock was close to hand and available to staff quickly.

6.3 A PPE taskforce team helped with the distribution from a central source out to our local sites. Staff who had been seconded from corporate teams helped the distribution effort. As use increased and more supplies were provided increased training was available for staff.

7. Care Quality Commission inspection

7.1 The Care Quality Commission undertook a focussed inspection of the care and treatment of patients at the William Harvey Hospital in Ashford on 11 August.

7.2 The Trust has acted on the inspectors' initial feedback which showed that during this visit they saw examples of infection prevention and control (IPC) practice which falls short of the standard our staff and Board aspire to.

7.3 To ensure our infection control practices are as robust as they should be we have made a number of changes, including refreshed mandatory training for all clinical staff and a review of the Trust's IPC policies and standard operating procedures to ensure that they reflect current good practice. We are asking our staff to always follow best practice in hand hygiene and the use of PPE.

7.4 We are also making further physical changes to hospital buildings to improve infection control and support social distancing and are carrying out regular audits, among other measures.

7.5 Rapid, long-lasting improvement is being led by our new, highly experienced, Interim Director of Infection, Prevention and Control, Dr Sara Mumford and we have reported on this progress to the Care Quality Commission.

7.6 The CQC has also written to us under its statutory powers under Section 31 of the Health and Social Care Act, and the Trust has 28 days to reply.

7.7 We are awaiting the CQC's draft report. Their final report is expected be published later in the Autumn.

7.8 We take all feedback from the CQC extremely seriously and keeping our patients and staff safe is our priority. Actions and progress resulting from CQC inspections are discussed at the Trust's Quality Committee and reported to the Trust's Board.

8. Infection prevention and control improvement plan

8.1 The Trust is working closely with NHS England and Improvement Safety Support Programme and two improvement advisors who are supporting the implementation of the Trust's infection prevention improvement plan.

8.2 The Trust is are taking all possible steps to keep patients and staff safe, other measure include:

- a strict policy limiting the number of people in the hospitals,
- taking temperature checks before people enter the buildings,
- providing face masks and hand washing facilities at main entrances and throughout the hospitals,
- social distancing guidelines in the buildings, supported by formal risk assessments,
- testing patients and symptomatic staff in line with national guidance,
- refreshed mandatory training for all clinical staff
- daily infection prevention meetings on wards, and
- regular observation of ward rounds

9. Resuming services

9.1 In line with national guidance, most non-clinically urgent hospital services were temporarily paused earlier this year to prioritise capacity to treat a surge in patients with Covid-19. The Trust is working hard to restore services to near-normal levels of pre-Covid capacity, including resuming planned surgical procedures, routine tests and scans and outpatient appointments.

9.2 Where clinically appropriate, face to face outpatient appointments are being reinstated within the reduced capacity constraints within waiting areas and strict infection control guidance.

9.3 The Trust is increasing the number and type of planned operations for patients at all hospitals, as more of our operating theatres reopen, many having previously been converted to temporary intensive care units.

9.4 Inpatient and day case surgery is underway at K&C, QEQM and WHH. Patients on our waiting lists are reviewed clinically to ensure that the most urgent patients are treated soonest.

9.5 Prior to the pandemic, the Trust had eliminated the number of patients waiting over a year for planned surgery. Due to the disruption to services during the pandemic, regrettably 1,155 patients are waiting over a year for their planned surgery (end July). To help treat more patients sooner, the Trust continues to use additional capacity in local independent hospitals, including One Ashford, Chaucer and Benenden hospitals.

9.6 Work is also underway to resume more operations, including more routine procedures and day surgery at all hospitals later this year.

10. Investment

10.1 The Trust has received an additional £23 million of national NHS investment since June 2020 to make improvements at K&C, QEQM and WHH to increase patient capacity and enhance infection prevention and control measures for patients and staff.

10.2 The emergency department QEQM Hospital has been extended to include five additional treatment cubicles, a side room and a room dedicated to patients with mental health needs.

10.3 Intensive care capacity at the hospital has significantly increased, with a second permanent intensive care unit established with an additional ten beds.

10.4 A ten-week building programme is underway at William Harvey Hospital. This includes:

- eleven additional treatment cubicles in the emergency department,
- eight intensive care beds,
- a new, larger Surgical Emergency Admissions Unit, and
- a women's ambulatory unit, which will mean women with specific conditions can be treated in a dedicated environment, away from the emergency department.

10.5 Further building work is underway at both hospitals to provide more PPE 'donning and doffing rooms', increase hand washing facilities and put in additional internal doors to help prevent the spread of infection.

10.6 The Trust is bidding for further capital investment to:

- open two extra 30 bed wards, one at WHH and one at QEQM, to provide additional capacity for the winter period and importantly to increase the number of single en-suite rooms to more easily isolate patients with infections, and
- enable further improvements within the emergency departments, increasing cubicles and bed space, increasing the size of the children's emergency department and increasing waiting space for patients.

[i] Grey area indicates a predicted range based on previous trends.

This page is intentionally left blank

Item 7: Acute Stroke Services Update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 September 2020

Subject: Acute Stroke Services Update

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent and Medway CCG.

It provides background information which may prove useful to Members.

---

1) Introduction

a) The Kent and Medway CCG has been invited to attend HOSC and present an update on the temporary closure of two stroke wards in the county.

b) In September 2019, the stroke service on Ward 22 at Tunbridge Wells Hospital (TWH) was moved to the Chaucer ward on the Maidstone Hospital (MH) site. The move was a temporary and urgent response to unsafe staff numbers (both thrombolysis nurses and registered ward staff) at the hospital, despite attempts to recruit.

c) In June 2020, HOSC members were notified by the Kent and Medway CCG that emergency temporary changes were also being made at Medway Foundation Trust's stroke services due to insufficient staffing levels. Suspected stroke patients would be taken to MH or Darent Velley Hospital (DVH) – depending on which site was closest.

d) Recruitment of specialist nurses in the county has been challenging due to the uncertainty around the outcome of the Kent and Medway Stroke Services Review. A decision is outstanding by the Secretary of State for Health and Social Care following a referral.

e) The regulations allow health professionals to make decisions without consulting HOSC where they determine that a decision has to be taken "without allowing time for consultation because of a risk to the safety or welfare of patients or staff".[1]

2. Recommendation

RECOMMENDED that the Committee consider and note the report.

[1] The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, Section 23, https://www.legislation.gov.uk/uksi/2013/218/regulation/23/made?view=plain

Background Documents

Kent County Council (2019) *'Health Overview and Scrutiny Committee (23/07/19)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8282&Ver=4

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

Kent and Medway
Clinical Commissioning Group

Kent Health Overview and Scrutiny Committee

Acute Stroke Services Update

September 2020

Situation:

The acute stroke service provided by Maidstone and Tunbridge Wells NHS Trust (MTW) was transferred from Pembury Hospital in Tunbridge Wells to Maidstone Hospital in a temporary emergency move in October 2019. The case for change was presented to the HOSC meeting in July 2020.

The acute stroke service provided by Medway Foundation NHS Trust (MFT) was transferred to Maidstone Hospital and Darent Valley Hospital in a temporary emergency move in July 2020.The case for change was presented the Medway HASC in June 2020.

In both cases the temporary changes were made to ensure patient safety related to the availability of the workforce, specifically a lack of specialist stroke nurses.

This paper provides an update on the current situation for acute stroke services in North, West Kent and Medway.

Background:

A review of the provision of acute stroke services in Kent and Medway commenced at the end of 2014 and in February 2019 the Joint Committee of CCGs approved a Decision Making Business Case to support the implementation of three Hyper Acute and Acute Stroke Units (HASUs) in Ashford, Maidstone and Dartford. This decision was challenged via two Judicial Reviews and a referral to the Secretary of State for Health and Social Care. These challenges have resulted in a significantly extended timeline for implementation of the HASUs which is now pushed back from the original timeline of April 2020 to at least 2021.The current position is that the Judicial Reviews were heard and found in favour of the NHS. Since then two parties requested the right to appeal and we await feedback from the Secretary of State on the outcome of the referral from Medway Council and are not able to confirm an implementation date for HASUs across Kent and Medway until this is received.

We have always recognised that the loss of key staff from stroke units which will not become HASUs is a significant risk to the services in those units. We have also recognised the ongoing uncertainty over the location of acute stroke services for all stroke staff is a risk given that our bordering counties have all implemented HASUs. Fragility of acute stroke services and their ability to meet national clinical quality standards related to staffing remains one of the key drivers for change.

Assessment:

In both instances providers informed the K&M Stroke Network of their concerns for the ongoing safety of their acute stroke services. Options to support the services to remain in place were considered by both the individual organisations and also the K&M Stroke Clinical Reference Group. A range of options were considered, including support from other trusts however staff numbers were not adequate to do this safely without compromising all acute stroke services. Providers demonstrated they had endeavored to recruit both substantively and via agencies however this had proved unsuccessful.

When the Tunbridge Wells service was temporarily moved to Maidstone Hospital estate space was made available next to the Stroke Unit to accommodate the additional patients. In addition and during the COVID-19 pandemic, Maidstone cleared capacity on its acute stroke unit by transferring stable rehabilitation patients to the nearby KIMS Hospital for ongoing management. That meant that the site had the capacity to take on the proportion of Medway patients (approximately 80%) for whom Maidstone is their second closest stroke unit (based on journey times). Darent Valley clinical staff was able to support the transfer of activity for the remaining 20% of MFT patients.

Update:

The Tunbridge Wells acute stroke activity was transferred in October 2019 and the Medway activity in July 2020.Both transfers were supported by the K&M Stroke Network. We are not aware of any serious issues related to either temporary move and operational issues are managed as they arise. There is an issues log and the outstanding issue relate predominantly to information technology/information governance and access to the different providers imaging patient information systems. There is a dedicated meeting to resolve these issues taking place on 1st September.

Access to non-acute stroke services and rehabilitation for Medway and Swale patients remains in place and unchanged.

Historically rehabilitation for Maidstone and Tunbridge Wells patients has been delivered at Maidstone Hospital however, in response to Covid 19, this was temporarily moved to KIMS Hospital in Maidstone. This arrangement has now ended and service has returned to Maidstone Hospital. In line with the agreed model of care for rehabilitation we are working with community providers and expect to have some community provision in place by October 2020 with a longer term plan to increase that provision to the levels required.

Rachel Jones
Executive Director Strategy and Population Health
September 2020

Item 8: Maternity Services at East Kent Hospitals University NHS Foundation Trust

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 September 2020

Subject: Maternity Services at East Kent Hospitals University NHS Foundation Trust

---

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by East Kent Hospitals University NHS Foundation Trust (EKHUFT).

It provides background information which may prove useful to Members.

---

1) Introduction

a) EKHUFT is currently subject to increased scrutiny following the performance of its Maternity Services.

b) In January 2020, a coroner ruled that the death of baby Harry Richford in the Queen Elizabeth the Queen Mother Hospital (QEQM) in November 2017 was "wholly avoidable". Since then, several families have raised concerns in relation to the care given by the Trust's maternity services.

2) Background

a) EKHUFT attended HOSC on 5 March 2020 to discuss their action plan for improving the Trust's maternity services. The Chair summarised the three key pieces of work that the Committee would want to receive further updates on.

b) These three key areas were:

i. Healthcare Safety Investigation Branch (HSIB) which looks into certain categories of incidents in maternity units across the country. The Trust receives quarterly reports and meets with HSIB to review the findings and themes.

ii. NHS England independent review led by Dr Bill Kirkup. The Terms of Reference for the investigation have not yet been published.

iii. A sub-committee of the Trust (referred to as the "Learning and Review Committee") chaired by Mr Des Holden. The final report was presented to the Trust's Board in July. As a result, an integrated action plan has been commissioned to address the outstanding areas of work (referred to as the single Integrated Improvement Programme for maternity).

c) A recent CQC inspection has rated the Trust's maternity services as "Requires Improvement". Services are rated Good for being effective, caring

and responsive to people's needs and Requires Improvement for being safe and well-led.[1]

d) EKHUFT provided a written update to HOSC on 22 July 2020, setting out what action had been taken to date, particularly in response to the CQC report.

e) Following discussion, the Committee made the following recommendation:

It was RESOLVED that the report be noted, that the issue be added to the committee's September agenda and that Trust be asked/pressed to attend to answer the committee's questions.

f) The Trust has provided the attached report and will be present during the meeting to answer any arising questions.

3) Recommendation

RECOMMENDED that the Committee consider and note the report, and that the Trust be requested to provide an update at the appropriate time.

Background Documents

Kent County Council (2020) *'Health Overview and Scrutiny Committee (05/03/20)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8286&Ver=4

Kent County Council (2020) *'Health Overview and Scrutiny Committee (22/07/20)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8496&Ver=4

Care Quality Commission, East Kent Hospitals University NHS Foundation Trust, Overview and CQC inspection ratings, https://www.cqc.org.uk/provider/RVV

Independent Investigation into East Kent Maternity Services, https://iiekms.org.uk/about-the-investigation/

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

[1] CQC (2020) East Kent Hospitals University NHS Foundation Trust maternity services rated Requires Improvement, https://www.cqc.org.uk/news/releases/east-kent-hospitals-university-nhs-foundation-trust-maternity-services-rated-requires

East Kent Hospitals Update for Health Overview and Scrutiny Committee

Maternity Services Update: September 2020

1. Introduction

1.1 The Trust takes concerns raised about the safety and quality of its maternity services extremely seriously. We recognise that we have not always provided the right standard of care to every woman and baby and we apologise unreservedly to families for whom we could have done things differently.

1.2 While a number of improvements have been made to the Trust's maternity service over recent years, we recognise the scale of change needed has not taken place quickly enough.

1.3 The Trust is taking all necessary steps to improve services and we are determined to provide an excellent standard of care to every mother and child who uses our maternity service. We will not rest until we, our patients, the public and our regulators are all confident we are doing so.

2. Care Quality Commission inspection

2.1 Following a Care Quality Commission (CQC) inspection of the Trust's maternity services in January, the service was rated as 'good' for effectiveness, care and responsiveness and 'requires improvement' for leadership and safety.

2.2 The service retained its rating as 'requires improvement' overall. The service at Queen Elizabeth The Queen Mother Hospital, Margate, was upgraded to 'good' for 'Responsive', which means services are organised in a way that meets women's needs.

2.3 The reports, published in May, found that the Trust had:

- implemented processes to make sure patient safety was at the centre of women's care,
- provided care and treatment based on national guidance and evidence-based practice,
- implemented learning to improve safety for women and babies following investigations into serious incidents found in maternity service, and
- strengthened the way in which the leadership team had communicated incidents with families following serious incidents.

2.4 However, the CQC cited a number of areas requiring improvement and issued two Requirement Notices, relating to improvements needed with regard to the governance and the provision of the safe care and treatment.

2.5 The areas requiring improvement were primarily in the new antenatal triage at QEQM Hospital and day care services at William Harvey Hospital which are used to assess and monitor women experiencing pain or symptoms from 16 weeks of pregnancy.

Action taken

2.6 Actions taken by the Trust include:

- improvements to standard operating procedures within the new antenatal triage service, including guidelines for risk assessment and escalation,
- introduction of a nationally recommended safety communication system called 'Situation, Background, Assessment and Recommendation' (SBAR) for all women presenting to triage,
- investing in the Maternity Information System so the service can use further digital recording throughout pregnancy and birth, and
- improved midwifery staffing and increased senior doctor throughout the day in the Antenatal day care service.

2.7 To date, 75% of the improvement actions within the Trust's action plan that responds to the CQC's visit have been completed, 11% are complete but awaiting formal provision of evidence, and 14% are in progress but are still within the planned timescales for delivery.

Areas highlighted as improvements, good or outstanding practice

2.8 The CQC highlighted the following improvements and areas of good or outstanding practice found:

- staff monitored the effectiveness of care and treatment and used their findings to make improvements and achieve good outcomes for women,
- staff worked well together for the benefit of women,
- the Trust had reviewed its escalation process and implemented practice to ensure that patient safety was at the centre of women's care, and safety huddles, on-call medics, and the centralised fetal monitoring system would ensure that escalation processes had been strengthened, and
- the service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

2.9 Inspectors also found areas of 'outstanding practice', including the Trust's state of-the-art simulation training equipment, which allows all staff exposure to simulated 'real life' emergency situations for life-saving training, and providing wraps to help new mums give 'skin to skin' care when breastfeeding their babies.

Recruitment

2.10 The Trust has successfully recruited four additional consultant obstetricians to QEQM Hospital and nine at William Harvey Hospital this year. This has enabled a significant increase in consultant presence on the labour wards, ensuring doctors have no other conflicting duties.

2.11 Consultant presence has been extended until 10pm on site at QEQM Hospital, with an on call from home overnight. Consultant presence has been extended to 24/7 on site at the William Harvey Hospital. This unit receives a greater number of births and takes the known complex deliveries due to the presence of the Neonatal Intensive Care Unit (NICU).

2.12 There has also been a significant expansion of senior midwifery roles and recruitment allowing extra experience and supernumerary oversight on both labour wards for more hours, and enhanced teaching in relation to fetal monitoring.

2.13 The Trust has also strengthened the clinical leadership of the service by creating a separate Clinical Director for Women's Health (previously combined with Children's Health) and made further investments in senior clinical leadership roles, including an additional site lead for obstetrics at each QEQM and William Harvey hospitals and governance roles.

3. Learning and Review Committee

3.1 A Trust board sub-committee, chaired by a senior clinician external to the Trust (Mr Des Holden, Consultant in Obstetrics and Gynaecology) was set up by the Trust in February in response to serious concerns raised about the quality and safety, and the experience of a number of families who had used maternity and neonatal services.

3.2 As part of its work, the Committee oversaw the following key areas of work:

- to implement, embed and assure the Coroner's recommendations following the inquest of baby Harry Richford,
- to robustly scrutinise the Trust's response to the Royal College of Obstetricians and Gynaecologists (RCOG) report undertaken in 2015,
- reviewing the Trust's maternity improvement programme "BESTT" in line with the Coroner's recommendations, and
- reviewing data available on maternity services in east Kent.

3.3 The Committee reported monthly to the Trust Board and produced its final report to the Board in July.

3.4 **Coroner's recommendations**: The Chair of the Committee reported that all of the Coroner's recommendations had or were being implemented. These changes significantly increase oversight of staffing, governance around training and competencies and team working within the labour ward environment. A new locum policy has been adopted by the Trust and its compliance will be audited.

3.5 **RCOG report**: The Committee took a robust approach to objectively and comprehensively examining the evidence, to determine if the recommendations had been met and sustained. The Committee felt there was not sufficient evidence available to demonstrate that all 23 recommendations in the report could be shown to have been completed. The review considered that 13 of the recommendations had been met or partially met, but that for 10 of the recommendations, there was insufficient evidence available to demonstrate that the recommendation had been delivered.

3.6 **BESTT Review**: The Birthing Excellence Success Through Teamwork (BESTT) improvement programme, launched in 2017, resulted in a significant investment into staffing, equipment, education, learning and digital innovation. Moving forward the BESTT Programme is focussed on developing and delivering a new maternity strategy, in line with the National Maternity Strategy (Better Births, 2017), the National Maternity Transformation Programme and the NHS Long Term Plan (2019).

3.7 **Data Review**: The Trust has commissioned Imperial College's Neonatal Research Group to undertake a review of the rate of neonatal encephalopathy at the Trust.

3.8 The Committee also considered whether the information presented to Trust Board and its sub-committees could be improved in relation to maternity and neonatal services to improve assurance on the safety and quality of the services.

3.9 NHS Digital and the National Clinical Director for Maternity are developing a new maternity dashboard, recognising that many in use across the country at present contain metrics that have not evolved over many years. The Trust is exploring the possibility of being an early adopter of the new national dashboard.

Integrated Action Plan

3.10 An integrated action plan to address the remaining improvement actions that require implementation is in development. The plan brings together recommendations from RCOG, CQC, Healthcare Safety Investigation Branch, the Coroner and commissioners, into this single action plan for the improvement of maternity services.

3.11 Implementation of this plan will be overseen by the Trust's Maternity Oversight Committee, chaired by a Non-Executive Director, demonstrating the Trust Board's commitment to maternity improvement. Committee members include representatives from the maternity service, NHS England and Improvement, Kent and Medway CCG, the East Kent Maternity Voices Partnership and Healthwatch.

3.12 Progress will be monitored by the Trust's Quality Committee and reported monthly to the Trust Board, to give assurance that all work stated as complete or in progress is being delivered and embedded.

3.13 The plan will be updated to any actions arising from the independent investigation into maternity services led by Dr Kirkup (Section 4).

3.14 The Trust Board and clinical teams are determined to ensure continuous improvement in maternity services. The Trust must and will ensure the delivery of a maternity service that our local residents and our local representatives can all be truly proud of.

4. Independent Investigation

4.1 In February 2020 the Minister for Patient Safety, Nadine Dorries, announced that NHS England and NHS Improvement were commissioning an independent investigation into the maternity and neonatal services provided by the Trust.

4.2 The investigation is being led by Dr Bill Kirkup supported by a panel of experts in obstetrics, midwifery, neonatal medicine, clinical governance and information management. Full details are on the investigation's website.

4.3 The investigation has started by meeting with families and a panel of experts. The panel is working with families to agree its terms of reference. The investigation expects to report in 2021.

4.4 The Trust has welcomed the independent investigation and is doing everything in its power to assist and support the investigation. The Trust is being supported in this programme of work through the appointment of a Maternity Services Strategic Programme Director, accountable to the Trust Board.

Item 9: Edenbridge Primary and Community Care (written update)

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 September 2020

Subject: Edenbridge Primary and Community Care (written update)

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent and Medway CCG.

It provides background information which may prove useful to Members.

It is a written briefing only and no guests will be present to speak on this item.

---

1) Introduction

a) Historically, health services in Edenbridge have been provided by a GP Practice ("Edenbridge Medical Practice"), an at home service through Kent Community Health NHS Foundation Trust (KCHFT), and the Edenbridge and District War Memorial Hospital.

b) The GP surgery and Hospital were both deemed unsuitable for modern healthcare needs, therefore the NHS West Kent CCG carried out a consultation in 2017 to develop a vision for a more modern and integrated service in new facilities.

2) Previous visits to HOSC

a) HOSC have received updates on the primary and community care proposals in Edenbridge since 2016. The changes were not deemed to be a substantial variation of service.

b) The CCG's preferred option for the future of Edenbridge health services was to build a new integrated surgery/hospital on a new site without inpatient beds, but with a wide range of other services including daybeds.

c) At its last meeting on the 22 July 2020, the Committee received a written update on the progress of the project. A Member of the Committee raised a number of points, which were relayed to the Kent and Medway CCG after the meeting with a request for a response. The issues were:

i. Assurance over the timings in the Project Plan set out in 6.3 of the report, especially in light of any delays due to coronavirus.
ii. The flexibility of the new building to expand and whether there would be sufficient parking.
iii. Whether there would be continuation of the current Minor Injuries Unit and X-Ray services in new build.

iv. Whether there was an intention to block purchase inpatient beds to deal with any overflow from Pembury Hospital.
v. What the potential investors mentioned on paragraph 3 of the agenda pack would be investing in, and whether this involved the new build or some space on the land. Also, the involvement of KCC in these decisions so far.
vi. The nature of the investors Assura plc.

d) The attached report provides a response addressing these issues.

3) Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2016) *'Health Overview and Scrutiny Committee (25/11/2016)'*, https://democracy.kent.gov.uk/mgAi.aspx?ID=42582

Kent County Council (2017) *'Health Overview and Scrutiny Committee (27/01/2017)'*, https://democracy.kent.gov.uk/mgAi.aspx?ID=43321

Kent County Council (2017) '*Health Overview and Scrutiny Committee (14/07/2017)',* https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7530&Ver=4

Kent County Council (2018) '*Health Overview and Scrutiny Committee (21/09/2018)',* *https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7921&Ver=4*

Kent County Council (2020) '*Health Overview and Scrutiny Committee (22/07/2020)',* *https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8496&Ver=4*

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

NHS
Kent and Medway
Clinical Commissioning Group

Further to the additional questions posed relating to Edenbridge

Edenbridge Questions and Our Answers

i. Assurance over the timings in the Project Plan set out in 6.3 of the report, especially in light of any coronavirus delays
    i. ANSWER - The parties are all committed to delivering the new building as soon as is practicable given the pressures being faced by the practice and in the current hospital. It is true that any significant increase of Covid-19 pressures would require management focus to be directed to that. However, the commitment of the practice, Trust and CCG remain clear and work currently continues mostly unaffected by the pandemic. The timetable is also linked to requirements from NHSE/I and the regulators' permission in the light of the pandemic but we are optimistic that any questions from the regulators can be managed within the agreed timetable.

ii. Flexibility of new building to expand and will there be sufficient parking
    i. ANSWER - The building has been designed to maximise flexibility of use over time as needs or priorities change, and this has been facilitated by the commitment of the partner organisations to integration and sharing of spaces. The planned parking spaces have been developed with support from expert parking consultants and should be sufficient.

iii. Continuation of current Minor Injuries Unit and X-Ray services in new build?
    i. ANSWER - The CCG consulted formally on the model and agreed to proceed on the basis that the only significant service withdrawal would be the removal of inpatient beds. The plans that have been developed do include a walk-in service for minor-injuries and ailments (naming of service is still to be finalised) and also do include x-ray.

iv. Is there an intention to block purchase inpatient beds to deal with any overflow from Pembury Hospital?
    i. ANSWER - The CCG and the Community Trust are working together to model the number of community inpatient beds needed in west Kent over coming years, to develop plans for where those should be and to determine how many should be NHS provided beds. These may well be complemented by beds contracted from other providers (including care homes) and will certainly be supported also by community provision enabling a higher proportion of patients to be discharged to

their own homes. There is a well-established model for patients being discharged from the acute hospital whereby they can be discharged into care homes which are given additional medical support.

v. Paragraph 3 around potential investors – what are they investing in, the new build or some space on the land? Who from KCC has been involved in these decisions so far – local Member Peter Lake did not know about such discussions?

    i. ANSWER - Investors would be sought to fund the construction of the new facility. Informal exploratory discussions have been held with a number of potential investors including private, specialist companies, KCC and Sevenoaks Council. The KCC department most involved has been Strategic and Corporate Services.

vi. What is the nature of the investors Assura plc?

    i. ANSWER - Assura is one company among others that specialises in designing, constructing, funding and often then owning buildings used by the NHS (including GP practices, health centres, community hospitals etc). The NHS would use a formal procurement methodology to select any such investor if that approach is determined.

Adam Wickings
K&M CCG

Item 10: Work Programme 2020

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 September 2020

Subject: Work Programme 2020

Summary: This report gives details of the proposed work programme for the Health Overview and Scrutiny Committee (HOSC).

---

1. Introduction

a) The proposed Work Programme has been compiled from actions arising from previous meetings and from topics identified by Committee Members and the NHS.

b) The HOSC is responsible for setting its own work programme, giving due regard to the requests of commissioners and providers of health services to bring an item to the HOSC's attention, as well as taking into account the referral of issues by Healthwatch and other third parties.

c) The HOSC will not consider individual complaints relating to health services. All individual complaints about a service provided by the NHS should be directed to the NHS body concerned.

d) The HOSC is requested to consider and note the items within the proposed Work Programme and to suggest any additional topics to be considered for inclusion on the agenda of future meetings.

2. Recommendation

The Health Overview and Scrutiny Committee is asked to consider and note the report.

Background Documents

None

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

This page is intentionally left blank

Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

24 November 2020		
Item	**Item background**	**Substantial Variation?**
Children and Young People's Emotional Wellbeing and Mental Health Service - NELFT	To receive an update on performance from provider NELFT.	-

27 January 2021		
Item	**Item background**	**Substantial Variation?**
Wheelchair Services	Members requested an update on the performance of the Wheelchair Service in 9-12 months following their meeting on 29 January 2020.	-

2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
Urgent Care provision in Swale	To receive greater clarity around the plans for Urgent Care provision in Swale	To be determined
Single Pathology Service in Kent and Medway	Members requested an update at the “appropriate time” during their meeting on 22 July 2020	No

Update on the implementation of Primary Care Networks across Kent		
Update on the implementation of the integrated Care System across Kent & Medway		
Publication of the Kent & Medway Primary Care & Workforce strategies	For information, following publication of the strategies.	No
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	Members requested an update at the "appropriate time" during their meeting on 1 March 2019	-
New model of care for dementia patients with complex needs *(scheduled for 4 March 2021)*	To receive information about the new model of care to be put in place.	To be determined
The Kent & Medway CCG – 18 months on	An opportunity to review how the first 18 months of the new single CCG has gone.	-

3. Items that have been declared a substantial variation of service and are under consideration by a joint committee

Kent and Medway Joint Health Overview and Scrutiny Committee NEXT MEETING: 28 September 2020 at 2pm, online		
Item	**Item Background**	**Substantial Variation?**
Transforming Health and Care in East Kent	Re-configuration of acute services in the East Kent area	Yes
Assistive Reproductive Technologies	Consideration of proposed changes to fertility services	Yes
Specialist vascular services	A new service for East Kent and Medway residents	Yes

Changes to mental health provision (St Martin's Hospital)	KMPT's plans for the St Martin's (west) former hospital site, under their Clinical Care Pathways Programme	Yes
Dermatology Services	**To scrutinise the situation unfolding in relation to DMC Healthcare and provision of Dermatology Services across Kent and Medway**	**No**

This page is intentionally left blank