KENT COUNTY COUNCIL

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 Wednesday, 30 November 2022.

PRESENT: Mr P Bartlett (Chair), Mr N J D Chard, Mr P Cole, Ms S Hamilton (Vice-Chairman), Mr J Meade, Mr S R Campkin, Cllr J Howes, Cllr K Tanner, Mr D Jeffrey, Mr R G Streatfeild, MBE, Mrs P T Cole, Mr B J Sweetland and Ms L Wright

PRESENT VIRTUALLY: Ms K Constantine, Mr P V Barrington-King

ALSO PRESENT: Dr J Jacobs (Local Medical Committee), Mr R Goatham (Healthwatch)

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny)

UNRESTRICTED ITEMS

87. Declarations of Interests by Members in items on the Agenda for this meeting.

(Item 2)

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

The Chair declared he was a representative of East Kent authorities on the Integrated Care Partnership.

88. Minutes from the meeting held on 7 July 2022

(Item 3)

RESOLVED that the minutes from the meeting held on 7 July 2022 were a correct record and they be signed by the Chair.

89. Hyper Acute Stroke Unit (HASU) implementation update

(Item 4)

Kate Langford, Chief Medical Officer (NHS Kent and Medway ICB) was in virtual attendance for this item.

1. Dr Langford highlighted key points from the agenda report, reaffirming the ICB's commitment to the changes which would improve the sustainability, quality and accessibility of stroke care for patients across Kent and Medway. Centralised stroke services were proven to have better clinical outcomes than those that were not centralised.

2. During the covid pandemic, services at East Kent hospitals had relocated to Kent and Canterbury Hospital to free up acute capacity for Covid-19 patients.

Services would return to the William Harvey site. There had also been a move of service from Medway Hospital to Darent Valley and Maidstone hospitals on quality and safety grounds.

3. Dr Langford explained that activity and bed modelling had been completed in 2017, and those assumptions were being reviewed to ensure they were still robust ahead of the business cases being finalised.

4. The ICB had previously committed to showing the Committee data on call to needle times. Dr Langford explained that was not yet possible as the data had not been provided by the Sentinel Stroke National Audit Programme (SSNAP) but she hoped it would be possible in Spring 2023.

5. Kent & Canterbury Hospital did not have an on-site A&E department and a Member questioned what the impact had been on the temporarily relocated Stroke services from William Harvey. Dr Langford said that SSNAP audit data had shown improved outcomes, and the national team were re-looking at the expected dependencies for a site with a HASU. It was expected co-location would with an A&E would remain and the service would return to William Harvey in the future.

6. A Member questioned the slow pace of change, with proposals first introduced in 2014. Dr Langford noted the importance of communication and working together, which the Integrated Care System (ICS) would help with.

7. In light of comments about the length of time elapsed and the positive outcomes from stroke service relocation to Kent and Canterbury Hospital, a Member asked if the decision of where to locate three HASUs was still the right one. Dr Langford confirmed original assumptions were being looked at to ensure those decisions were still right.

8. Members asked to see the latest SSNAP dashboard along with the stroke unit rating.

9. In response to a question about developing skills locally, Dr Langford said Kent and Medway were training an excess of physician associates and there was opportunity to encourage these staff into stroke pathways.

10. Members asked to see data on the number of patients incorrectly directed to a stroke unit. The use of telemedicine and triaging had reduced those numbers but Dr Langford said there would always be some as the rule was to err on the side of caution.

11. RESOLVED that the Committee note the report and that the ICB return with an update at the appropriate time.

90. Maternity Services at East Kent Hospitals University NHS Foundation Trust

(Item 5)

In attendance from EKHUFT for this item: Tracey Fletcher, Chief Executive Officer, Sarah Shingler, Chief Nursing and Midwifery Officer, Dr Rebecca Martin, Chief Medical Officer, Zoe Woodward, Consultant Obstetrician and Gynaecologist and Clinical Director for Women's Health and Carol Drummond, Interim Director Midwifery.

1. On behalf of the Committee, the Chair said his thoughts were with the families over the unimaginable heartache that was the result of avoidable and preventable failures at the Trust. The Trust had not been willing at first to accept those failures, but he hoped to hear that the system had changed significantly to address such concerns.
2. Ms Fletcher said the Trust was deeply sorry for what had happened and fully accepted the themes and findings of the Kirkup report. Improvement work at the Trust had already begun, particularly around listening to families and governance processes, but there was much more to be done.

3. In terms of staff changes, there was a real push to identify any issues at the time and not wait for a future review. Recruitment had taken place, including a new Head of Midwifery. The importance of customer care was highlighted.

4. Locum doctors had to undertake 1 week's mandatory training and would not run a ward independently unless a supervisor approved it. The Royal College of Nursing was overseeing the portfolio of locum doctors which was a positive step to secure professionalism.

5. The importance of shared goals was discussed, along with how staff knew about them and understood expectations. These were important, but staffing pressures and the physical environment did have an impact on their deliverability.

6. Ms Shingler spoke of leadership issues in the postnatal ward and how changes had been made with external candidates. 2-hourly rounds had also been in place for six weeks.

7. The Trust were in contact with 28 out of the 202 families contacted as part of the Kirkup review. They were expecting that number to increase, and were open to working with each family taking into account individual expectations and wishes.

8. There was a discussion about the temporary removal of Entonox at the maternity department in William Harvey Hospital. The Trust became aware of high levels of gas in the air that could be harmful to staff who work in the

labour rooms for long periods and therefore took the decision to suspend its use until the issue could be fixed. Referring to a recent visit to the maternity unit at QEQM, the Chair questioned the funding available to improve the situation and offer piped Entonox at both hospital sites. Ms Shingler explained piped Entonox was used at William Harvey (it was not piped at QEQM) but that air ventilation improvements were needed. Ms Fletcher referenced the physical limitations on the sites and accepted capital improvements were needed but were on a list of Trust priorities that needed addressing with limited capital.

9. A member asked each guest what their key priority for the Trust was, and responses ranged from improving culture and behaviours, to developing skills and creating a safe environment.

10. Asked why a patient would be turned away from one hospital and sent to another, Ms Drummond said there were two elements: 1) the maternity unit being at capacity and unable to safely take more patients, and 2) a woman who goes into labour early may need to go to William Harvey as QEQM can only accept patients who have passed a certain gestation point.

11. Setting out the Board's responsibilities, Ms Fletcher explained they were accountable for enacting the themes identified in the Kirkup report. Change needed to be sustainable, and not create new initiatives. Numerous pillars were in place, and it was down to the Board to agree how to bring those pillars together and communicate them to staff and communities.

12. Since May 2022, women had been offered a follow-up call with a midwife to ask about their experiences of the quality of care received. Common themes were dealt with across the organisation. EKHUFT were the only Trust in Kent and Medway to offer this level of engagement, and they had been asked to talk about it at a regional leadership event. The response rate of 64% was pleasing though they aimed for 80%.

13. The Chair spoke of the future and the level of improvement needed. He referenced a letter he had written to the Secretary of State asking for a swift decision about the East Kent Transformation Programme which would lead of capital improvements. He highlighted the need for a second obstetric unit at QEQM. He asked the Trust to return to the Committee with an update on improvements made.

14. RESOLVED that the report be noted and the Trust return at an appropriate time.

91. Stroke rehabilitation services

(Item 6)

Rachel Jones, Executive Director Strategy, Planning & Partnerships (Maidstone & Tunbridge Wells NHS Trust) was in attendance for this item.

1. The Chair welcomed Ms Jones and asked her to introduce the paper.

2. Ms Jones explained that stroke rehabilitation is most commonly delivered in a community setting, but Maidstone and Tunbridge Wells NHS Trust (MTW) had historically delivered it from an acute bed setting. Due to the pandemic and changes at Medway Maritime, it had been necessary to introduce a new stroke rehabilitation pathways. There were two streams – a home based service delivered in collaboration with Hilton Nursing Partners and a community hospital inpatient service at Sevenoaks Hospital. The pathways had been positively received.

3. The Chair asked to what extent virtual therapy had been successful during the pandemic. Ms Jones said support would commence in hospital, moving to the home and only becoming virtual nearer the end of the pathway once the patient was happy with that. She offered to share outcomes once they were available. It was possible for patients to change pathway if the one they were on was not working for them.

4. Speaking of overcoming challenges, such as delayed discharges, Ms Jones explained that the team physically met weekly to discuss how they could be overcome and that had proved effective. Shared stroke rehabilitation competencies had been developed, which allowed staff to speak a common language to each other and patients. With patient permission, it was also possible to share IT systems. For more difficult challenges, particularly around capacity, these were national issues and the Department of Health and Social Care had announced investment in social care which would help patients move out of acute settings more quickly.

5. MTW were looking into other medical conditions that could benefit from a similar rehabilitation pathway.

6. Ms Jones addressed a question around IT systems, highlighting positive media coverage of implementing tele-tracking, which KCHFT also had and allowed the Trust to see what resource was available. Covid had accelerated the digital programme and had shown the benefits of having IT as a key piece of infrastructure. Where patients did not have access to the necessary technology, it would be provided for them. It empowered patients to take control of their own health.

   RESOLVED that the Committee note the report.

92. Provision of Ophthalmology Services (Dartford, Gravesham and Swanley) *(Item 7)*

Rachel Jones, Executive Director Strategy, Planning & Partnerships (Maidstone & Tunbridge Wells NHS Trust) and David Peck, Director of Integrated Care Partnership DGS were in attendance for this item.

1. Mr Peck set out the background, explaining that Moorfields Eye Hospital had served notice in February 2020 on providing ophthalmology services from Darent Valley Hospital to the residents of Dartford, Gravesham and Swanley (DGS). Maidstone and Tunbridge Wells NHS Trust (MTW) subsequently became providers of the service. Provision no longer took place from Darent Valley Hospital, but all were committed to finding a suitable site within the DGS footprint despite the estate being at capacity.

2. Ms Jones explained that services were being provided from five sites and patients had provided positive feedback about their quality of care.

3. An independent operating theatre in Gillingham (staffed by the NHS) had been commissioned to provide additional capacity and address a patient backlog. This was not sustainable in the long-term. It was hoped a long-term view would be possible within 3 months, but there was a challenge as the site required an operating theatre.

4. Ms Jones confirmed that transport would be provided for those meeting the eligibility criteria. She was asked to share the criteria outside of the meeting.

5. Asked if they were looking beyond the boundaries of DGS, Ms Jones confirmed they were for site options, but MTW staff would have to travel to work from those sites. Other providers had not previously been interested in taking on the service, but this was something that could be explored again. Mr Peck explained there was a capital cost of around £2.5m to establish a new theatre with rehabilitation capacity, and there was a lack of funding available.

6. Mr Goatham from Healthwatch asked if patients had been involved in the models of care being developed. Mr Peck explained there had been some, with increased community provision being built into models of care. They were looking to consolidate best practice across the county.

   RESOLVED that the Committee note the report.

93. Recruitment of nurses

(Item 8)

Rebecca Bradd, Chief People Officer and Dame Eileen Sils, Chief Nurse (NHS Kent and Medway ICB) were in virtual attendance for this item.

1. Ms Bradd spoke of a national nursing shortage, with the paper setting out the position in Kent and Medway. Dame Eileen Sils confirmed the nursing workforce was a key priority for Chief Nurses across Kent and Medway. She spoke of the actions being taken, both in individual trusts and across the Kent and Medway system in a coordinated way. These included:

    - Working with Christchurch University to ensure students stayed in the county after qualifying.
    - Working across the system to provide staff with greater opportunities.
    - Focusing on retention of staff. Ensuring staff had access to support and opportunities to develop skills.
    - Keeping international recruits.

2. A Member questioned the correlation between a lack of affordable housing and nursing vacancies. Dame Eileen agreed that housing was an area of concern. Some organisations were working with local landlords to house overseas recruits. Ms Bradd added that the move to an integrated system allowed for more partnership working to address those problems, and that a strategic estates review would commence in the new year.

3. A Member questioned how Kent and Medway vacancy rates compared with others. Ms Bradd explained there were six systems in the South East, with the K&M rate slightly higher than neighbours at 15% compared to others of 13-14%. This was due to workforce investment, particularly in East Kent, to increase vacancies to address safe staffing levels.

4. Asked whether some areas had greater vacancies than others, Dame Eileen explained there would always be “hard to recruit” areas. It was the responsibility of a Chief Nurse to deploy nurses across clinical roles to ensure there were safe staffing levels.

5. The impact of removing the nursing bursary in 2014 was discussed. Student nurses were receiving a £5,000 living allowance but applications into the career have fallen. Dame Eileen explained they wanted to see a higher number of conditional job offers made to nursing students to incentivise them to stay after qualifying.

6. Discussing how the profession is promoted from a young age, Ms Bradd explained T Levels were available and that individual Trusts had been

undertaking career activity for some time. They were exploring how this could be carried out in a more collaborative and streamlined way.

7. There was a constraint on nursing placements, but it was hoped these would increase by 15% in the next 2 years. Placements needed to have trained practice supervisors as well as offering quality and opportunity to learn.

8. In terms of monitoring, a new metric was called “care hours per patient day” and data was collected nationally. It considered the needs of patients and whether staff had the skills to meet those needs.

RESOLVED that the Committee note the report.

94. Community Diagnostic Centre (Medway and Swale)

(Item 9)

Nikki Teesdale, Director of Delivery (Medway & Swale Health and Care Partnership) was in virtual attendance for this item.

1. Ms Teesdale explained feasibility studies had been carried out at the Sheppey site and current space would be utilised as opposed to a new build. Building works would commence in April 2023. No capacity would be taken away from the acute hospital, it was additional provision. Services would be offered from 8am-8pm.

2. A trial on targeted lung health checks would utilise mobile facilities, as incidence rates of lung cancer on the Isle of Sheppey were particularly high.

3. There were no questions from the Committee. The Chair set out his view that the proposal was not a substantial variation of service because it was an increment to the current service offering.

RESOLVED that

(a) the Committee deems that the creation of two Community Diagnostic Centres in Medway and Swale is not a substantial variation of service.
(b) NHS representatives be invited to attend this Committee and present an update at an appropriate time.

95. Sexual Assault Referral Centre (SARC) - Kent

(Item 10)

Lisa Briggs, Head of Health and Justice Procurement, Workforce and Provider Development (NHS England South East) was in virtual attendance for this item.

1. Ms Briggs confirmed there were no changes to the agenda paper and the consultation process was beginning. NHS England viewed the work as a minor service change.

2. The Chair expressed his view that the proposal was to the benefit of the community due to accessibility issues at the current site.

RESOLVED that the Committee deems that the relocation of Kent's Sexual Assault Referral Centre is not a substantial variation of service.

96. Learning from the closure of Cygnet Hospital, Godden Green (CAMHS tier 4 provision) - written item
(Item 11)

1. The Committee remained unclear on why the previously promised tier 4 beds were not available. At HOSC in Sept 2021, the Committee were told there would be 3 new beds at Woodlands and 3 new 72-hour beds. In January 2022, HOSC were told that the current position at Woodlands was that there were 11 beds and three day places. By April 2022, there was due to be 3 more beds and three day beds. Over £1m had been spent in fitting out the units but the additional beds had still not been delivered.

2. In relation to the eating disorders day clinic due to open in Hove, a Member noted that accessibility was limited. They questioned if partnership with other providers such as in London was possible to make services more accessible?

3. The Committee requested a written response before the next HOSC to answer the above questions.

97. Work Programme
(Item 12)

1. Following discussions during the meeting, the following items would be added to future agendas:
    a. Ophthalmology Services (Dartford, Gravesham and Swanley)
    b. Capital investment at the QEQM Hospital maternity unit
    c. HASU implementation

2. Members also requested the following items be added:
    a. Nurse recruitment
    b. Delayed discharges from hospital

3. RESOLVED that the work programme be noted.

98. Date of next programmed meeting – Tuesday 31 January 2023
(Item 13)

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