

**JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE**

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**A SUMMARY OF PROGRESS FOR THE
RECONFIGURATION OF ACUTE HOSPITAL SERVICES IN
EAST KENT:**

Report from: **East Kent Transformation Programme**

Author: **Lorraine Goodsell**

Director of Strategy
Strategy and Population Health Directorate, Kent and
Medway Clinical Commissioning Group

Introduction

The purpose of this document is to provide an update to the committee on the East Kent Transformation Programme, including:

- the status of the pre-consultation business case (PCBC);
- key factors affecting the programme's progress including the route through the national assurance process and the requirement for a capital allocation to support the work; and,
- the outcome of a workshop looking at mitigations for identified travel and access risks.

Background

The NHS in Kent and Medway has been developing plans for major investment in east Kent's hospital-based services and to improve the way services are delivered at the three major hospitals in east Kent. Local doctors and other clinical leaders are working together to create proposals to modernise outdated hospital buildings and to change the way that services are organised, which, if implemented will deliver significant improvements in health and care and allow the system to respond to changes in the way in which we treat people with serious illness. This work, known as the East Kent (EK) Transformation Programme, outlines an ambitious and exciting plan for east Kent, based on the vision set out in the national *NHS Long Term Plan*.

Hospitals in East Kent have been struggling for many years to provide services in the current configurations and are also trying to provide services from hospital buildings that are not fit for delivering modern healthcare and have reached the end of their useful life. The plans have been discussed with a wide range of stakeholders and, whilst there are differing views, there is agreement that the current position is untenable and we must now invest in east Kent hospital services to make them fit for the future and make improvements. The proposals have been developed from a compelling evidence base and will provide certainty for the future. There has been a lack of strategic and capital investment in acute services in east Kent over many years, which this work seeks to address.

An integral part of this work is the development of a 'pre-consultation business case' or PCBC which contains all the evidence and data to support the options to be put forward for public consultation. Part of the process of getting to public consultation is through assurance where our regulators, NHS England and NHS Improvement (NHSEI), check whether the options for consultation meet key tests designed to make sure the options will deliver improvements for patients, and be a good use of public money.

Along with assuring the PCBC, securing a commitment of capital is a critical requirement for the progression of the east Kent transformation work, and we require an agreement of Treasury funding – around £400million - before we can

proceed to formal public consultation.

Progress to date

JHOSC received an update on the east Kent programme at its meeting on 28th September 2020 which covered the ongoing development of the PCBC, an indicative timeline for the submission of the PCBC to NHSE/I as part of the NHS assurance process for major service change, and the presentation of the revised consultation plan which had been reviewed and re-developed to reflect the challenges and opportunities of formal public consultation in a COVID-19 world.

This update has been developed to give committee members an overview of:

- feedback from NHSE/I following our Stage 2 assurance meeting in November 2020 and next steps with regard to the completion of the PCBC;
- the situation regarding the identification of a capital allocation and accompanying process of securing this allocation to allow us to proceed to formal public consultation; and,
- the outcome of a workshop to look more closely at the travel and access impacts identified by the integrated impact assessment and to consider potential mitigations.

Recommendations:

JHOSC members are asked to:

- note the status of the PCBC, assurance process and identification of a capital allocation to enable progress towards formal public consultation; and,
- note the outcome of the travel and access mitigation workshop and offer any additional comments or feedback on this issue.

1. Context

There is a compelling case for investment in and re-organisation of our hospital services within East Kent Hospitals University NHS Foundation Trust (EKHUFT). A&E waiting time targets have not been met for six years and planned care waiting targets not met for four years in east Kent. Almost 600 planned operations were cancelled in 2018/19 because emergency patients needed the theatres and beds and in A&E 55% of consultant jobs and 24% of nursing posts are vacant. The work on the East Kent Transformation Programme to date, led by doctors and other clinical leaders, has resulted in a shortlist of two potential options for investing in hospital services. Both options would improve outcomes and patient experience and make sure services are safe, high quality and sustainable for the long-term for the people of east Kent. Both options will deliver significant improvements to the current position and to patient care.

Not having this investment in east Kent will mean:

- our backlog maintenance requirements in east Kent hospitals will rise to £147m over the next five years as we continue to work out of buildings that have come to the end of their useful life;
- 78% of our buildings will continue to need significant investment to meet modern standards and it will cost at least £120m just to catch up with basic maintenance required on the buildings, now;
- the economic impact to east Kent's businesses of not making these improvements would be up to £600m; and,
- the opportunity to create up to 400 jobs (up to 7,800 'job years'¹) across east Kent will be lost.

Most importantly, for patients:

- more than half our beds will still be provided in old fashioned 'nightingale' wards with less than 8% of beds (80- beds) being single rooms;
- East Kent Hospitals University NHS Trust will lose the opportunity of developing over 570 ensuite rooms and bays, directly impacting on its ability to manage infection effectively;
- more than 1,200 inpatients will continue to be transferred between our hospitals each year, to get access from more than one specialist team, currently working from different sites;
- just 15% of the communal areas in our hospitals will meet the requirements of frail and disabled people; and
- only 9 of the 36 'expected' national clinical standards would be met in east Kent.

Securing capital funding for these changes is critically important given the challenges the system faces and the considerable work now undertaken to develop exciting and

¹ Job years turns different jobs into a single metric i.e. a construction job would only be available in east Kent for 9 years, whereas a job in the NHS would be available for 35 years.

vital options for the future of east Kent's hospital services. We must have national capital funding identified to be able to move forward to formal public consultation.

The pre-consultation business case for investment in east Kent hospitals and reconfiguration of some of our hospital services is the result of extensive work over the last five years by clinicians and leaders from across the NHS and social care in east Kent. All major providers and the local authority have contributed to its development with east Kent commissioners. Extensive engagement with colleagues, patients, carers, Healthwatch and other patient representative groups, the public and other stakeholders has guided and informed this work.

This PCBC is a comprehensive technical and analytical document that will provide the information and evidence to support NHS Kent and Medway Clinical Commissioning Group (CCG)² to assess and decide to consult on the options it presents for investing in and changing how acute hospital services are organised in east Kent. It sets out in detail the case for change; the proposed new clinical models of care that will help meet the challenges and opportunities described in the case for change; the robust process undertaken to develop options for how those clinical models may be delivered and to identify, assess and evaluate the proposals for change; the final set of proposals and the benefits we expect from them; and the assurance process, including the evidence for meeting the Government's 'five tests' for reconfiguration of health services. The PCBC also allows national regulators to assess and assure our proposals for service change, as per their established and rigorous process.

The scope of the pre-consultation business case covers investment in all three acute hospital sites in east Kent (the Kent and Canterbury Hospital, the William Harvey Hospital, and the Queen Elizabeth Queen Mother Hospital) and looks at better ways of organising and delivering the following hospital services in east Kent:

- urgent and emergency care services
- specialist inpatient services (including those provided for a wider population beyond east Kent)
- paediatrics
- maternity
- planned care.

Services currently located at Royal Victoria Hospital and Buckland Hospital are outside of the scope of the PCBC.

² Modelling for our PCBC was undertaken before 1 April 2020 when the four east Kent clinical commissioning groups were replaced by a single clinical commissioning group (CCG) for Kent and Medway. Data is therefore broken down to show the picture for each of the four former clinical commissioning groups: NHS Ashford CCG, NHS Canterbury and Coastal CCG, NHS South Kent Coast CCG and NHS Thanet CCG.

2. Feedback from Stage 2 Assurance

Since our last update to JHOSC, we have worked closely with NHS England/Improvement colleagues and submitted a comprehensive draft PCBC for Stage 2 Assurance in November 2020 as per pre-COVID agreed timelines. This submission took place following endorsement from our provider boards, STP/ICS Partnership Board and approval from Kent and Medway CCG Governing Body.

We met with NHS England's Phase 2 Assurance Panel on 12th November. Given current pressures at all levels of the NHS, formalising the feedback from this session took longer than anticipated. NHSEI colleagues acknowledged and appreciated the huge amount of work that has gone into the PCBC so far and consider that it is very well developed, sets out a clear case for change, well defined options for consultation and robust plans for delivering the consultation.

NHSEI also recognise that we have developed clear and realistic plans for how we will improve the quality of care and deliver better outcomes for patients, by investing in improved buildings and facilities, consolidating specialist services, implementing innovative ways of working, joining up services across the NHS and making the most of digital technology. They agree there is a compelling need to make changes to services because of the challenges currently facing our hospital teams, such as services being split across multiple sites which impacts on staffing numbers and quality of care, and the condition of our hospital buildings.

Ongoing work to finalise the PCBC

As is common during the assurance process, NHSEI identified some areas of the pre-consultation business case that would benefit from further strengthening and/or detail. These areas include making sure we have clearly explained in detail our plans for three vibrant and thriving hospitals in east Kent that will provide a wide range of day-to-day care and services for local people and ensuring we have explored every opportunity to get the best possible value for public money. We are continuing to work closely with NHSEI colleagues to finalise the PCBC as quickly as possible.

Status of capital allocation

In order to consult on these options, there must be confirmation that the £400m required for either option is included in any nationally allocated capital funding streams. Securing a commitment of capital is therefore a critical requirement for the progression of the East Kent transformation work. We and the NHSE/I regional team continue to work with national NHSEI colleagues and DHSC to secure funding for the East Kent Programme, but as things currently stand this is not yet in place, despite the high priority and obvious need for investment.

Once we have clarity about a national allocation of capital funding and a finalised and agreed PCBC, we will look carefully at the timing for public consultation, in discussion with our colleagues from East Kent Hospitals, members of this committee and groups representing patients and the public. While the government has outlined a roadmap out of lockdown, we believe that it would not be wise or appropriate to

launch a public consultation when the COVID-19 pandemic and vaccination programme is quite rightly the key priority for the NHS, and when our local communities are unlikely to be able to engage in consultation in a meaningful way.

3. Next steps

We are continuing to work with NHSE/I to finalise the pre-consultation business case as quickly as possible. This includes a clear and detailed explanation of our plans for three vibrant and thriving hospitals in east Kent, all providing a wide range of day-to-day care and services for local people (such as urgent care 24/7, outpatient appointments, tests and scans) as well as other services, and ensuring we have explored every opportunity to get the best possible value for public money.

We are hopeful that we will soon have clarity on the process for the allocation of capital investment as part of the Health Infrastructure Plan and will ensure that JHOSC are kept abreast of any developments relating to this in a timely manner.

We will continue to engage with key stakeholders including scrutiny committee members, our local members of parliament and councillors at county and district level to ensure awareness, understanding and support for this vital investment in local services. We will also continue to review and refresh our consultation plan in light of the route out of lockdown, the current COVID pressures alongside the demands of the restoration and recovery of services programme, and the status of the vaccination programme in Kent. We will continue to look at emerging research and evidence about effective engagement strategies and tactics as a result of the pandemic, to ensure that all consultation activity, once we are able to launch our consultation, is flexible, effective and appropriate, reflecting the changing nature of public and stakeholder engagement as a result of COVID-19.

Recommendations

JHOSC members are asked to:

- note the status of the PCBC, assurance process and identification of a capital allocation to enable progress towards formal public consultation.

Lead officer contact:

Lorraine Goodsell

Director of Strategy

Strategy and Population Health Directorate, Kent and Medway Clinical Commissioning Group