KENT COUNTY COUNCIL

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 3 November 2023.

PRESENT: Mr P Bartlett (Vice-Chairman), Mr N J D Chard, Ms K Constantine, Ms S Hamilton, Cllr D Wildey, Cllr D McDonald (Chair) and Cllr S Campbell

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

UNRESTRICTED ITEMS

60. Membership
(Item 1)

The Clerk drew the Committee's attention to the change in membership from Medway Council.

61. Election of Chair
(Item 3)

1. The Clerk explained that as per the Committee's Terms of Reference, the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC) needed to appoint a Chair at its first meeting in each municipal year.

2. Mr Bartlett proposed, and Cllr Wildey seconded, that Cllr McDonald be elected Chair of the Committee. There were no other nominations.

RESOLVED that Cllr McDonald be Chair of the Committee.

62. Election of Vice-Chair
(Item 4)

1. Mr Chard proposed, and Cllr McDonald seconded, that Mr Bartlett be elected Vice-Chair of the Committee. There were no other nominations.

RESOLVED that Mr Bartlett be Vice-Chair of the Committee.

63. Declaration of interests by Members in items on the Agenda for this meeting
(Item 5)

1. Mr Bartlett declared he was a representative of East Kent councils on the Integrated Care Partnership.

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

64. Minutes from meeting held on 6 December 2022

(Item 6)

RESOLVED that the minutes from 6 December 2022 were correctly recorded and that they be signed by the Chair.

65. East Kent Transformation Programme

(Item 7)

In attendance for this item: Ben Stevens, Chief Strategy & Partnerships Officer, East Kent Hospitals University NHS Foundation Trust, Karen Sharp, Programme Director & Project Support, East Kent Health & Care Partnership

1. The Chair invited the representatives to provide an overview of the East Kent Transformation programme (EKTP). Mr Stevens explained that two options for acute care transformation had been shortlisted in 2017 and a capital bid of £460 million was submitted in 2021 under the second round of NHS England's New Hospitals Programme. In May 2023 the Trust were informed that they had not been successful in their funding bid. 128 expressions of interest had been received, and the successful bids had all been identified as carrying significant risk from Reinforced Autoclave Aerated Concrete (RAAC).

2. As there was no single source of additional capital funding the programme as described was unable to proceed. The Trust was working with partner organisations to explore further options.

3. Pockets of capital investment in the Trust had been made over the years for specific work, for example £30 million for expansion of emergency departments at the Queen Elizabeth the Queen Mother (QEQM) and William Harvey (WHH) Hospitals. Further details were set out in the report.

4. Mr Stevens explained that significant challenges remained around the state of the Trust's infrastructure and its medical devices. There was no current solution due to the amount of capital funding required.

5. The Trust's capital funding allocation over five years was around £130 million. That funding had already been committed to a list of schemes that had been deemed most critical. In late 2021, the Trust assessed that there was a £211 million gap between the funding available over the next five years (£130 million) and the total cost of the identified critical infrastructure work. That value was being reassessed due to the length of time passed, and it was expected to increase.

6. Mr Stevens noted that there was a national challenge with capital funding, and that EKHUFT were not the only Trust to have aged infrastructure.

7. The Trust were considering specific improvements that could be made, recognising that the maternity estate in particular had been mentioned in both CQC and the Kirkup reports. To replace the two existing maternity units would cost around £123 million.

8. Mr Stevens recognised that clinical pathways had changed significantly since EKTP was first designed. In addition to looking for capital funding, the Trust was working with the Health and Care Partnership (HCP) to identify wider opportunities available both in the NHS and social care estate to deliver pathways differently which might be away from a hospital setting.

9. Ms Sharp explained the role of the East Kent Health and Care Partnership (HCP). Their intention was to complement the work of East Kent Hospitals and look for wider opportunities to deliver clinical services, and she provided examples of work already undertaken or in development. This included how the NHS could work with district councils to ensure Section 106 funding was fully utilised.

10. Ms Sharp referred to the Kent and Medway Estates Strategy, which had allocated specific funding to the East Kent HCP to develop an East Kent Strategy which would cover not only the NHS estate footprint but partners too. The Strategy would complement the internal work East Kent Hospitals was undertaking.

11. Moving to questions, a Member asked how much it cost the Trust to put the New Hospitals Programme bid together, reflecting that multiplied by 128 bids that was a considerable amount of money wasted, especially considering the funding was allocated to RAAC projects which were already known about. Mr Stevens did not have the associated costs for the bid to hand.

12. Asked if the Trust estate met national standards (for example, square inches per bed), Mr Stevens explained that the Intensive Care Unit (ICU) at WHH was built to standard, but older parts of the estate would have been built to standards in place at the time of building. If a unit was refurbished or developed it would have to meet new standards, in the meantime mitigations would be in place.

13. In response to a question about a Major Trauma Centre in Kent, Mr Stevens confirmed East Kent Hospitals was part of a trauma network and that there were no plans to reorganise the network at that time.

14. Regarding the Hyper Acute Stroke Unit (HASU) that was due to be built at William Harvey Hospital, this was still the plan as it needed to be co-located with an ICU. For the time being a stroke unit continued to be hosted at Kent and Canterbury Hospital (but there was no ICU on that site).

15. Mr Stevens said waiting lists for elective care were rising nationally and higher than anyone wanted. There were around 90,000 patients on their active waiting list, varying by specialism. The Trust were focussed on monitoring patients and reprioritising where necessary, at the same time as looking for options to expand capacity and reduce waiting lists.

16. Speaking about recruitment and retention of staff, Mr Stevens acknowledged a key part of original proposals was to make delivery of services attractive for staff. A different lense was required now those proposals would not progress. A workforce plan was being developed, but he noted that turnover had reduced as staff stayed longer and international nurses had been successfully recruited which had

reduced the vacancy rate. The recruitment to specialist clinical roles remained challenging and the Trust were competing for a depleted pool of individuals.

17. Ms Sharp highlighted the benefits of working as system. Noting the high GP to population ratio along the Kent coast, the HCP were looking at ways of exploiting the benefits of living and working in East Kent. A “Ready to Care” campaign had been run which saw health and social care coming together to recruit individuals to entry level roles. They were also part of a national, intermediate care programme where the Community Trust and KCC jointly employed “Home First workers” who supported discharge from hospital by increasing the packages of care available to enable patients to return home. For stroke patients, an additional 15 stroke rehabilitation beds were being opened for the winter to support discharge from acute hospital.

18. Members asked to be sent data relating to GP ratios and the numbers of staff recruited under the campaigns, particularly GPs.

19. A Member questioned what plan had been in place in the event the funding bid was unsuccessful. Mr Stevens explained the Trust had been confident in their submission, recognising if they had been successful, it would still be many years before the programme completed. The Trust’s rolling capital programme allowed them to sustain the current estate, but not to refurbish. The Trust needed to reassess how it best spent the capital funding available, but they had a duty to ensure their quality of care was impacted as little as possible.

20. In answer to a question about being green, Mr Stevens said the Trust had green objectives such as reducing their carbon footprint but noted that the aged estate made that challenging sometimes. The Trust were looking at ways of being greener such as their use of disposable equipment.

21. The use of Artificial Intelligence was an emerging field in the NHS, and East Kent still had some way to go. Much of the opportunity that existed in East Kent hospitals for health care was around digital transformation and how that was used to manage administrative pathways and digital platforms to engage with patients.

22. The Chair spoke of the importance of ensuring healthcare services were adequately funded, and noted the role that HOSC and HASC could play in campaigning for that. He felt it unfair that the New Hospitals Programme had been used to pay for RAAC related work and that it perhaps should have come from a different funding pot.

23. The Chair questioned when a revised funding gap would be identified. Mr Stevens was clear that the Trust needed to look at their investment requirement over the coming decades, not just the short term. The figure would be shared once it was available, but it was greater than £211 million. He explained that whilst the Trust had not been successful in the first two rounds of the New Hospital Programme, that did not preclude them from bidding in any future rounds.

24. The Chair asked what the impact was on patient safety considering the funding decision. Mr Stevens said the risk was stratified and that a significant amount of

manpower was spent mitigating risks to patients. Services could be impacted at times when the Trust was unable to use specialist equipment such as diagnostic machines. Work was adapted to minimise that risk and capital finance was being prioritised to avoid withdrawing services. There were times when unforeseen events meant that prioritisation needed to be reconsidered, such as RAAC.

25. Asked what level of support the ICB provided, Mr Stevens provided assurance they worked alongside the Trust to secure the future of services but he noted that they were equally constrained with funding.

26. The Chair noted that HOSC and HASC both declared the East Kent Transformation Programme a substantial variation of service in 2018, based on the two proposals for reconfiguration at that time. The capital for those proposals was not available and therefore the programme that was declared substantial no longer stood. He proposed the item no longer came to the Kent and Medway Joint HOSC for scrutiny but returned to the home authorities until such time as new proposals were presented and a new decision around substantial variation made.

RESOLVED that joint scrutiny of the East Kent Transformation Programme cease in light of the lack of capital to proceed with the original proposals. The Programme would return to Medway and Kent health scrutiny committees for future scrutiny.