

**TITLE:** Capital Resource Allocation during COVID

### **COVID Phase 3 response**

2020/21 will continue to be a challenging year for the Kent and Medway STP/ICS system. Phase 3 plans for September to March 2021 build upon actual performance from April to August 2020, utilising current capacity that has been significantly impacted by the Covid-19 pandemic. It also reflects the improvement in performance for the period September to March 2021 that is considered deliverable both within the current financial framework and includes a number of bridging schemes which will require **additional revenue and capital investment**.

The system has placed significant emphasis on safely reconfiguring current resources to increase capacity and productivity to aim to meet the updated NHS priorities and increased performance standards outlined by NHSE/I in July for the rest of 2020/21. The focus for clinical services has been to identify and lead the implementation of changes to current clinical capacity to safely treat those patients whose treatment timelines have been affected by the pandemic and to meet the now increasing emergency demand.

There is recognition by the system that deliverable and affordable expansion in clinical capacity is required in some clinical services in order to achieve the required performance improvements and to support sustainable services into the future, incorporating a collaborative system focus on the integrated care agenda.

### **Capital restart**

During June/July, those involved within the Restart workstreams undertook an exercise to identify the potential **CAPITAL** schemes that could be progressed in order to achieve progress in Kent & Medway toward the following national objectives:

- 50% increase in adult critical care beds from Q4 2019/20 numbers
- An increase in theatre capacity to improve throughput
- £500m increase in diagnostic capital investment (for equipment and associated infrastructure)
- Increase in A&E and same day emergency care capacity

It is important to highlight at this stage, there is no national process whereby the Kent & Medway system may access revenue resources associated with the specific consequences of capital schemes. These costs must be managed within the financial framework provided by NHSE to the CCG and providers during the remainder of 2020/21, and beyond.

Thereafter, NHSE/I has invited the K&M system to put forward its prioritised requirement against some of these priorities, as and when national funds were identified to be deployed. Thus far, the programmes that have been taken forward through the provision of capital funds from NHSE/I are A&E and Diagnostics. East Kent Hospitals University Foundation Trust (EKHUFT) has also been the recipient of targeted capital funds from NHSE/I, and therefore capital scheme proposals have been secured through this route

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Additionally, the K&M system has identified funds to invest in priority schemes through the identification and release of funds where slippage has occurred against other capital schemes. This has enabled significant investment in schemes aimed at increasing critical care capacity.

The position for each of the key priority areas at this stage are as follows. It is important to note that these reflect additional funding sources that have been made available during the year, and are in addition to the base Capital Resource Limit available to all NHS providers in 2020/21.

### **A&E**

The K&M system has received confirmation of £15.5m of capital relating to A&E schemes. These reflect many of the original prioritised capital schemes together with targeted resources relating to the first phase of investment in expanding A&E capacity at QEQM and William Harvey hospitals in East Kent. A further £23m is available for the second phase of this expansion in 2021/22. The table below, identifies the range of expected capital investments towards strengthening the resilience of urgent care services.

Row Labels	Sum of 2020/21 (£'000)
<b>DARTFORD AND GRAVESHAM NHS TRUST</b>	<b>2,553</b>
<b>Darent Valley Hospital</b>	<b>2,553</b>
Mental Health assessment in ED	200
Surgical Assessment Unit	150
ED floor	2,203
<b>East Kent Hospitals University NHS Foundation Trust</b>	<b>7,000</b>
<b>Queen Elizabeth The Queen Mother Hospital</b>	<b>4,000</b>
A&E Expansion	4,000
<b>William Harvey Hospital</b>	<b>3,000</b>
A&E Expansion	3,000
<b>Kent &amp; Medway System</b>	<b>750</b>
<b>(blank)</b>	<b>250</b>
Primary Care - Urgent and Emergency Care (hosted by EKHUFT)	250
<b>Various</b>	<b>500</b>
Think 111 First (hosted at MTW)	500
<b>KENT COMMUNITY HEALTH NHS FOUNDATION TRUST</b>	<b>1,500</b>
<b>Sevenoaks Deal &amp; Folkestone</b>	<b>1,500</b>
Urgent Treatment Centres	1,500
<b>MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST</b>	<b>2,817</b>
<b>MGH and TWH</b>	<b>2,817</b>
1. ED Performance2. Paediatric A&E3. UTC4. 7 Day Services5. Winter planning	2,817
<b>MEDWAY NHS FOUNDATION TRUST</b>	<b>857</b>
<b>Medway Hospital</b>	<b>857</b>
ED final phase works to speed up work programme from 5 day to 7 day working.	250
Childrens Emergency Department.	309
IT Enhancements to the ED system.	34
The provision of End-User Devices.	64
Direct Access Booking dashboards.	50
Replacement of all PC's in ED.	70
Electronic order communications.	80
<b>Grand Total</b>	<b>15,477</b>

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This funding is for immediate and necessary changes to prevent nosocomial infection, and to improve flow through emergency departments by increasing the capacity of EDs, urgent treatment centres and same day emergency care facilities.

In addition the capital investment is supporting developments to help prevent patients being seen at A&E Departments and possibly admitted in circumstances when they could access to the right care pathways through other points of access. Primary Care sites, the new model of 111 and new Urgent Treatment Centres are key examples.

A&E Expansion at EKHUFT represents a substantial capital investment of £30m over two financial years. Design and survey works have commenced.

The 111 First capital funding has and is being used to purchase digital systems that enable direct appointment booking as part of the 111 First workstream. Mobilisation of this digital integration is well underway and it is anticipated to be completed by the end of November 2020

**Diagnostics**

The K&M system has received an indicative allocation of £4.3m of capital relating to Diagnostic schemes. Members of the system will be looking to respond quickly to the emergence of any further announcements of capital funding taking place on a national or regional basis.

Row Labels	Sum of 2020/21 (£'000)
<b>DARTFORD AND GRAVESHAM NHS TRUST</b>	<b>1,978</b>
Endoscopy recovery capacity	1,500
CT scanner at QMH. Funding for 'base scanner' – essential extras and estates works Trust has to fund.	478
<b>East Kent Hospitals University NHS Foundation Trust</b>	<b>2,049</b>
Mammography	1,161
EKHUFT Diagnostics Pathways & Increased Capacity (Mobile x-ray/Ultrasound machines)	600
Pathology Testing equipment to improve turnaround times (TAT)	288
<b>MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST</b>	<b>1,980</b>
Endoscopy	1,700
Radiology working at home	280
<b>MEDWAY NHS FOUNDATION TRUST</b>	<b>1,673</b>
Lung function room	500
Diagnostic Equipment - Breast Screening	1,173
<b>Grand Total</b>	<b>7,680</b>

The expected impact of capital investment in Endoscopy equipment is to increase capacity in North and West Kent to clear waiting list backlogs by March 2021 and support future service provision delivered as part of a community diagnostic hub. The purchase of additional scopes and the commissioning of a modular Endoscopy build at Dartford & Gravesham NHS Trust will deliver up to an additional 168 endoscopy (treatment) units per week (subject to confirmation). Options are currently being worked up to consider how a modular unit can be optimised to offer maximum benefit to all parts of the system, with an expectation that the preferred option will be in place by March 2021.

EKHUFT have a significant backlog and rising demand in MSK and cancer referrals, and are in the process of securing funding with a view to increasing capacity. There is a particular focus on x ray mobile to support the fracture clinic and Ultrasound mobiles.

EKHUFT are currently experiencing issues with MRI backlogs and are in the process of planning for additional capacity through an upgraded MRI scanner at QEQM hospital. K&M have recently seen the impact of fully staffed CT mobile scanners have made at DGT and MTW, who are currently able to see an additional 30 patients a day which has dramatically impacted on the CT backlog. K&M continue to have Non Obstetric Ultrasound & MRI backlogs.

**Critical Care**

The K&M system has received substantial funds to support investment in critical care at EKHUFT, and in addition, the system has managed to identify internal resources to invest in capital at MTW and DGT – a grand total of £23.3m.

Row Labels	Sum of 2020/21 (£'000)
<b>DARTFORD AND GRAVESHAM NHS TRUST</b>	<b>4,450</b>
<b>Darent Valley Hospital</b>	<b>4,450</b>
Upgrade of ITU equipment and facilitate potential surge capacity requirement	1,150
Decant ward facility to facilitate longer term increase in bed capacity (2 year scheme)	3,300
<b>East Kent Hospitals University NHS Foundation Trust</b>	<b>16,793</b>
<b>William Harvey Hospital</b>	<b>16,793</b>
24 beds ITU	14,000
8 bed COVID ITU	1,481
24 beds ITU - clinical equipment	1,312
<b>MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST</b>	<b>2,000</b>
<b>(blank)</b>	<b>2,000</b>
Critical Care reconfiguration	2,000
<b>Grand Total</b>	<b>23,243</b>

Overall, through a range of funding mechanisms including this capital, the Kent & Medway system is aiming to increase the number of ventilated critical care beds by 84, a 108% increase.

These increases in capacity are vital to enable Trusts to keep Covid-19 patients separate from other patients, to be as well-equipped as possible to manage the projected increase in Covid-19 patients and to maintain as much as possible the full range of other health care services for other patients, including elective surgery.

**Theatres**

The following items have been made available to EKHUFT in order to facilitate the restart of planned care services in the area.

Row Labels	Sum of 2020/21 (£'000)
<b>East Kent Hospitals University NHS Foundation Trust</b>	<b>537</b>
<b>William Harvey Hospital</b>	<b>537</b>
Closed circuit smoke evacuation system to enable restart of Lapryoscopic surgery	208
Nasoendoscopies to restart the ENT service	329
<b>Grand Total</b>	<b>537</b>

Investment in the closed circuit smoke evacuation system have been of benefit in restarting colorectal and general surgery services, and will enable key hole surgery to be undertaken without patients having to have major open cancer surgery (laparoscopic cholecystectomy as an example).

Due to Covid-19 infection prevention and control requirements for Aerosol Generating Procedures (AGP), ENT services at EKHUFT and across the country had to cease the use of fibre scopes and rigid telescopes for staff safety reasons. The provision of funding for new equipment allows the department to use video technology, rather than fibre-optic technology, to assess patients in a way that is compliant with infection prevention and control requirements. It also allows photos and videos to be stored, which will reduce the number of repeat hospital attendances and examinations, enabling remote working and improved diagnostic capabilities.

### **Summary**

Thus far, the K&M system are working with confirmed and potential allocations of £47m, with a further £23m notified for EKHUFT in 2021/22.

It is possible that there may be further announcements of funding available for capital investment in Kent & Medway, in which case the system will be in a good place to implement schemes as appropriate. However, there is an inherent level of risk that funds may not be capable of being deployed in this financial year, if confirmation of such funds are notified at a later point in the financial year.

Notwithstanding this, the notified allocations to date already represent a considerable sum of capital investment, in addition to baseline allocations. It is important that schemes are progressed in a way that ensures that the changes to infrastructure are made on time and within budget. The system meets on a regular basis to oversee progress towards deliverables.