

East Kent Hospitals Update for Health Overview and Scrutiny Committee

1 Strategic objectives and plan

- 1.1 East Kent Hospitals has developed a set of six strategic objectives for the next three years, working with clinicians and based on feedback from the public and staff.



- 1.2 The Trust is delivering high-quality specialist care, particularly in kidney treatment, robotic urology surgery, orthodontics and endoscopy. Our award-winning approach to research and innovation has been recognised as making an outstanding contribution to the world of clinical research.
- 1.3 We are one of only five urology robotic surgery training centres in England. Our Primary PCI service, providing the gold standard emergency treatment for certain types of heart attacks, for the whole of Kent and Medway, has treated more than 5,000 patients and treats more patients each year than centres such as Guys & St Thomas's and Kings College Hospital in London.
- 1.4 We are part of the South East London, Kent and Medway Trauma Network which is the country's best performing trauma network and has the best patient outcomes.
- 1.5 While we have some excellent services, we know there is much more to do to consistently provide the standard of care that we want for our communities.
- 1.6 We want our services to be amongst the best in the country, centred around the patient, excelling in care for older people and children and in particular specialising in urgent and emergency care, orthopaedics, vascular and diagnostics.
- 1.7 In order to achieve this our strategic objectives set out how we will:
- Improve quality, safety and experience, resulting in Good and then Outstanding care, as measured by the CQC's core domains.
 - Deliver Higher Standards for Patients to ensure we improve the quality of patient care, as well as patients' experience of the care we offer, so they are treated in a timely way and have access to the best care at all times.
 - Make the Trust a Great Place to Work, for our current and future workforce
 - Delivering our future by transforming the way we provide services across east Kent, enabling the whole system to offer integrated services that are recognised nationally as excellent.
 - Develop our teams, with the right skills to provide care at the right time, in the right place and achieve the best outcomes for patients.
 - Have Healthy Finances by providing better, more effective patient care that makes resources go further.

- 1.8 The Trust Board is developing a set of key performance indicators and milestones and will measure performance against these objectives in its public board meetings.

2 Celebrating our hidden heroes

- 2.1 The last time that EKHUFT attended the Health Overview and Scrutiny Committee, we were delighted to show a national advertising campaign for nurses, filmed at East Kent Hospitals. We were delighted to be asked to take part for a second time, in the next phase of the national **We Are The NHS campaign** which focuses on recruiting more IT and support staff to the NHS. Again, our staff featured in TV adverts broadcast on prime time television and in wide-ranging social media campaigns [You can watch the advert here.](#)

3 Research Grant received for Haemophilia Centre

- 3.1 The Haemophilia Centre at Kent and Canterbury Hospital has been awarded a prestigious £250,000 grant to lead a study, beginning in April 2019, which will be the first ever randomised clinical trial of its type for physiotherapy intervention in children with haemophilia. Haemophilia is a rare inherited blood disorder which affects males.
- 3.2 The study will take the first steps towards establishing links between exercise, weak muscles and joint damage caused by bleeding in children with the condition.
- 3.3 The Haemophilia Centre at K&C treats more than 500 patients from across Kent and the study will also involve teams from the University of Kent, The Royal London Hospital, Great Ormond Street Hospital and The Haemophilia Society.

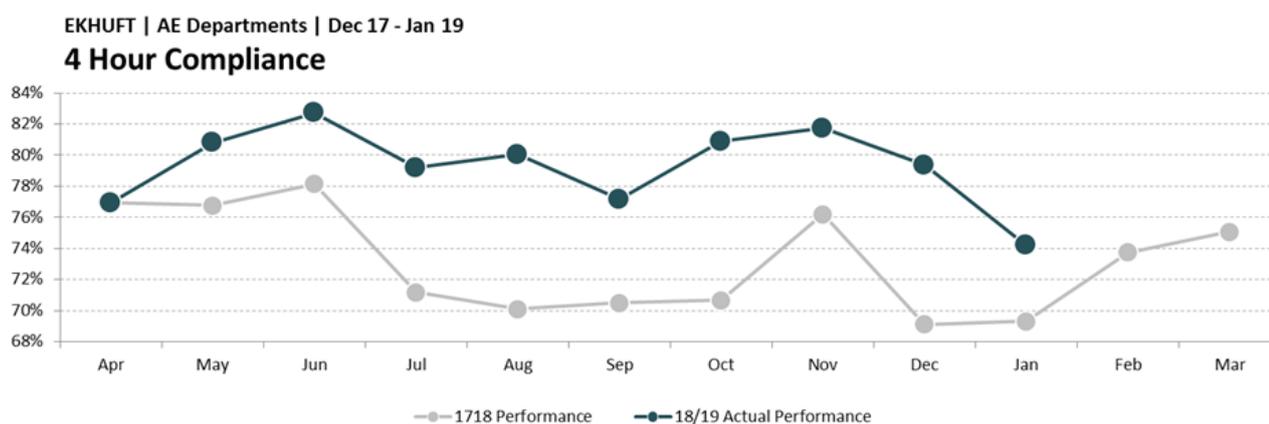
Performance update

1. Winter planning and improvements to 4 hour performance

- 1.1 As is happening across the country, more frail, elderly patients who are particularly susceptible during the winter and especially when the temperature drops, are needing emergency hospital care at the current time.
- 1.2 Between April 2018 and January 2019, the Trust saw 10,721 more attendances by patients to its emergency departments, an increase of 6 per cent than over the same period the previous year. In total we treated 184,535 people over that period, or 605 people a day.
- 1.3 Despite these additional pressures staff are working incredibly hard to care for patients well and keep them comfortable. Our plans to improve emergency care, which we have been developing and continuing to implement since our last report to the HOSC last summer, are starting to show results.
- 1.4 Throughout the year we have continued to sustain better waiting times for emergency patients than in the previous 12 months. In January 2019 the number of patients we assessed, treated, discharged or admitted within the national standard of four hours was 74.2%, compared to 69.3% in January 2018.
- 1.5 In December the number of patients we assess, treat, discharge or admit within the national standard of four hours was 79.4%, compared to 69.1% in December 2017.

Table 1

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18 Actual Performance	76.9%	76.8%	78.2%	71.2%	70.1%	70.5%	70.7%	76.2%	69.1%	69.3%	73.8%	75.1%
18/19 Actual Performance	76.9%	80.8%	82.7%	79.2%	80.0%	77.1%	80.9%	81.7%	79.4%	74.2%		



- 1.6 The pressures on emergency care, in particular high bed occupancy which restricts the flow of patients through the hospital, enabling patients in the emergency departments to be moved onto wards quickly, are being seen nationally.
- 1.7 There were 21 Trusts whose overall performance was below that of East Kent Hospitals in January and 33 Trusts below that of East Kent Hospitals in December. We all want to provide a better experience for our patients.

- 1.8 As part of its winter plans, the Trust has expanded its emergency departments, increased staffing and beds available for emergency patients and changed working practices to provide for times of high demand on its emergency services.
- 1.9 Although extremely busy, more patients are being seen in an appropriate environment. In February we opened the newly refurbished resuscitation area at William Harvey Hospital, a new observation ward has also opened and is in use at the QEQM at Margate and one is soon to open at the William Harvey Hospital.
- 1.10 Ensuring patients can leave hospital when they no longer need acute care is vital to creating flow through the hospital and we are continuing to work closely with our colleagues in social care and community health to improve this.
- 1.11 We are also reminding the public that emergency departments are for emergencies and life-threatening situations only and that minor injuries units, GP surgeries and pharmacies can provide convenient and effective help for minor illnesses and injuries, for example through the use of social media as well as national campaigns, and promote our [online guide](#) to alternatives to A&E.

2. Other key access targets

- 2.1 We are on track to increase the percentage of cancer patients starting their treatment within 62 days, with some good in month improvements in November and December (71% of patients and 82% of patients respectively starting their treatment within 62 days).
- 2.2 Due to heightened public awareness, we have seen a significant increase in patients seeking help and being referred, particularly in Breast and Urology specialities. We have also reduced the number of long-waiting patients. This has impacted on our performance which reduced to 67.1% in January. However, we have a robust plan to treat more patients within 62 days and we are confident that we will meet our trajectory for improvement, including:
- A new locum consultant for breast cancer
 - Additional funding to reduce the backlog in for urology
 - Appointment of nurses to carry out tests and prepare patients earlier for lower GI (colon) cancer.
- 2.3 The percentage of patients receiving an appointment within 2 weeks of an urgent GP referral is on target at 96.4%.
- 2.4 Waiting times for planned care are improving, 76.1% of patients in January started their treatment within 18 weeks, compared with 72.4% in December. This is an area we are focussed on improving. Despite increased demand we have worked hard to continue to reduce the number of patients waiting more than 52 weeks, at the time of writing we have 37 patients waiting more than 52 weeks, compared to a high of 201 in March 2018. Improvement is due in part to improved efficiency in theatres and patient pathways and extra capacity as a result of the orthopaedic pilot (see separate update).

3. Recruitment and retention

- 3.1 Workforce shortages are currently the biggest challenge facing the health service. Staff turnover has been steadily rising across the NHS for a prolonged period. Staff retention, as much as successful recruitment, is fundamental to addressing this.
- 3.2 Staff turnover is currently 12.29% which is below the national average of 14.9%. More than 1,110 new staff have been recruited to date during 2018/19, of which 700 people have joined the Trust during the last four months.
- 3.3 We are working hard to stabilise and grow the workforce, reviewing roles and developing new ways of working to incorporate higher apprenticeships that will enable higher standards of care at the point of delivery with modern working practices.
- 3.4 For example, an Advance Practice programme has been developed to enable recruitment of Trainee Advanced Care Practitioners (ACP). Six Trainees were appointed in January 2018 following an assessment centre process with a further five recruited in September 2018. All trainees are achieving their academic milestones with 100% retention. The next recruitment campaign for ACPs is being planned for 2020 to work in Emergency and Acute Medicine. These ACPs will be able to undertake the roles middle grade doctors currently deliver and are an important part of the Trust's workforce strategy for the future.
- 3.5 The Trust is currently supporting 117 staff through Apprenticeships, which includes 19 Nursing Associates at level 5, three Healthcare Assistant Practitioner at level 5, 12 Senior Healthcare Support Worker apprenticeships at level 3, 11 Laboratory science level 3 apprenticeships, four Pharmacy apprenticeships and a range of leadership and administration apprenticeships.
- 3.6 It is anticipated that this programme will be expanded in future to include Mammography Associates (Level 5), Operating Department Practitioners, Midwives, Advanced Clinical Practitioners, Physiotherapy, Occupational Therapy, Nursing and Healthcare sciences apprenticeships at Level 6. These are currently being explored with the Kent and Medway apprenticeship forum to establish a joint plan and procurement process.

4. Financial performance

- 4.1 The Trust continues to work hard to improve its financial position. As at the end of January 2019, we had delivered a £24m cost improvement plan, which is £0.6m more than planned.
- 4.2 This has involved considerable effort from staff who worked extremely hard to put in place efficiency schemes. All schemes involving clinical services are assessed to ensure that they maintain or improve patient care, for example by providing treatment which is more effective and leads to quicker recovery times.
- 4.3 However despite our costs savings operational cost pressures mean the financial deficit to January is £32.4m, £7.4m behind plan (after adjusting for items as mandated by NHSI). The main operational drivers of the Trust's financial performance in 2018/19 included the increased demand for emergency care and the subsequent additional costs and investments to prepare for winter. In addition there has been a knock on impact on the Trust's ability to deliver planned care which has reduced planned income.

- 4.4 The increased pressure on our services and continuing difficulties in recruiting permanent staff led to the Trust being reliant on agency and locum staff in order to maintain safe staffing levels. £30.9m was spent on agency staff to the end of January, and an additional £12.9m has been spent on Bank Staff, largely for medical support and to address challenges in A&E.
- 4.5 These operational pressures and the measures the Trust has taken to ensure safe staffing levels, has lead the Trust to increase its forecast deficit in 2018/19 from £30.2m to £42.2m.
- 4.7 The Trust continues to work closely with NHS Improvement under financial special measures.

Update on the GIRFT Orthopaedic Pilot

1. Background

- 1.1 East Kent Hospitals is taking part in a national GIRFT (Getting it Right First Time) pilot, led by the National Director for Clinical Quality and Efficiency, Professor Tim Briggs, which is aimed at improving the experience and outcomes for patients undergoing planned orthopaedic inpatient operations and those suffering a trauma as a result of a fall or accident.
- 1.2 The aim is to provide planned orthopaedic inpatient surgery at Kent and Canterbury Hospital (K&C), separate from emergency patients who would continue to be seen at William Harvey Hospital (WHH) in Ashford and the Queen Elizabeth Queen Mother (QEQM) in Margate. Participating in this pilot enables the Trust to improve services by carrying out more planned orthopaedic inpatient surgery, continue operating throughout the winter and improve its capacity to treat trauma patients more quickly.
- 1.3 As part of the first stage of the pilot, patients previously seen at WHH, have been having planned hip and knee operations at Kent and Canterbury Hospital (K&C) since the end of November.
- 1.4 The K&C's St Lawrence Ward has been renovated to provide a dedicated 24-bed orthopaedic ward at the hospital, including a patient gym for immediate physiotherapy following surgery. After patients are discharged, they have their follow-up appointments at their local hospital as usual. Surgery takes place in the existing day surgery theatres at K&C. Two temporary theatres have been installed to enable day case operations to continue, as well as inpatient orthopaedic procedures at K&C.

2. Impact of the pilot

- 2.1 As a result of the move from WHH to K&C, we have been able to increase the number of operating sessions from 13.5 to 20 sessions a week and, from February 2019, we are now running additional lists on a Saturday.
- 2.2 In December 2018 and January 2019 we carried out 538 operations, compared with 373 operations over the same period last year.
- 2.3 We now have more capacity to treat trauma patients at William Harvey Hospital, with trauma lists running all day Monday to Friday and 10am-3pm on Saturday and Sunday.
- 2.4 Overall, the implementation of the elective orthopaedic service at K&C has contributed to improved cancer performance and reducing waiting times as theatre sessions at the WHH have become available to other specialties.

3. Staffing the pilot

- 3.1 Medical, nursing, therapy and support staff transferred from William Harvey Hospital, to the new St Lawrence Ward in Canterbury. Additional posts were also recruited to substantially at both William Harvey and Kent and Canterbury Hospitals to staff the additional capacity which has been created by the pilot, resulting in minimal temporary staffing spend.

4. Phase two of the pilot

- 4.1 Phase two involves building four modular, laminar flow theatres at Kent and Canterbury Hospital, supported by dedicated beds and all planned orthopaedic operations moving to K&C from WHH and the Queen Elizabeth Queen Mother hospital in Margate. This would complete the separation of planned care from emergency treatment.
- 4.2 All emergency operations (for example fractures sustained in a fall) would continue as now at WHH and QEQM and day cases would continue on all three sites.
- 4.3 Patients would continue to have all outpatient care before and after their operation at their local hospital, as they do now, which means musculoskeletal services, which handle large volumes of clinic appointments, day surgery, joint injections, imaging and rehabilitation, are unaffected.
- 4.4 It is anticipated that phase two of the pilot will take around 15 months to implement from the time of the decision to go ahead.
- 4.5 The Trust is currently awaiting a decision on the £14.9m capital funding required to complete the next phase of the pilot.

5. The future

- 5.1 The permanent reconfiguration of orthopaedics will be the subject of public consultation as part of the east Kent clinical strategy. Additional theatres on the K&C site will be of benefit under any of the current potential options for the future reconfiguration of hospital services, as the theatres can be used for different types of surgery.
- 5.2 Other GIRFT pilots undertaken nationally have not been the subject of public consultation and are being used to inform the evidence base for future reconfigurations which will then be subject to public consultation. For example the GIRFT pilot in Cheltenham and Gloucester is still at pilot stage and the formal move of services has not yet been consulted on.
- 5.3 Patient engagement is being undertaken as part of the pilot and regular updates provided to the Health Overview and Scrutiny Committee.

Update on the Dementia Village at Dover

1. Background

- 1.1 Working with local and European health, local authority, education and research partners, East Kent Hospitals has secured funding from the Interreg 2 Seas programme (co-funded by the European Regional Development Fund) under a four year project called “Community Areas of Sustainable Care and Dementia Excellence in Europe” CASCADE¹.
- 1.2 There are project partners in the four Interreg 2 Seas area countries i.e. England, Belgium, Holland and France, which include Medway Community Healthcare (MCH) and Canterbury Christ Church University (CCCU). MCH are constructing a new Guesthouse with Care facility in Gillingham.
- 1.3 The overall objective of the project is to develop a new sustainable model of care for People Living with Dementia (PLWD) that can be applied across Europe.
- 1.4 The project involves creating a new community facility and the modification of houses owned by East Kent Hospitals behind Buckland Hospital in Dover, to make them suitable for PLWD.
- 1.5 Dr Phil Brighton is the clinical lead for the project and two Darzi Fellows are also supporting the project, Dr Jo Seeley and Dr James Hadlow.

2. Construction

- 2.1 Planning approval was received in May 2018 and local construction company Jenners Ltd, was selected following a competitive tender.
- 2.2 Construction has started and is on track for completion in September 2019.



3. Research

- 3.1 As part of the project there are work streams in place to deliver the model of care, training and technology that will be used. The model of care has been developed working with the CASCADE project partners and with input from a wide range of stakeholders.
- 3.2 Training modules will be developed and delivered for relatives, carers and staff and innovations such as the potential clinical and therapeutic benefits of the use of music, have also been identified and are being evaluated.
- 3.3 The application for ethical approval for the research element, is being led by Canterbury Christ Church College

¹ <https://www.interreg2seas.eu/en/cascade>

4. Naming the site

- 4.1 Feedback from the focus groups and from Dutch project partners is that the name “Dementia Village”, which was being used previously, has negative connotations. The new facility will therefore be called “The Harmonia Village at Dover”.

5. Engagement and communication

- 5.1 Dr Seeley has been conducting meetings with people living with dementia and their families to discuss the project and its potential.
- 5.2 Surveys and a number of focus groups have been held to support the development of the model of care and drop-in sessions for the public have also been held in Dover.
- 5.3 Presentations have been delivered at events looking at the project’s potential. Organisations as varied as the Royal Institute of Chartered Surveyors and the House of Lords select committee on the therapeutic use of “Music in Society” have been involved in these events.
- 5.4 You can follow the Harmonia Village here:
- Facebook - **@HarmoniaAtDover**
 - Twitter - **@HarmoniaAtDover**
 - CASCADE Interreg 2 Seas web-site:
<https://www.interreg2seas.eu/en/cascade>
 - Trust web-pages: <https://www.ekhuft.nhs.uk/patients-and-visitors/news/the-harmonia-village-at-dover/>
- 5.5. An event, “The Harmonia Village and Living Well with Dementia in Dover”, is being held at St Radigund’s Centre, Dover, CT17 0HL, from 2 to 4pm, on Wednesday, 6 March 2019 and is open to everyone. People can register by calling Elaine or Paul on 01227 866405 or by emailing ekhuft.theharmoniavillage@nhs.net.