HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 17th July, 2024

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 17th July, 2024, at 10.00 am	Ask for:	**Kay Goldsmith**
Council Chamber, Sessions House, County Hall, Maidstone	Telephone:	**03000 416512**

Membership

Conservative (10):	Mr P Bartlett (Chair), Mr P V Barrington-King, Sir Paul Carter, CBE, Mr N J D Chard, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr J Meade, Mrs L Parfitt-Reid, Ms L Wright and Mr P Cole
Labour (1):	Ms K Constantine
Liberal Democrat (1):	Mr R G Streatfeild, MBE
Green and Independent (1):	Mr S R Campkin
District/Borough Representatives (4):	Councillor S Jeffery, Councillor H Keen, Councillor J Kite, Councillor K Moses

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

Item		Timings*
1.	Membership	10:00
2.	Substitutes	
3.	Declarations of Interests by Members in items on the Agenda for this meeting.	
4.	Minutes of the meeting held on 29 February 2024 (Pages 1 - 10)	
5.	Maidstone and Tunbridge Wells NHS Trust - mortuary security (Pages 11 - 18)	10:05
6.	Maidstone and Tunbridge Wells NHS Trust - Clinical Strategy - update (Pages 19 - 22)	10:20

7.	NHS Kent and Medway Community Services review and procurement (Pages 23 - 32)	10:35
8.	NHS Kent and Medway's drive towards a greener future (Pages 33 - 50)	10:55
9.	South East Coast Ambulance Service - provider update (Pages 51 - 68)	11:25
10.	Winter rehabilitation and reablement in East Kent (Pages 69 - 74)	11:50
11.	Temporary changes at Sevenoaks Hospital (written item) (Pages 75 - 80)	12:10
12.	Gypsy, Roma and Traveller Communities School Aged Immunisations (Pages 81 - 90)	12:15
13.	Urgent Care Review Programme - Swale (written item) (Pages 91 - 98)	12:35
14.	Orthotics and Neurological rehabilitation in Kent (written item) (Pages 99 - 102)	12:40
15.	Work Programme (Pages 103 - 106)	12:45

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

9 July 2024

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 Thursday, 29 February 2024.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Sir Paul Carter, CBE, Mr N J D Chard, Mrs P T Cole, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr J Meade, Mrs L Parfitt-Reid, Ms K Constantine, Mr R G Streatfeild, MBE, Cllr P Cole, Cllr H Keen, Cllr K Moses, Cllr L Sullivan and Mr D L Brazier

ALSO PRESENT: Dr J Jacobs

ALSO PRESENT VIRTUALLY: Mr R Goatham (Healthwatch)

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

UNRESTRICTED ITEMS

162. Membership
(Item 1)

It was noted that Ms Wright had rejoined the Committee.

163. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 3)

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

2. Cllr Cole declared he was on the West Kent and Tunbridge and Malling Integrated Care Board Partnership Forums and the West Kent Elected Members Forum as well as portfolio holder for Housing and Health at Sevenoaks District Council.

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

4. Dr Sullivan declared that she was the Cabinet Member for Community and Leisure at Gravesham Borough Council.

5. Mrs Parfitt-Reid declared that she was Cabinet Member for Housing and Health at Maidstone Borough Council.

6. Cllr Keen declared that she was the Cabinet Member for Neighbourhoods at Thanet District Council.

164. Minutes from the meeting held on 7 December 2023
(Item 4)

RESOLVED that the minutes of the meeting held on 7 December 2023 were a correct record and that they be signed by the Chair.

165. Revisions to the Terms of Reference of the Health Overview and Scrutiny Committee (HOSC)
(Item 5)

1. The Clerk introduced the report and provided an overview of the revisions to the Terms of Reference following regulation changes that came into effect on 31 January 2024.

2. The Chair drew attention to the importance of Members declaring possible conflicts of interest at each meeting.

3. Members discussed their views on the changes under the new regulations:
    a. The Chair welcomed the ability for all stakeholder groups to make a call-in request to the Secretary of State but was disappointed that the Secretary of State was not required to respond.

    b. A Member was disappointed with the removal of the right to refer as it was a key power of HOSCs.

    c. Providing clarity on the difference between a call-in request and a referral to the Secretary of State, it was explained that a referral automatically paused an NHS reconfiguration whereas a call-in request would not do that. Only the Secretary of State would be able to determine if a proposal would be called in and paused.

    d. Members wanted to know what action, if any, was being taken by the Local Government Association and the County Council Network.

4. A Member suggested that the principles in the Terms of Reference be extended to include transparency, accountability and delivery. The Committee were in agreement. The Terms of Reference and suggested additions would go to Selection and Member Services followed by full Council in March.

5. RESOLVED that the Health Overview and Scrutiny Committee request that the Selection and Member Services Committee discuss the proposed changes to the terms of reference of the Committee and consider recommending to County Council that the changes be adopted.

166. East Kent Hospitals - financial performance update
(Item 6)

Tracey Fletcher, Chief Executive, EKHUFT and Tim Glenn, Interim Chief Finance Officer, EKHUFT (on secondment from Royal Papworth Hospital) were in attendance for this item.

1. Ms Fletcher and Mr Glenn introduced the report which set out the financial deficit of the Trust. Mr Glenn provided some background context, explaining that when the Covid-19 pandemic started in 2020, East Kent Hospitals responded by recruiting over 1600 staff, using enhanced rates to attract candidates. That growth had contributed to the Trust's current financial position. Post pandemic, the population's needs had changed, with increased A&E attendance, demand for elective care and higher rates of mental health incidence. That was accompanied by high inflation and economic instability. He reflected that the Trust had struggled to respond effectively to those changes and had not returned to pre-pandemic levels of efficiency and patient flow. This prevented them from accessing new funding opportunities.

2. In response to a question from the Chair about the impact of industrial action, Mr Glenn explained that there were direct impacts such as the cost of temporary and cover staff, but also indirect impacts, such as theatres not being used because of insufficient staffing levels. It was noted that it was harder for staff to engage with the required plans for service change when industrial action was ongoing.

3. Mr Glenn said that a safer staffing review was underway which would ensure optimised staffing levels across all areas of the hospital. It would also consider pay levels.

4. A Member asked how staff were being listened to and whether they were being relied upon to work overtime. Anecdotally, they had heard of staff being disciplined and wanted to know how widespread this was. Ms Fletcher said she was unaware of any disciplinaries for staff trying to deliver care but would review. Staff forums were being used to discuss how care could be delivered in a more effective and efficient way. Quality of care could be improved by managing pathways more tightly and staff had real insight as to how to that could be achieved. Work was ongoing on creating a culture Trust-wide where staff felt that their input on the future direction of the Trust was valued.

5. The Chair noted the Trust's wide portfolio of hospitals and questioned whether more than one Trust was needed. Ms Fletcher responded that nationally there was a move to create larger NHS Trusts as that allowed for more specialisms and less fragmentation as well as greater opportunities for staff. She reflected on the unique challenges of EKHUFT – being surrounded by coastline restricting the flow of staff and the age of the estate. The Trust were working with KCC, KCHFT and private care providers to consider how health and care could be provided in a different way in future but there was a long way to go.

6. Members asked about the process the Trust was undertaking to manage the financial issues. Mr Glenn provided an overview of the three-phase project that would be undertaken over the next 12 months and what measures would be employed to manage the deficit and return to pre-pandemic levels of productivity. It was noted that it would be a three-to-five-year programme to get the Trust back to a break-even position.

7. Member’s wanted to understand the impact on care for patients, and Mr Glenn said that an update could be provided in September 2024 on progress and next steps.

8. RESOLVED the Health Overview and Scrutiny Committee considered and noted the report.

167. Specialist Children's Cancer Services
(Item 7)

Ailsa Willens, Programme Director, NHSE London, Sabahat Hassan, Head of Partnerships and Engagement, NHSE South East, (Virtual) Catherine Croucher, Consultant in Public Health, NHSE London, (Virtual) David Barron, Regional Director of Specialised Commissioning and Health & Justice, NHSE South East and (Virtual) and Chris Streather, Regional Medical Director, NHSE London were in attendance for this item.

1. Members were provided an overview of the ongoing work on the future location of specialist children’s cancer services in South London and South East England as well as the feedback from the public consultation and engagement activities.

2. It was noted that children’s cancer services were required to be provided in locations with access to other children’s services and intensive care units to enable joined-up and coordinated care for very ill children. The move was intended to future-proof the care provided as new ‘aggressive’ treatments made the need for access to intensive care and other provisions greater.

3. A Member asked if the concerns of staff had been taken into consideration and whether TUPE would apply if they were required to transfer to the new site. Ms Willens advised that staff had been consulted throughout the process and the impact of the change had been taken into account. Most staff would be eligible for TUPE.

4. Ms Willens said last year there had been 35 transfers to a hospital site with a paediatric intensive-care unit (PICU), though only 15 went on to require that care.

5. A Member asked what consideration had been given to parents' feedback in an online petition. Ms Willens said they had been engaged and that some of the parents were members of a stakeholder group. The feedback would be taken into account in the final decision-making business case.

6. Members discussed the accessibility and cost of travelling to the service, wherever it was located.
    - an integrated impact assessment had been undertaken which considered journey time and cost.

- St Georges and Evelina sites were accessible by public transport but most parents chose to travel by car due to the risk of infection on public transport.
- service users were supported with reimbursements for costs incurred and the NHS Trust would support families in accessing that. Support was not available unless the patient was in the car.
- Members asked what options were available around pre-loaded cards for public transport, so parents did not have to navigate reimbursement processes.
- The support available needed to be publicised effectively.

The Committee wanted to engage with

- Transport for London (TFL) to ensure that the Ultra Low Emissions Zone (ULEZ) charges and others would not apply or that reimbursement was available to affected families.
- travel providers on the provision of concessions and travel passes.

7. There was concern about the capacity of the Evelina site to host the service. Ms Willens said that the Hospital had plans to reorganise its services and make use of vacant spaces to house the children's cancer services if successful. Much work and planning had been undertaken by both Trusts and a business case proposal would need to be developed with more details on the reconfiguration for whichever Trust was successful.

8. Ms Willens said a public document would be published setting out how the feedback received was incorporated into the final plans.

9. RESOLVED the Health Overview and Scrutiny Committee note the report.

168. Kent and Medway Children and Young People's Mental Health Services procurement
(Item 8)

Sue Mullin, Associate Director: Children's Mental Health, K&M ICB, Mark Atkinson, Director of Commissioning, K&M ICB and Sara Warner, Engagement lead, NHS Kent and Medway were in attendance for this item.

1. Ms Mullin introduced the item, providing a summary of the procurement work undertaken to date. Members had received an informal briefing on the topic in February 2024. There were three main elements to the future contract:

   a. Specialist (tier 3) (currently provided by NELFT)
   b. Education (tiers 1-2) (NELFT currently provide the mental health support teams in schools)
   c. Therapeutic services (tiers 1-2)

2. A Member asked what additional support could be provided at the lower tiers to prevent young people escalating to tier 4. Ms Mullin reflected that improvements had been made and fewer young people were going into, and

staying at, acute hospitals. Services in Medway had aligned investments in an integrated way which had resulted in a reduced demand for tier 3 services. It was proposed that the model be replicated across Kent.

3. It was asked how primary care would be involved in shaping the specification of the tier 1 and tier 2. Ms Mullin said there had been a considerable amount of engagement, including with primary care clinicians, and the ICB were committed to working with primary care throughout the process. It was noted that there would be grants available for local people to commission local services. This would sit alongside the children's navigators and the mental health practitioners who were now available across Kent. Resources would be drawn from a range of partners including the NHS, local authorities, schools and others.

4. National investment would result in budget growth of the Mental Health Support Teams in schools from £6 million to £9 million by 2028. A Member queried how that service would be delivered as they felt youth services were best placed. Ms Mullin responded that the schools element of the contract was delivered under a national framework and spend was ringfenced to that area. Future providers would be expected to engage with other services, including Family Hubs.

5. A 13-year contract duration would allow data to be tracked across the lifetime of the contract. Ms Mullin confirmed there would be break clauses built in along with periodic reviews.

6. A Member noted that certain groups of children were not specified as vulnerable, such as those from Gypsy, Roma and Traveller (GRT) communities, children in kinship relationships and foster children. Ms Mullin advised that there was not an adequate level of data available to understand where gaps in provision were but the new contract would support data collection. There would be work on providing alternatives to enable GRT children to access support following feedback.

7. Members were concerned about performance against the 18-week target. Ms Mullin accepted that and noted an assessment of risk was conducted at a patient's first point of contact and could be carried out again if their situation changed before their first appointment.

8. Members noted the relevance of the update paper for other Council Committees, such as CYPE Cabinet Committee and the SEND Sub-Committee.

9. Mr Streatfeild proposed and Mr Chard seconded that the Kent and Medway Children and Young People's Mental Health Services procurement represented a substantial variation for the residents of Kent.

10. The Chair provided a summary of the main points of the discussion and the areas the Committee would like further information on. This included:

a. the different ways of working across Kent and Medway once the Family Hubs model was rolled out,
b. how care navigators would operate on a practical basis,
c. how the young person's voice was being heard,
d. the involvement of primary care and how the council could support information sharing.

11. RESOLVED that

(a) the Committee deems that the procurement of CYPMHS in Kent and Medway is a substantial variation of service.

(b) NHS representatives be invited to attend this Committee and present an update at an appropriate time.

169. HASU implementation
(Item 9)

Dr Peter Maskell, WKHCP Medical Director (Integrated Care), Maidstone and Tunbridge Well NHS Trust, Dr Kate Langford, Chief Medical Officer were in attendance for this item.

1. The Chair read a question received from a member of the public about the availability of mechanical thrombectomy in the county. He also raised his concern about the delay in establishing a HASU at William Harvey Hospital.

2. Dr Langford introduced the report and confirmed that a thrombectomy unit would be located at the Kent and Canterbury Hospital after being commissioned by the ICB. It was a separate project to the HASU. Dr Langford and Dr Maskell provided further information on the importance of co-location of mechanical thrombectomy with interventional radiology. It was noted that no A&E was required on site but good transport links.

3. Dr Maskell provided further information on the current pathway for mechanical thrombectomy in Kent, which saw patients accessing care at the Royal London Hospital. It was recognised that the wait time at home was a concern and that there was an ongoing public health campaign.

4. A Member requested more information on the call-to-needle time, as any delays could have a significant impact.

5. The Committee echoed the Chair's concern about the delay of the HASU at William Harvey Hospital, which they felt disadvantaged East Kent residents. Dr Langford said there was a commitment to delivering a HASU at that location but at the last Gateway Review, there was not adequate assurance that East Kent Hospitals University NHS Foundation Trust (EKHUFT) had plans in place to take the project forward. The ICB were working with the Trust to produce the required plans. It was noted that the stroke service at Kent and Canterbury Hospitals was performing well, but that was not a suitable long term location for a HASU because there was no A&E on site.

6. A Member expressed concern about the scanning process at the Queen Elizabeth The Queen Mother (QEQM) Hospital and questioned why there were not two scanners on site. Dr Maskell said that most acute hospitals had two scanners and he would confirm this outside of the meeting.[1]

7. Mr Goatham (Healthwatch) queried the recruitment for the WHH HASU, asking whether it would be affected as the other 2 HASUs in the county would be ready sooner. Dr Maskell said that staffing had been identified as a driving factor to poor performance. It had been agreed by the three acute Trusts that they would recruit together but the delay to the William Harvey needed to be considered and reviewed.

8. A Member asked for assurance that the issues identified at the Gateway Review were being addressed and asked the timeframe around this. Dr Langford responded that greater cost detail was required in the plans and the Trust were working at pace to finalise that. It was anticipated that it would take one to two months to complete.

9. RESOLVED that the Health Overview and Scrutiny Committee:

    a. have not been assured by EKHUFT and the Integrated Care Board that works would proceed on the scheme at William Harvey Hospital.
    b. note the commitment that the HASU will open at William Harvey but with significant delay.
    c. request a briefing as soon as possible on the plans and timetable for opening the HASU at WHH.

170. Child and Adolescent Mental Health Services (CAMHS) tier 4 provision
(Item 10)

Nina Marshall, Programme Director Adult Eating Disorder Provider Collaborative /CAMHS Inpatient Kent and Sussex, Sussex Partnership NHS Foundation Trust and Sara Boorman, Assistant Director, NELFT were in attendance for this item.

1. Ms Boorman introduced the report, which provided an overview of the tier 4 provision across Kent.

2. The Chair questioned the decision to establish a Psychiatric Intensive Care Unit (PICU) in Southampton, noting its distance from many Kent residents. Ms Marshall said that following the closure of provision from Taplow Manor (Maidenhead), NHS England urgently requested viable options that could be mobilised at pace. The Hampshire provider was approached as they had the required estate infrastructure and expressed an interest. Funding had been provided by NHSE. There was no suitable option in Kent or Medway due to the co-location requirements. Ms Marshall said PICU demand was very low. It

[1] *Post meeting note – Dr Maskell confirmed there were 2 scanners located at all 3 EKHUFT hospitals.*

was also noted the future for in-patient services looked very different following changes to the service specification by NHSE with high-intensity areas phasing out specialist units.

3. Members commented on the difficult access to the Southampton site, especially using public transport.

4. Ms Marshall noted that the section 136 suite was commissioned by the ICB, but said that it was usually available and had no staffing issues although the suite was recently damaged and closed for some time. More information could be provided after the meeting.

5. Ms Marshall explained the PICU was available for any young person requiring specialist provision. Whilst there were no waiting lists, if a bed was not available when required, the patient would be looked after in a suitable alternative setting until a bed became available. She offered to provide more detail on waiting times outside the meeting.

6. RESOLVED that the Committee noted the update.

171. Work Programme
(Item 11)

1. A Member referred to the information circulated after the meeting on 7 December 2023. In particular, they wanted:
    a. stillbirth data at a more granular level
    b. to understand whether Cervical and Breast Cancer waiting lists had a disproportionate impact on women[2]

2. A Member asked for an item on maternity services in West Kent which had been rated inadequate by CQC.

3. A Member asked for an update on shared medical and social care records – this was to be picked up under the digital transformation paper.

4. RESOLVED the work programme was noted.

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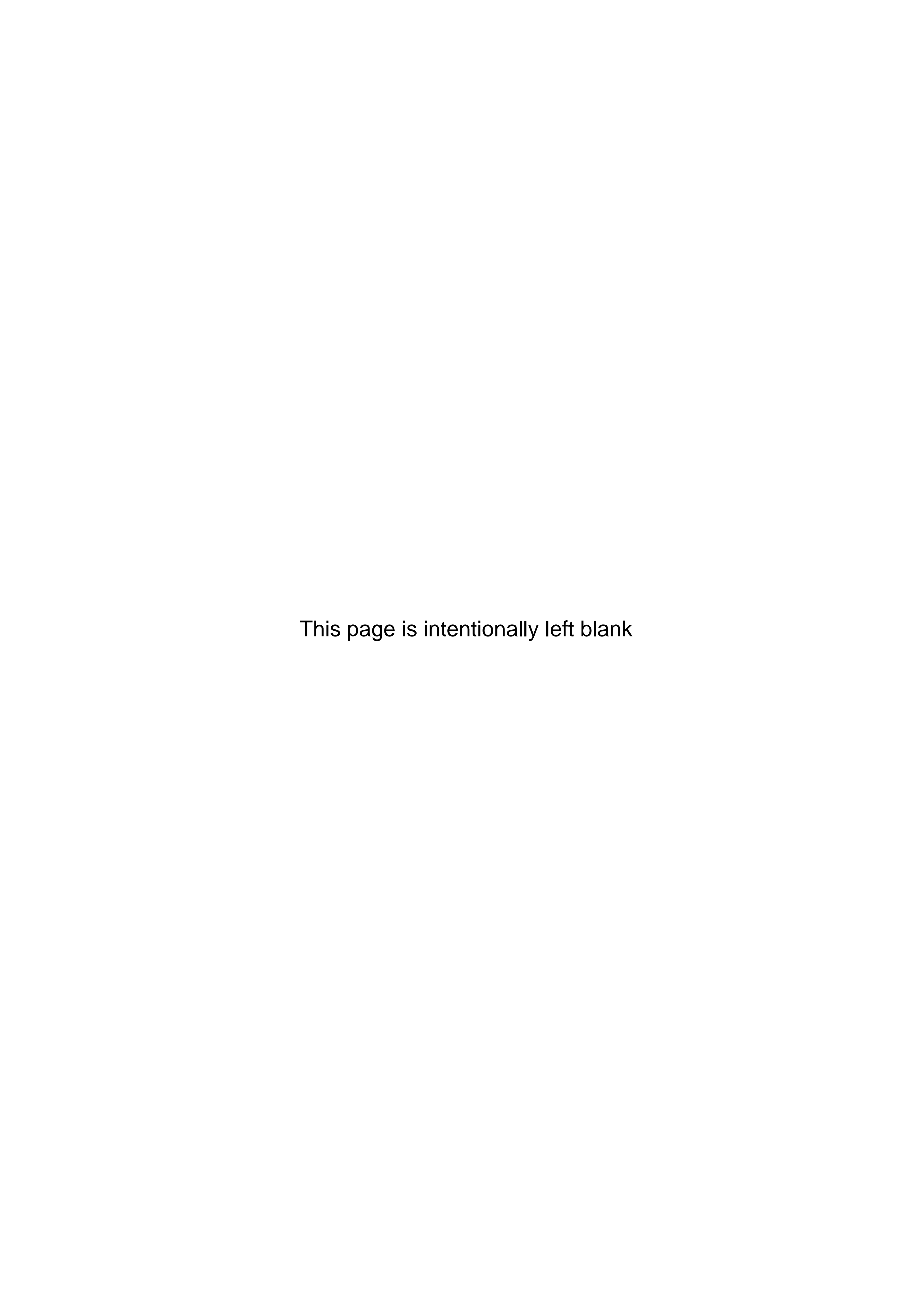
[2] *Post meeting note – Information was circulated after the meeting.*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Item: Maidstone and Tunbridge Wells NHS Trust – mortuary security

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 July 2024

Subject: Maidstone and Tunbridge Wells NHS Trust – mortuary security

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Maidstone and Tunbridge Wells NHS Trust (MTW).

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1) **Introduction**

a) In November 2021, evidence came to light of many crimes committed by David Fuller whilst employed as a maintenance supervisor at Maidstone and Tunbridge Wells NHS Trust (MTW).

b) MTW initiated an independent investigation into the specific offences but on 8 November 2021 the Secretary of State announced this was being overtaken by an independent inquiry led by Sir Jonathan Michael. The Inquiry was to consider issues including:

i. the circumstances surrounding the offences committed at the hospital, and their national implications,

ii. understanding how these offences took place without detection in the trust,

iii. identifying any areas where early action by this trust was necessary, and

iv. consideration of wider national issues – including for the NHS.

c) The inquiry was initially expected to produce an interim report (into the activities carried out at MTW) in 2022 with a final report (into the broader national picture and wider lessons) in 2023. However, new information which came to light led to a delay in the interim report, and the final report is due for publication in 2024.

d) HOSC has received reports at both its March 2022 and December 2023 meetings. Whilst the inquiry has been ongoing, HOSC's scrutiny into this area has been necessarily limited. The Committee cannot investigate individual cases, but it can consider what steps the Trust has taken to prevent such events happening in the future.

e) The interim report was published on 28 November 2023, and representatives from the Trust attended HOSC on 7 December 2023. Below is a summary of the discussion:

i) A phase 2 report, looking at the broader national picture and the practices and procedures in place to protect the deceased in the NHS and other settings, is planned for publication at a later date.

ii) The phase 1 report had 17 recommendations (see appendix 1), 16 of which were for the Trust. The Maidstone and Tunbridge Wells Trust had accepted all the recommendations and 11 had already been implemented, with the remaining 5 being worked on. All recommendations were expected to be implemented by March 2024.

iii) Mr Scott, the Trust's Chief Executive Officer, offered to return to HOSC once all recommendations had been implemented.

f) The Trust are attending the meeting today so provide an update on the final action above.

2) **Recommendation**

a) RECOMMENDED that the Committee consider and note the response of the Trust to the interim inquiry report.

Background Documents

Independent Inquiry into the issues raised by the David Fuller case, https://fuller.independent-inquiry.uk/

Kent County Council (2023), Health Overview and Scrutiny Committee (07/12/23), https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9319&Ver=4

Kent County Council (2022), Health Overview and Scrutiny Committee (2/3/22), https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8762&Ver=4

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

Appendix 1

List of recommendations from the Independent Inquiry into the issues raised by the David Fuller case - Phase 1 Report

1. Maidstone and Tunbridge Wells NHS Trust must ensure that non-mortuary staff and contractors, including maintenance staff employed by the Trust's external facilities management provider, are always accompanied by another staff member when they visit the mortuary. For example, maintenance staff should undertake tasks in the mortuary in pairs.
2. Maidstone and Tunbridge Wells NHS Trust must assure itself that all regulatory requirements and standards relating to the mortuary are met and that the practice of leaving deceased people out of mortuary fridges overnight, or while maintenance is undertaken, does not happen.
3. Maidstone and Tunbridge Wells NHS Trust must assure itself that it is compliant with its own current policy on criminal record checks and re-checks for staff. The Trust should ensure that staff who are employed by its facilities management provider or other contractors are subject to the same requirements.
4. Maidstone and Tunbridge Wells NHS Trust must assure itself that its Mortuary Managers are suitably qualified and have relevant anatomical pathology technologist experience. The Mortuary Manager should have a clear line of accountability within the Trust's management structure and must be adequately managed and supported.
5. The role of Mortuary Manager at Maidstone and Tunbridge Wells NHS Trust should be protected as a full-time dedicated role, in recognition of the fact that this is a complex regulated service, based across two sites, that requires the appropriate level of management attention.
6. Maidstone and Tunbridge Wells NHS Trust must review its policies to ensure that only those with appropriate and legitimate access can enter the mortuary.
7. Maidstone and Tunbridge Wells NHS Trust must audit implementation of any resulting new policy and must regularly monitor access to restricted areas, including the mortuary, by all staff and contractors.
8. Maidstone and Tunbridge Wells NHS Trust should treat security as a corporate not a local departmental responsibility.
9. Maidstone and Tunbridge Wells NHS Trust must install CCTV cameras in the mortuary, including the post-mortem room, to monitor the security of the deceased and safeguard their privacy and dignity.
10. Maidstone and Tunbridge Wells NHS Trust must ensure that footage from the CCTV is reviewed on a regular basis by appropriately trained staff and examined in conjunction with swipe card data to identify trends that might be of concern.

11. Maidstone and Tunbridge Wells NHS Trust must proactively share Human Tissue Authority reports with organisations that rely on Human Tissue Authority licensing for assurance of the service provided by the mortuary.
12. Kent County Council and East Sussex County Council should examine their contractual arrangements with Maidstone and Tunbridge Wells NHS Trust to ensure that they are effective in protecting the safety and dignity of the deceased.
13. We have illustrated throughout this Report how Maidstone and Tunbridge Wells NHS Trust relied on reassurance rather than assurance in monitoring its processes. The Board must review its governance structures and function in light of this.
14. Maidstone and Tunbridge Wells NHS Trust Board must have greater oversight of licensed activity in the mortuary. It must ensure that the Designated Individual is actively involved in reporting to the Board and is supported in this.
15. Maidstone and Tunbridge Wells NHS Trust should treat compliance with Human Tissue Authority standards as a statutory responsibility for the Trust, notwithstanding the fact that the formal responsibility under the Human Tissue Act 2004 rests with the Designated Individual. The Act will be subject to review in Phase 2 of the Inquiry's work.
16. The Chief Nurse should be made explicitly responsible for assuring the Maidstone and Tunbridge Wells NHS Trust Board that mortuary management is delivered in such a way that it protects the security and dignity of the deceased.
17. Maidstone and Tunbridge Wells NHS Trust must treat the deceased with the same due regard to dignity and safeguarding as it does its other patients.

Source: Independent inquiry into the issues raised by the David Fuller case: phase 1 report (print ready) (publishing.service.gov.uk)

Fuller Update

June 2024

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Phase 1 report update

At the 28th February 2024 Trust Board Miles Scott updated on our response to the Independent Inquiry into the issues raised by the David Fuller case.

The Board is assured we have now fully implemented all the recommendations made in the Inquiry's Phase 1 Report which was published in November 2023.

The report contained 15 recommendations for the Trust and covered four areas; controlling access to the mortuary, regulation and oversight, workforce and security. Following receipt of the report the Trust introduced an action plan to address each recommendation and our response and the supporting evidence was also signed off by the Kent and Medway Integrated Care Board during February.

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Next Steps

The report has now been submitted to NHS England and the Department of Health.

The Inquiry is due to publish a Phase 2 report this year. This will look at the broader national picture and consider procedures and practices in hospital and non-hospital settings.

It is important to note that the Trust's report is not just a point in time and we have put in place a programme of ongoing assurance to monitor and maintain our compliance. We have also broadened out the recommendations to cover other areas of the Trust where appropriate, including additional security improvements and staff training.

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Item: Maidstone and Tunbridge Wells NHS Trust – Clinical Strategy Overview

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 July 2024

Subject: Maidstone and Tunbridge Wells NHS Trust – Clinical Strategy Overview

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Maidstone and Tunbridge Wells NHS Trust.

It provides background information which may prove useful to Members.

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1) Introduction

a) At its meeting on 21 July 2021, the Committee received a paper about the clinical strategy reconfiguration at Maidstone and Tunbridge Wells NHS Trust (MTW). The Committee RESOLVED to:

i) agree to receive regular updates on Maidstone and Tunbridge Wells NHS Trust clinical strategy; and

ii) agree to determine on an individual basis if the workstreams constitute a substantial variation of service.

b) To date, HOSC has received information about the following workstreams:

i) Cardiology – July 2021, November 2021, March 2022

ii) Digestive Diseases Unit – July 2021

iii) Elective Orthopaedics – May 2022

iv) Repatriating bariatric care – Dec 2023

c) None of these were declared a substantial variation of service.

d) At the last update, in May 2023, key points included:

i) A&E performance ranked 4th or 5th in the UK.

ii) Capital investment for cardiology improvements was proving hard to secure.

iii) The improvements to Women's Services had been challenging, in part due to high vacancy rates.

iv) The Trust was working closely with East Kent Hospitals on the reprovision of radiotherapy – this would require a substantial business case as well as significant capital investment.

v) The Trust was investigating acquiring a surgical robot for Urology.

vi) There was an opportunity to develop a Kent and Medway Orthopaedic Service to help support the long term reduction in waiting lists and manage long term demand. The service was to be delivered alongside acute trust partners, and they had been successful in international recruitment. Subject to approval, the intention was to open the unit in March 2024.

vii) Where possible, providers across Kent and Medway were looking for opportunities to bring care closer to residents by repatriating services from London. A dedicated paper was taken to HOSC in December 2023.

e) The Trust has been invited to attend today's meeting to provide an update on the strategy's implementation. They have provided the attached overview of the Strategy and will provide an update on the developments at the meeting.

2) Recommendation

a) RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2021) *'Health Overview and Scrutiny Committee (21/07/21)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8758&Ver=4

Kent County Council (2021) *'Health Overview and Scrutiny Committee (11/11/21)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8760&Ver=4

Kent County Council (2022) *'Health Overview and Scrutiny Committee (02/03/22)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8762&Ver=4

Kent County Council (2022) *'Health Overview and Scrutiny Committee (11/05/22)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8763&Ver=4

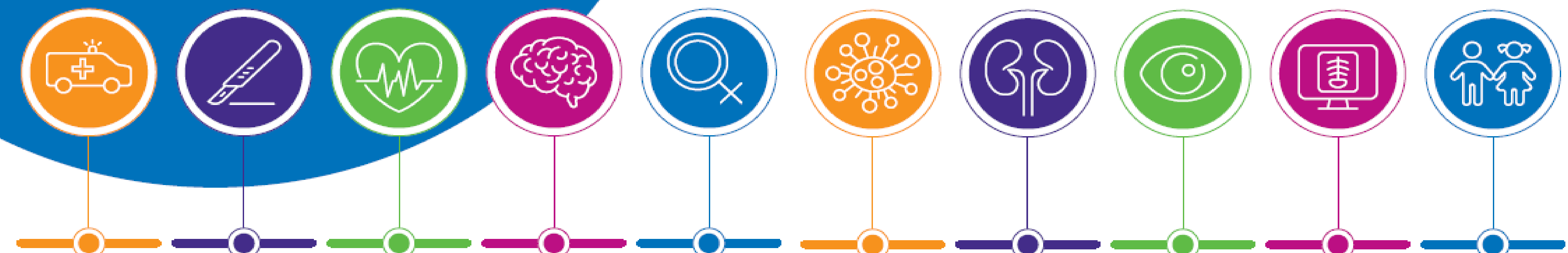
Kent County Council (2023) *'Health Overview and Scrutiny Committee (15/05/23)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9053&Ver=4

Kent County Council (2023) *'Health Overview and Scrutiny Committee (7/12/23)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9319&Ver=4

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

MTW Clinical Strategy



Emergency medicine

Develop urgent treatment centres (UTCs) at each site.

Become a lead provider for urgent care.

General surgery

Establish a digestive diseases unit (DDU) at TWH.

Cardiology

Centralise cardiology services.

Establish primary percutaneous coronary intervention (PPCI) provision at MH.

Stroke

Establish a hyper acute stroke unit (HASU) at MH.

Women's services

Develop urogynaecology service.

Create a midwifery-led unit at TWH.

Cancer

Set up networked models of radiotherapy and staffing provision across Kent.

Develop satellite locations.

Urology

Repatriate total nephrectomies.

Explore locating urological cancer surgery at MH.

Ophthalmology

Develop new roles and ways of working to deal with increasing demand.

Imaging

Establish a rapid diagnostic centre.

Upskill our staff and utilise new roles and technologies (e.g. artificial intelligence (AI)).

Children's services

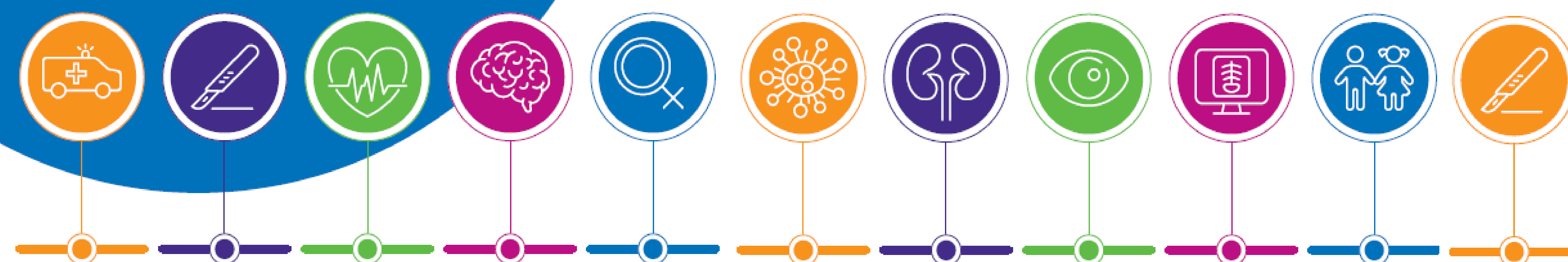
Provide additional tertiary services.

Become a level two provider of oncology services.

We are progressing our ambitious clinical strategy that will see our hospitals develop deeper specialist services

Exceptional people, outstanding care

MTW Clinical Strategy – Update June 2024



Emergency medicine
- UTCs open on both sites
- We are a lead provider for urgent care

General surgery
- Surgical configuration completed in 2020
- Digestive Diseases Unit established and bariatric surgery since 2023

Cardiology
- Centralisation agreed
- Full Business Case will be ready August 24

Stroke
- HASU – fully opened

Women's services
- Focus on the maternity services and the concentration on CQC identified issues

Cancer
- 7 day service commenced March 2023
- Outline business case for oncology at K&C agreed. Full business case by December 24

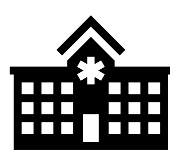
Urology
- Business case for a surgical robot being reviewed and the development of a Urology Investigations Unit underway

Ophthalmology
- Ophthalmology review complete. Community capacity secured

Imaging
- CDC is now fully open. Building work to be complete by year end.

Children's services
Children's Emergency departments open. Oncology level 2 provision on hold due specification changes

Orthopaedic surgery
- Kent and Medway Elective Orthopaedic Centre is due to open early Q3.



Acquisition of Fordcombe Hospital at end March 2024.

Exceptional people, outstanding care

Item: NHS Kent and Medway Community Services review and procurement

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 July 2024

Subject: NHS Kent and Medway Community Services review and procurement

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Summary: This report provides background information for members.

The Committee has determined the proposals do not constitute a substantial variation of service.

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1) Introduction

a) NHS Kent and Medway Integrated Care Board (ICB) are developing the Community Services model of care in Kent and Medway.

b) The incumbent Community Services contracts expired at the end of March 2024 and at the last update to HOSC, received in December 2023, the proposal was to extend those contracts to September 2025. This would be made up of an initial 1-year contract with the possibility for a further one-year extension, if agreed by providers and the ICB, with a 6-month notice period/break clause included.

c) The proposed extension was to allow the ICB to harmonise the three contracts currently held by MCH, HCRG and Kent Community Health NHS Foundation Trust (KCHFT) from a contract end date perspective, allow transformation work to begin to improve services for patients, and enable a full and transparent procurement of the services to be instigated and be in place no later than September 2025.

2) Previous Scrutiny

a) The ICB attended HOSC on 6 September 2023, setting out their plan to award new contracts in April 2024. The first year would be on a like-for-like basis with the incumbent contracts, allowing time for engagement and transformation. A new model of care would then come into effect from year 2.

b) The Committee raised concerns around:

i) a lack of detail about consultation and how co-designing services would be achieved.

ii) a lack of detail in the report regarding the costs of recommissioning services and the plan for co-production.

iii) staff struggling to perform their main duties at the same time as looking to transform services.

b) Following discussion at HOSC on 6 September 2023, it was resolved that:

i) The Committee deems that proposed changes to the re-procurement of Community Services are not a substantial variation of service.

ii) NHS representatives be invited to attend the Committee and present an update at an appropriate time, to include details on financing and engagement.

c) At the meeting on 7 December 2023, the ICB confirmed they had reviewed the procurement options for Community Services following HOSC and HASC[1] meetings in September. It was explained that a new contract extension would be made to the three existing community providers for up to two years with a six-month break clause. The additional time would allow for harmonisation of contracts while further engagement was undertaken with providers, stakeholders and patients to develop the new models of care and ensure the right services were offered in the right locations.

3) Listening events

a) NHS Kent and Medway are currently promoting surveys and listening events to hear from people working in and alongside community services as well as those using them. They are promoting ways to get involved through social media, through partners, VCSE organisations and through some advertising in the Kent Messenger.

b) Further details about the Community Health Services engagement, along with dates and booking options, can be found online: **www.haveyoursayinkentandmedway.co.uk**

4) Recommendation

a) The Committee is asked to note the report and invite the ICB to provide an update at the appropriate time.

Background Documents

Kent County Council (2023) 'Health Overview and Scrutiny Committee (19/07/23)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9054&Ver=4

Kent County Council (2023) 'Health Overview and Scrutiny Committee (6/09/23)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9388&Ver=4

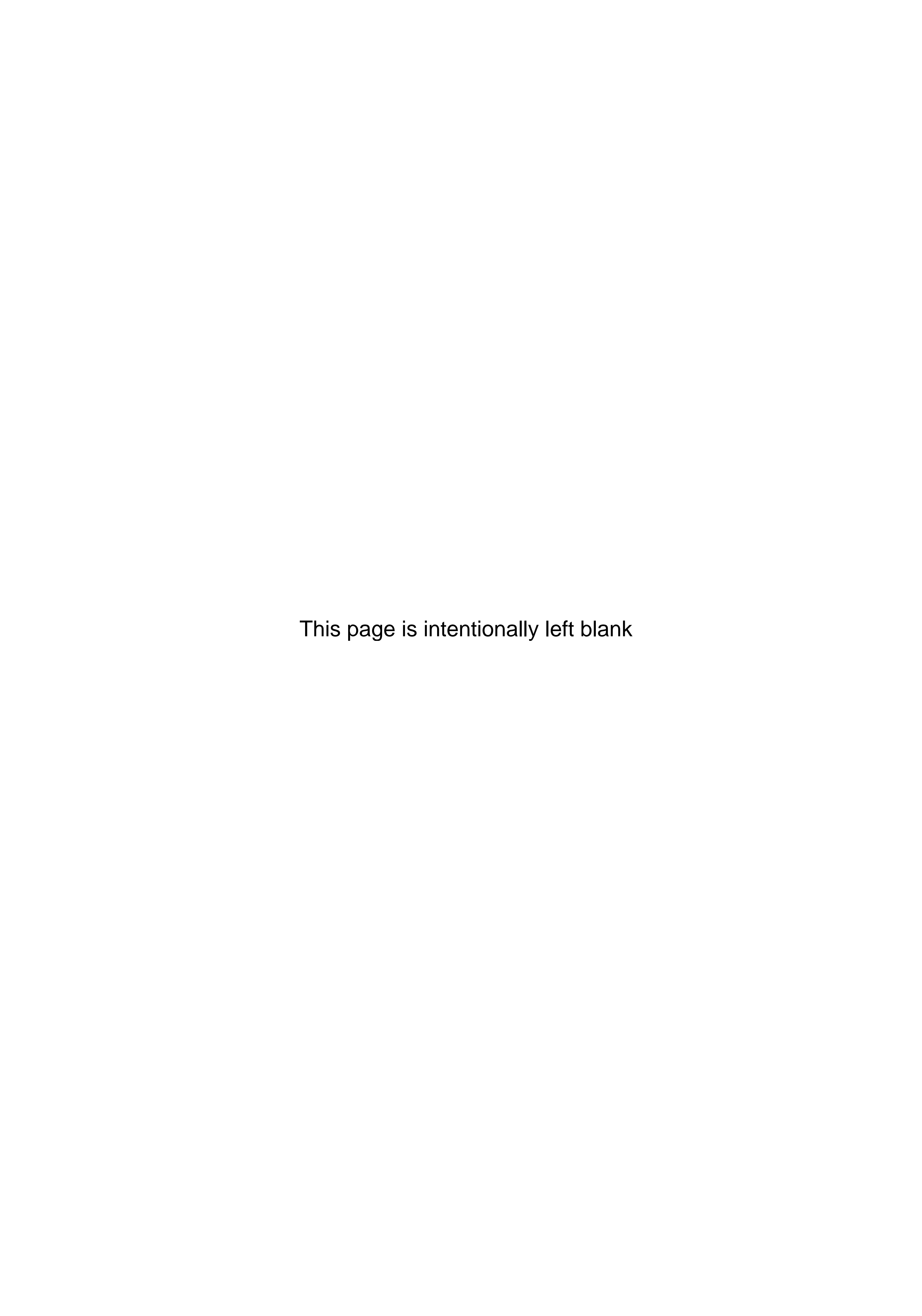
Medway Council (2023) 'Health and Adult Social Care Overview and Scrutiny Committee (20/09/23), https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=5809

Kent County Council (2023) 'Health Overview and Scrutiny Committee (7/12/23)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9319&Ver=4

[1] Medway Council's Health and Adult Social Care Overview and Scrutiny Committee declared the proposals substantial at their meeting on 20 September 2023.

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512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Community services - update (communications and engagement)

June 2024

Reimagining community health services

There is huge potential for the development of Kent and Medway's community health services. Often unrecognised, misunderstood or not acknowledged in the way other NHS services might be, community services are a fundamental cornerstone of patient care.

Community health services help adults and children get well and stay well through personalised NHS care by bringing care to patients and service users either in their own home or other out-of-hospital settings close to home. They work closely with general practice, alongside hospitals and in specialist education settings. We know people recover faster at home and those that need longer-term care need support to live their lives the best way they can.

Thousands of specialist healthcare professionals are helping the people of Kent and Medway every day. They are part of our neighbourhoods, come into our homes and are with us 'from cradle to the grave'. They partner with other colleagues in the NHS, social care, education, the voluntary sector and local government to support people to maintain their independence for as long as possible.

To support this approach, NHS Kent and Medway continually seeks to improve community health services, making sure people can access the same quality and type of services no matter where they live, reducing waiting times, improving care and people's experience.

Our vision for community health services

Kent and Medway's Integrated Care Strategy, which we engaged on with the public and stakeholders throughout 2023, gives six key outcomes. Our community health services are integral to most of these and will guide the development of future services.

We recognise one of the most distinct features is their connection to individual patients, often in their homes. We also recognise that, in parts of our community, there is variation and inequality in terms of access to services and delivery, as well as the potential for duplication, fragmentation and a lack of consistency and efficiency.

Our aim is to eliminate the variation by providing equitable services across all four health and care partnerships.

As healthcare modernises, with technology bringing new ways to deliver healthcare alongside our growing and ageing population, it is widely recognised care outside of hospitals will be the focus for delivering the right care in the right place.

Prevention, in the true sense of the word, is at the core of community services. This does not simply mean reducing emergency admissions, but rather preventing ill health and tackling health inequalities across geographies, communities and socio-economic groups. Strengthening our community services is aligned to the prevention agenda.

We want to recognise and develop the scope, breadth and impact of community health services, while acknowledging there are no quick fixes in a challenging and financially constrained local health and care economy, where workforce is limited. We need to make sure resources are focused in the best way to support as many people as possible.

NHS Kent and Medway wants to do better and make sure people are cared for in the right place, at the right time and by the right person. Community health services are central to our future plans for a high performing health and care system.

How are we planning for the future

To deliver this, we are embarking on a programme of continuous improvement.

The ICB is being supported in this work by patient representatives, NHS providers, place-based health and care partnerships and councils, and engagement with our local communities to define the models of care needed to create community health services of which we can all be proud.

Running concurrently, NHS Kent and Medway needs to reprocure services due to contracts ending. Contracts for community health services have grown organically over time while managed historically by the previous eight different clinical commissioning groups, which resulted in different levels of services in different areas, with sometimes different payment models. The re-procurement aims to:

- bring consistency to the contracts and procure based on local needs rather than historical services
- increase the stability of services from a financial and workforce perspective.
- create contracts that bring together services and are geographically based:
    - Adults: Four contracts to be let, one contract per health and care partnership area

- Children's: Two contracts to be let, one for Medway and Swale and the other for the rest of Kent.

See our website for a full list of children's community health services and adult community health services can be found here.

How will we deliver the change

The procurement will not immediately deliver our ambitions for community health services.

NHS Kent and Medway will procure predominantly on a like-for-like basis, so patients will see little immediate change, although the structure of the contracts will change as above.

Written into these contracts, however, will be the need for the new provider(s) to develop services to deliver improvements contained within our ambitions for these services.

We will engage stakeholders, patients and service users throughout this process and will be speaking to partners and providing many opportunities to get involved through as many channels as possible, surveys and events.

We are working to a timetable of invitation to tenders out in September 2024 with a contract award in January 2025 for full mobilisation by September 2025.

In advance of this, we are engaging with patients, staff working in the services and wider stakeholders to understand what they need from community health services in the future.

Communications and engagement approach

NHS Kent and Medway's Community Services Steering Group approved the approach to communicating and engaging on the project. This involves three phases:

Stage one: Design, March – July 2024

- Analyse current and existing patient experience information.
- Run two surveys, one for the public and one for patients on their current experiences and principles for improvement.
- Run five listening events across Kent and Medway (one in each HCP area and one online) focused on adult community services.
- Run two listening events (one for Medway and Swale and one for Kent) focused on children's services
- Commission community organisations to speak with specific communities.

Stage two: Building models of care, TBC

- Invite people who use services and those who work in them to workshops modelling a number of pathways.

Stage three: Testing the transformation, TBC

- Whole-system design workshops to test the models of transformation.

Reshaping our areas of transformation

When we first started to scope community health services, we were looking at 11 areas of improvement within adult community health services.

The work we have subsequently done has enabled us to cluster these areas; allowing people to more easily understand them and provide valuable feedback.

We will be looking at:

1 Better Use of Beds and Short-Term Services
- Intermediate Care
- Rehabilitation
- Single Point of Access – Out of Hospital Urgent Care

2.2.2 Thriving Community Hubs
- Community Out-Patients Appointments
- Diagnostics
- Elective Community Hubs
- Integrated Specialist Services

2.2.3 Ageing Well, End of Life and Frailty
- Ageing Well
- End of Life Care
- Frailty

Children's services, which will be covered by this review, include:

- children's therapies
- palliative or end of life care
- community nursing
- health services for special schools
- health services for looked after children.

Next steps

Providers, colleagues in health and care partnership teams, councils and quality have been contacted to collate all information they hold on people's experiences of community services and information gained from local engagement already carried out.

We are now promoting our surveys, commissioning community groups to speak to those less likely to be heard and arranging our stakeholder meetings to take place in July.

Community Services Review – Update w/c 08.07.24

Introduction

In order to ensure the long term delivery of community health services in an equitable and efficient manner for patients across Kent and Medway, the Community Services Review (CSR) was relaunched in February this year and has been progressing in line with the Programme Plan.

The work is overseen by the CSR Steering Committee chaired by Lee Martin, and involving SMEs from the ICB, KCC and Medway Council, supported by Mark Atkinson and team, as well as procurement and legal advisors.

The purpose of this report is to update HOSC on the key actions bring taken forward over the coming weeks ahead of the planned Invitation To Tender (ITT) launch on 09.09.24.

Update

Activity	Date	Comment
Contractual letters to relevant Providers requesting information: • Workforce (TUPE) • Finance • Activity • Estates	Issued 05.07 inc 20 days' notice – deadline: 02.08	Data received to be subject to checks ahead of inclusion in ITT
Public engagement (listening events) to be conducted – separate adults and children's sessions – in person and virtual	From 08.07 – 23.07 • Adults – 5 sessions (1 per HCP area + virtual) • Children's – 2 sessions (virtual)	Feedback from events and surveys (see below) to inform ITT docs
Public and staff surveys	Deadline 12.07	
FAQs	Available on K&M website	
Prior Information Notice (PIN) to advise of market engagement event	To be issued 15.07 further to exec approval	
HOSC / HASC (Medway Children's OSC) briefings	On-going reports and meetings with respective Chairs 17/07 HOSC meeting 24/07 Extraordinary HASC meeting	
Market engagement event to share/discuss draft service models/specifications, financial model and procurement approach inc timetable	07.08 1:30pm – plenary and 1:1 sessions (on request)	Agenda and planning sessions to be scheduled with leads

ITT docs finalised	w/c 12.08	Informed by public and market engagement feedback
Steering Committee ITT sign off	15.08	‘Page turner’ session to ensure accuracy
AGEM / Capsticks reviews	Completed by 30.08	Feedback to inform final ITT docs
EMT approval	04.09	Further to prior update reports
Launch ITT / ‘town hall’ event	09.09	In person event

Next Steps

The ICB will continue to provide regular update reports to the HOSC to ensure robust communication.

Close

Item: NHS Kent and Medway's drive towards a greener future

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 July 2024

Subject: NHS Kent and Medway's drive towards a greener future

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS Kent and Medway and SECAmb.

It provides background information which may prove useful to Members.

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1) Introduction

a) At the meeting on 7 December 2023, the Committee requested a paper about how local NHS bodies are reducing waste and becoming greener. Following the request, the Committee's Chair and Vice-Chair met the ICB's Deputy Director for Strategic Estates and Sustainability to consider how this could be taken forward.

b) The following outline was agreed:

   i) Setting out the NHS's drive towards sustainability.

   ii) What NHS Kent and Medway is doing in relation to procurement and sourcing of lower carbon intensive products and services.

   iii) A summary from the NHS Provider Trusts in Kent and Medway outlining their journeys towards Net Zero.

   iv) Summary information from local NHS Provider Trusts about what they are doing to reduce waste generated through their clinical activities.

   v) Information about the NHS's supply chain (an overview of how suppliers are chosen and how they are managed in terms of sustainability) and how Trusts use local suppliers wherever possible.

   vi) A summary of what the NHS in Kent and Medway is doing to help reduce patient travel (virtual appointments for example) to include confirmation that clinicians are appropriately trained to perform virtual appointments with patients.

c) As part of the discussion, it was agreed that representatives from South East Coast Ambulance Service (SECAmb) attend to set out their journey to Net Zero.

d) This item falls within HOSC's powers to review and scrutinise matters relating to the planning, provision and operation of health services in Kent.

2) Recommendation

a) RECOMMENDED that the Committee consider and note the report.

Background Documents

None.

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

NHS Kent and Medway's drive towards a greener future

1. Introduction

1.1. It is estimated that the activities of the NHS contribute to approximately 5% of the total UK's carbon emissions[i]: greater than the annual emissions created by flight departures from Heathrow airport. If healthcare were a country, it would be the 5th largest emitter of greenhouse gases on the planet. The NHS therefore has both a moral, social and legal obligation to address the impact of human-induced climate change by supporting the delivery of the 17 UN Sustainable Development Goals (SDGs).

1.2. The Health and Care Act 2022 places a legal duty on the health and care organisations to tackle climate change. In October 2020, the NHS published its 'Delivering a Net-Zero NHS' report, which set out a clear target of how it intends to reach net zero for its carbon emissions by 2040 and carbon footprint plus by 2045. The report is now statutory guidance and sets out the significance in scale and pace needed to achieve this ambition.

1.3. Two milestones were stipulated for all NHS organisations:

- Reach net zero by 2040 for the emissions we control directly (carbon footprint), with an ambition to reach an 80% reduction by 2028 to 2032; and
- Reach net zero by 2045 for the emissions we can influence (carbon footprint plus), with an ambition to reach an 80% reduction by 2036 to 2039.

2. Sustainability in Kent and Medway

2.1. In July 2022, NHS Kent and Medway published its first Green Plan and we set about developing a small team to begin our environmental sustainability journey. The recruitment of a dedicated programme lead has provided the impetus and exposure that this huge agenda requires across the system. Over the past 2-years, we have made significant and tangible progress.

2.2. NHS Kent and Medway has built a strong reputation at a regional and national level for being leaders and innovators, always striving to improve the health and wellbeing of our patients, staff and our planet. We have achieved this because we are passionate about the NHS, about making a positive difference for future generations and about protecting our vulnerable ecosystems.

2.3. Our team has received national recognition and awards across a broad range of sustainability topics including for Training and Development, Clean Air, Medicines Management, Staff Engagement and Behaviour Change, Standardised Carbon Emissions Calculating and reporting, and Research and Innovation.

- NHS Kent and Medway has recently been shortlisted for/won several **Sustainability Awards** relating to training, leadership and inhaler recycling with celebrated wins in the categories of 'Sustainability Hero', 'Finance' and 'Carbon Emission Calculating'.

- We are the first Integrated Care System in the country to take a system-wide approach to calculating and monitoring NHS carbon emissions.

- Re-Hale inhaler recycling project, a collaboration between NHS Kent and Medway and East Kent Hospital Foundation Trust was promoted at **The European Association of Hospital Pharmacists** in Bordeaux.

- The ICB Lead Medicines Optimisation Pharmacist received the Green Award at the **2024 NHSE South East Nursing and Midwifery Week** for their work on reducing emissions associated with inhalers.

- The Programme Lead hosted an on-line webinar in March 2024 to 34 sustainability leads from other Integrated Care Systems, providers and NHS England, leading to national interest in the Sustainability Board training. The training was recently delivered to Norfolk and Norwich Trust Board members who highly recommended it on national social media platforms.

- The **KM Greenredeem** sustainable workforce behaviour change platform has been promoted at a national level within the NHS and other Trusts are engaged in discussions about purchasing the platform. The Programme Lead is supporting the developers in creating content that is relevant to clinical practice, such as reducing waste, active travel, sustainable medicines, clinical pathways and avoiding single-use plastics.

- At the recent **Canterbury Christchurch University Nursing Conference** key note speakers raised awareness of sustainability research in healthcare and inspired students to consider future research projects focussing on sustainability.

2.4. Our successes have been achieved because we have strived to work more closely with our partners, as an Integrated Care System, committed to building strong and respectful relationships and working collaboratively to deliver positive change. We have identified several important motivational factors, other than climate change, that support the case for change: improved public health; efficiencies in the way we work; financial savings; forging stronger alliances with partners; and a profound sense of pride in our healthcare service, communities and natural habitat.

2.5. **Our vision is to work with our partners to ensure that sustainability is at the heart of everything we do, providing first class patient care in the most sustainably conscious way.** Not just by choosing greener but by using less, repurposing what we use, and avoiding waste. There are clear health and wellbeing benefits to reducing carbon emissions, improving air quality, and doing everything we can to manage the impacts of accelerated climate change. We are committed to continuing to work hard to minimise our environmental impact and promote sustainable practices across the system.

3. Progress so far

3.1. In the last two years, since the publication of our Green Plan in July 2022, the following achievements have been made:

Estates, Waste and Energy:

- £30m in Public Sector Decarbonisation Scheme (PSDS) funding received towards decarbonising our estates infrastructure.
- Secured over £1m of funding for LED lighting, reaching 76% coverage across 3 Trust sites.
- NHSE overseeing single contract for energy – all Kent and Medway Trusts are engaged.
- All plans for new estates developments include Environmental Impact Assessments. For new buildings, we insist on them meeting the BREEAM 'Excellent' standard as a minimum.
- Several of our NHS Trusts are taking part in a national food waste project.
- An adaptation strategy is under development in partnership with KCC, Medway Council, Primary Care, NHS Property Services and universities to ensure the estate and infrastructure is resilient to climate changes already being experienced in the region, such as extreme heat, flooding and drought. The approach is using the national Local Climate Adaptation Toolkit (LCAT): Local Climate Adaptation Tool (lcat.uk)
- One ICB office switched to sustainable energy provider, making significant financial savings, the remaining offices are following suite as contracts expire.
- Improved recycling facilities in all ICB offices and living walls have been installed at all offices. An indoor green space has been created at Gail House, Maidstone.

Medicines and Medical Equipment:

- On-going reduction in the prescribing of MDI inhalers across all four of the Kent and Medway Health and Care Partnerships (HCP's). 75 GP practice reviews now complete. 3,700 patients reviewed, 2,500 stopped salbutamol inhalers, an increase from 27% to 73% of patients using Dry Powder Inhalers (low carbon footprint) rather than Metered Dose Inhalers (high carbon footprint). 45% reduction in Ventolin prescribing has resulted in estimated carbon footprint savings of 730 tonnes of greenhouse gases (equivalent to 730 hot air balloons).
- £36,000 worth of community equipment (walking aids, etc) returned for reuse. East Kent Trust has avoided having to purchase new crutches since the project began.
- Re-Hale inhaler recycling pilot launched in September 2023. After the first six months the project has proven to be the most successful inhaler recycling scheme in the UK. 71 sites across East Kent signed up to receive used inhalers with more coming on-board. To date, over 20,000 used inhalers collected, left-over gases and medicine residues safely captured, and materials recycled. If 10% of all inhalers prescribed in East Kent are recycled it would reduce our greenhouse gas emissions by 19 tonnes (equivalent to 19 hot air balloons).

- Consultant-led audit of Nitrous Oxide (NO^2) waste carried out at all Acute Trust sites and recommendations made to decommission manifolds, repair damaged pipes, removing access to NO^2 in some clinical areas and switching off demand valves when not in use. NO^2 is 300 times more potent than carbon dioxide in causing global warming and remains in the atmosphere for 121 years.

Research and Innovation:

- Research is being undertaken and promoted through the Kent and Medway Sustainability in Healthcare and Research Network (KMSHARe) with several bids for funding submitted in collaboration with local NHS, research organisations and universities. The outcome of a system-wide bid for £5m over 6-years to host a research hub for exploring the health impacts of healthy diets is impending.

- Implemented an innovative and new approach to carbon emissions reporting and monitoring, using a system-wide approach across all ICS NHS Partners.

- Implemented a pilot of hemp fabric surgical caps across 4 local Trusts. This is the first-time hemp fabric has been used as an alternative to disposable and cotton fabric in the UK healthcare system and delivers financial savings over the lifetime of the re-usable caps. Several Trusts from other parts of the country have expressed an interest in purchasing the hemp caps and the project has been promoted by NHSE colleagues at a national level.

- Kent and Medway Pathology team have been successful in securing SBRI funding to pilot the use of drone technology to reduce transport emissions, reduce costs and improve patient care in the diagnostic pathway.

- Maidstone and Tunbridge Wells Trust has carried out an assessment of expired medicines and equipment and estimated up to £0.5m can be saved through smarter ordering processes and avoiding stock-piling.

Primary Care:

- Roll out of the Green Impact for Healthcare Toolkit across Primary Care and roadmap to net zero. One practice has achieved the Gold Standard Award which means they have implemented significant steps to reduce their carbon emissions and impact on the environment which also delivers better patient and staff experience.

- ‘Gloves Off’ Campaign raising awareness of the appropriate use of disposable gloves and Infection Prevention and Control support for when glove use is not necessary.

- Sustainability training has been delivered to GP Registrars at Maidstone Post-Graduate Centre.

Travel and Transport:

- Promoting public resources for active travel working in partnership with KCC and Medway Council.

- National NHSE lead for green travel and transport appointed to develop the Kent and Medway Travel and Transport Delivery Group in the short-term to fill the gap

of a local lead until an appropriate representative from local authority can be agreed.

- A multi-agency Sustainable Travel and Transport Workshop taking place on 8th July 2024, bringing together LA, Public Health, NHS and public transport providers to identify challenges and opportunities for reducing emissions across Kent and Medway.

Supply Chain:

- A roadmap to sustainable procurement has been implemented by NHSE Green Team resulting in a mandatory requirement for all NHS contracts to have either a Carbon Reduction Plan or a Commitment to Net Zero. All ICB procurement processes include a 10% Social Value weighting and bidder responses are assessed by the Programme Lead.
- Addressing modern slavery in the NHS supply chain is a top priority for the NHS South East Regional Sustainable Procurement Group following a recently published government report which highlighted suppliers at high-risk of child exploitation, forced labour, physical and mental harm and workforce inequalities, particularly in Pakistan and Malaysia.

Training and Development:

- Kent and Medway Medical School training on Sustainability in Healthcare launched.
- Sustainability education delivered to all Primary Care training hubs involving over 600 members of the workforce and a stakeholder workshop identified key primary care priorities and membership for a delivery group.
- Board-level sustainability training delivered to 13 members of the ICB Board resulting a significant change in mindset at the most senior level of the organisation leading to system prioritisation of the Green Plan and additional resources in the form of Executive Director leadership of the delivery groups. This Board training is now being taken up on a national level.
- Our Programme Lead has completed the NHS Leadership Academy training on Leadership in Sustainability within healthcare systems. This also provided the opportunity to build networks with colleagues across the country and share good practice.
- Two members of the ICB's Quality team have completed Centre for Sustainable Healthcare SusQI training which strives to deliver the best possible health outcomes with minimum financial and environmental costs, while adding positive social value at every opportunity.

Staff Engagement:

- In January 2023, the ICB launched mandatory staff training on ESR for 'Delivering a Net Zero NHS' and set a compliance target of 80% which we have achieved.
- Green Ambassadors Network established with over 50 ICB members from a broad range of departments and bandings. The Network meets quarterly, and members are getting involved in various projects such as green spaces, business intelligence, inhaler switch/recycling, promoting awareness days. A group of

Green Ambassadors walked the equivalent of a marathon on 20th June (Clean Air Day) to raise awareness and funds for Asthma and Lung UK and Kent Wildlife Trust. The group raised almost £3,000 for these two charities.

- A digital platform has been trialled for 12-months to engage the ICB workforce in sustained behaviour change. KMGreenredeem uses gamification and nudge theory to engage staff and encourage support for the ambitions of the Green Plan by providing bite-sized information in formats such as videos, quizzes and pledges. Monthly campaigns focus on topic specific issues with content updated each week. Activities are incentivised by a points system which allows subscribers to donate to charity, win prizes, save money on sustainable shopping or achieve the coveted spot at the top of the leader's board. There are nearly 200 staff subscribed, almost 3,000 actions have been taken which have saved 2,500 KG of carbon emissions (1KG of carbon is equivalent to the size of a football).

- Promotion of organisational approach for delivering sustainable and ethical events and team meetings including sourcing free venues; providing healthy lunch option; reducing waste; voluntary donations to local food banks; utilising digital technology; minimising travel; access to public transport; and avoiding single-use plastics.

4. NHS Kent and Medway's plans moving forward

4.1. We are the first Integrated Care System in the country to take a system-wide approach to calculating and monitoring NHS carbon emissions. Using a methodology developed in partnership between NHS Kent and Medway and Kent Community Healthcare Foundation Trust, we now have a standardised calculation of carbon emissions across six of our major NHS Trusts and the ICB. This methodology received national recognition and was highly commended at the 2023 Academic Health Science Network Awards. Many other NHS organisations are now looking our way for examples of good practice in achieving sustainable healthcare.

4.2. Kent and Medway's NHS Trusts' Sustainability Leads and NHS England South East Regional Green Team analysed the outputs of the carbon emissions footprint reports with the aim of identifying a small number of high-impact priority areas. The group concluded that around 80% of the NHS's current carbon emissions in Kent and Medway can be attributed to the following 4 areas:

- **Energy** (71% of reported carbon footprint emissions) - in particular, energy relating to estates and infrastructure (electricity, fossil fuels). Delivering a net zero health service will require work to ensure new hospitals and buildings are net zero compatible. For the existing estate a wide range of interventions including air conditioning and cooling, insultation, building fabric, LED lighting, space and water heating and ventilation could all be rolled out to further reduce carbon emissions, but these require significant investment to achieve. Our NHS Trusts have secured over £30m of national funding to help decarbonise their estate and we are making great progress with switching to LED lighting and utilising solar energy.

- **Medicines** (12.5% of reported carbon footprint emissions) – including medical equipment, medical devices and waste. Medicines account for 25% of total NHS carbon emissions when primary care is considered. A small number of medicines account for a substantial proportion of these emissions, particularly

anaesthetic gases and nitrous oxide which account for around 2% of NHS emissions, and inhalers which account for around 3%. Significant progress is being made in identifying and targeting waste and reducing carbon emissions through medicines management.

- **Waste** (10% of reported carbon footprint emissions) - attributed to clinical, hazardous, general landfill, recycling and re-use. The NHS currently produces an estimated 156,000 tonnes of clinical waste every year just from secondary care; equivalent to 100,000 tonnes of CO2e (it is helpful to note that 1 tonne of CO2e is equivalent to 1 hot air balloon). The South East NHS Total Waste Management (TWM) Consortium has recently undertaken a procurement on behalf of the Trust for the provision of sustainable healthcare waste management and minimisation services. The procurement process was conducted by East Kent Hospitals University NHS Foundation Trust (EKHUFT) on behalf of the Consortium. The new contract will have the following benefits;

    - Expected efficiency savings over the contract over the years.
    - Zero waste to landfill assisting the NHS to reduce its environmental impacts.
    - Partnership working and sharing of best practice between organisations and
    - contractor.
    - Net Zero commitments at the heart of the contract

- **Travel and Transport** (6% of reported carbon footprint emissions) – includes business travel, staff commuting, NHS fleet and leased vehicles, freight transport and accommodation. The NHS has the second largest fleet in the country and contributes 10 billion miles per year to road travel and 560,000 tonnes of CO2e from business travel and staff commuting alone. Currently, the NHS has very little influence over the infrastructure for travel and transport but there are valuable opportunities for system partners to work more closely together on areas such as EV charging, active travel, air pollution and access to public transport.

4.3. The standardised carbon emission reporting tool has helped us identify the key areas that we need to focus on as a system to reduce our carbon emissions. Each of the NHS Trusts' existing green plans align with these four emissions categories and each Trust is working to deliver carbon reductions for these areas.

4.4. This set of shared priorities will help us to maximise our combined efforts and focus on the areas that have the greatest impact. We have established a process for gathering robust data, enabling us to monitor carbon reductions and track our progress, providing us with a sound foundation on which to build our ambitions towards reaching net zero. All Trusts and the ICB have a carbon footprint report which identifies baseline emissions, and they report progress against a set trajectory on a quarterly basis to the ICS Environmental Sustainability Steering Group.

<u>Primary Care</u>

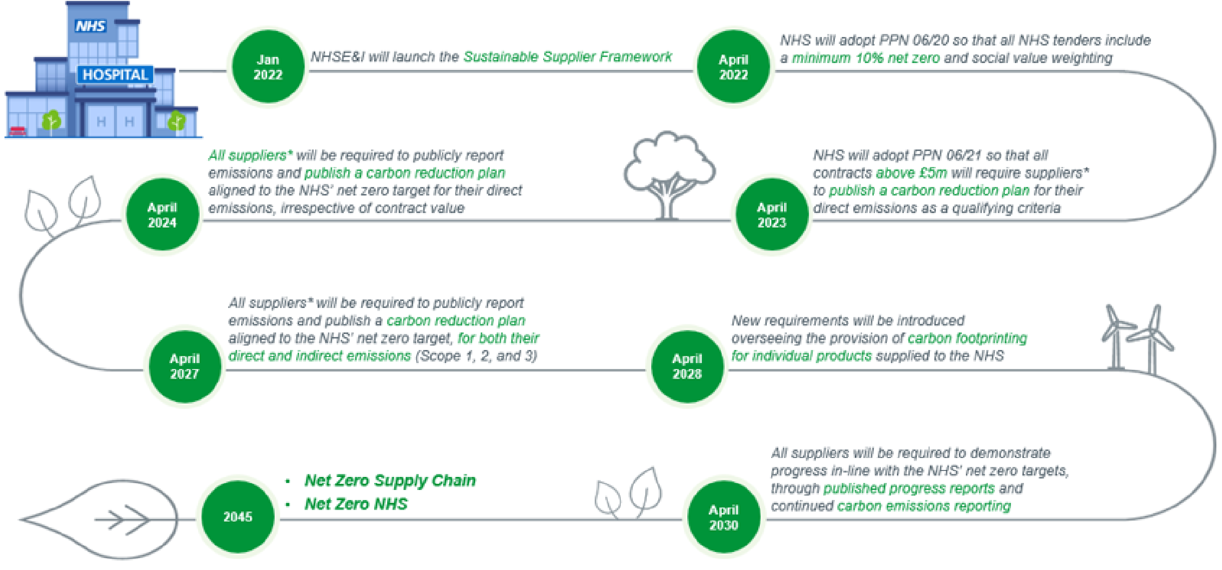
4.5. Primary Care contributes 25% of total NHS emissions (5 million tonnes a year) and pharmaceuticals including GP prescriptions equating to over 3.5 million tonnes a year.

Work is underway by the ICB to coordinate and facilitate collaborative working with Health Care Providers (HCP) and Primary Care Networks (PCN) on the NHS net zero ambitions as well as identifying individual practices where pockets of excellence in innovation and behaviour change are taking place with a view to building an evidence base of what works and opportunities to up-scale. All general practices are being encouraged to sign up to the free on-line Green Impact for Healthcare Toolkit which identifies actions that can help reduce emissions and awards a scale of accreditation as practices implement the changes. We have one practice in Kent which has already achieved a Gold Standard and we intend to support many more over the coming months.

4.6. NHS Kent and Medway has recently secured a Sustainability Clinical Fellow for a 12-month period, starting in September 2024, through national funding. The Clinical Fellow will lead on the Kent and Medway roll out of the Green Impact for Healthcare Toolkit across Primary Care, supporting GP Practices towards their net zero targets.

5. What is NHS Kent and Medway doing in relation to procurement and sourcing of lower carbon intensive products and services?

5.1. NHS England has stipulated a roadmap to sustainable procurement by 2045, which all Trusts across NHS Kent and Medway are working towards.



5.2. NHS Trust procurement teams are working together, led by the ICB Chief Finance Officer, to purchase goods and services that deliver value for money whilst having minimal environmental impact throughout their lifecycle, including promoting a circular economy on products that can be re-used and re-purposed. This approach considers the triple bottom line as applied to healthcare to improve sustainability and social value:

$$\text{Value} = \frac{\text{Outcomes for patients and populations}}{\text{Environmental + social + financial impacts (the 'triple bottom line')}}$$

5.3. All plastic cutlery, take-away packaging, straws and polystyrene cups have already been removed from the supply chain following a national ban.

5.4. Maidstone and Tonbridge Wells NHS Trust are using NHS England's product opportunity dashboard / Futures-NHS buying guides to implement more sustainable product switches. Procurement colleagues are working with the Strategy Team to build sustainability and social value into business cases and creating an environmental and sustainability impact assessment.

6. NHS supply chain

6.1. The NHS operates a complex and extensive supply chain to ensure that healthcare services are delivered effectively and efficiently. The supply chain management within the NHS involves a multi-faceted approach that includes supplier selection, procurement processes, sustainability considerations, and an emphasis on utilising local suppliers wherever possible.

6.2. The NHS often uses framework agreements, which are pre-negotiated contracts with suppliers that provide a range of goods and services. Suppliers are chosen through competitive tendering processes, ensuring compliance with public procurement regulations. These processes emphasise quality, cost-effectiveness, and reliability.

6.3. NHS organisations use electronic procurement systems to streamline the purchasing process, reduce administrative costs, and improve transparency. These systems enable Trusts to place orders, track deliveries, and manage inventories efficiently.

6.4. All suppliers are required to demonstrate their sustainability credentials, to demonstrate what they are doing to reduce carbon footprints, using eco-friendly materials, and minimising waste. Trusts collaborate with suppliers to develop innovative solutions that enhance sustainability, such as energy-efficient medical devices and recyclable packaging.

6.5. NHS Trusts are encouraged to use local suppliers wherever possible to support local economies and reduce the environmental impact associated with long-distance transportation. Local procurement policies focus on sourcing goods and services from within the region, provided they meet the required standards and are cost-effective. Local examples include setting up local, weekly fruit and vegetable stalls at Maidstone and Tonbridge Wells NHS Trust's sites, sourcing of locally sourced food for the restaurants and using local construction companies to deliver major capital developments projects such as the Community Diagnostic Centre programme.

6.6. In East Kent, East Kent Hospitals University NHS Foundation Trust, together with their delivery partner 2gether Support Solutions, are actively exploring how to best support local suppliers within the context of national legislation. As appropriate, this support is projected to include promoting contract opportunities through local sources and facilitating the upskilling of suppliers around NHS procurement and administration processes.

7. Summary information from our NHS Provider Trusts about what they are doing to reduce waste generated through their clinical activities.

	Examples of what Trusts are doing to reduce clinical waste
MTW	Clinical Waste Project: avoiding over-ordering and enhancing circular economy. Reducing single-use plastic cups. Rationing/removing items from surgical packs.
KMPT	Optimised segregation of waste. Reducing waste volume by 5% per year. Moving towards circular economy. Avoiding buying new. Monitoring stock management. Streamlining product lines. Regular waste audits.
EKHUFT	New waste management contract commences in 2024. Waste care group sharing best-practice and identifying opportunities for waste reduction and cost-efficiencies.
MFT	Regular stock management audits. Streamlining product lines Reducing waste and improving recycling
KM Wide	All acute providers trialling re-usable surgical caps made from hemp fabric - this is an NHS first. 'Re-Hale' inhaler recycling project launched in East Kent and looking to roll-out across Kent and Medway. Community Equipment Recycling Project in East Kent to be rolled out across Kent and Medway. National ‘Gloves Off’ campaign being promoted across primary care and providers.

8. What the NHS in Kent and Medway is doing to help reduce patient travel through the use of virtual appointments?

8.1. Face-to-face clinical appointments will always be a vital part of providing quality clinical care, and there will be a clinical need and personal patient choice to consider alongside the need to reduce physical appointments. However, as part of its strategy to help fulfil the NHS Long Term Plan commitment to reducing physical face-to-face appointments, NHS Kent and Medway has adopted video to deliver some outpatient consultations. Video consultations enable patients to remain at home or at work for their consultation. They also facilitate remote working for clinicians.

8.2. Video or telephone consultations minimise physical attendances, protecting patients, staff and the community, and as such were particularly important during the Coronavirus (COVID-19) pandemic. They also allow clinicians who needed to self-isolate or to shield as a result of COVID-19, to safely continue with their patients' appointments, avoiding the need to cancel these appointments.

8.3. These remote or virtual consultations also reduce the cost of attending hospital appointments for patients and their carers / families, including the cost of travel, car parking, childcare and time off work. They also improve patient satisfaction and convenience, increase remote working for clinicians, and reduce carbon emissions from travelling to appointments.

Primary Care

8.4. During 2023/24, 32% of GP appointments were offered virtually.

8.5. NHS Kent and Medway have been running Remote Consultation and Triage Training for 2-years. This is complimented by a series of safer consulting webinars on a variety of subjects.

Secondary Care

8.6. Since April 2022, there has been a national target that 25% of outpatient appointments are virtual. This includes consultant led, nurse led and allied health profession led (physiotherapists for example).

8.7. Virtual appointments can be done via the telephone to discuss simple test results or via full video conferencing, and all appointments and outcomes are done through the Trusts' PAS system; an example of this would be virtual fracture clinic.

8.8. Each provider is responsible for ensuring full training is given on their virtual consultation equipment.

8.9. The table below provides information about Kent & Medway's performance against the national virtual outpatient target. This shows that performance is consistently above the target.

	2324 – 01	2324 - 02	2324 - 03	2324 - 04	2324 - 05	2324 - 06	2324 - 07	2324 - 08	2324 - 09	2324 - 10	2324 - 11	2324 - 12
Total Virtual Attendances	48,111	49,445	49,751	54,144	52,239	56,732	55,106	48,091	47,168	57,063	52,554	51,208
Target (25% of all OP)	40,640	47,304	49,977	47,608	47,069	46,732	48,003	52,575	41,970	52,708	48,628	49,759
Total Outpatient	162,561	189,217	199,906	190,433	188,275	186,929	192,013	210,299	167,881	210,830	194,511	194,323
Virtual Target Plan (25% of planned OP)*	38,868	43,863	41,953	44,264	44,622	43,702	45,596	46,219	40,007	45,557	43,506	44,246
Outpatient Plan	155,470	175,451	167,812	177,054	178,489	174,806	182,382	184,874	160,028	182,228	174,023	176,982
Performance	29.6%	26.1%	24.9%	28.4%	27.7%	30.3%	28.7%	22.9%	28.1%	27.1%	27.0%	26.4%

9. Adaptation

9.1. Climate change adaptation is necessary to address resource shortages and extreme weather events, which could compromise the NHS's ability to deliver care in the future, compounding the negative impacts of climate change on public health.

9.2. The Kent and Medway Resilience Forum produces a Community Risk Register that has assessed the risk of extreme weather events to Kent and Medway as very high (coastal flooding), high (flooding) and medium (heatwave and drought). As temperatures increase the likelihood of extreme weather events affecting the county increases.

9.3. Current and future assets - schools, care homes, healthcare facilities, highways, and community buildings among others - must be made resilient so that they can continue to perform as our climate changes without jeopardising service demand and delivery. So too must the range of services that KCC provides, especially those for the most vulnerable and disadvantaged sectors of society who will be disproportionately affected by the impacts of climate change. Our work with partners also needs to

embrace this adaption challenge, and where KCC works in partnership with others (for example to promote environmental improvements, economic development and the health and wellbeing of Kent's residents and communities), there is an opportunity to encourage climate adaptation more widely across the county.

9.4. The NHS programme of work relating to emergency preparedness, resilience and response (EPRR) plays a crucial role in planning and responding to the increasing impacts of climate change by risk assessing, resilience building, adapting infrastructure and systems; and responding to incidents. EPRR involves collaboration with local authorities, emergency services, and other stakeholders to develop integrated response plans. This ensures a coordinated approach to managing climate-related risks and enhances community resilience. EPRR frameworks incorporate public health strategies to mitigate the effects of climate change. This includes preparing for increases in climate-sensitive health issues such as extreme weather-related illnesses, respiratory conditions, and vector-borne diseases. Recent local examples include responding to the water outages over the past 18 months, increasing incidents of heatwaves affecting vulnerable people, and supporting response to localised flooding.

9.5. A system-wide approach to adaptation is critical for building climate resilience across the county whilst ensuring that adaptation measures are agreed beyond sector-owned assets and support initiatives which involve communities in planning and implementing. Collaboration on adaptation must be a dynamic and ongoing process that requires the continuous engagement of all stakeholders, innovative thinking, and a commitment to sustainable development principles. Leaders across Kent and Medway Health and Care must articulate a clear and compelling vision for a resilient future. Only by integrating strategic planning, inclusive governance, resource mobilisation, capacity building, and adaptive management, system leaders can effectively guide adaptation efforts at scale that protect communities and ecosystems, ensuring a sustainable future for all.

10. Summary

10.1. The Kent and Medway Greener NHS Programme has made lots of celebrated achievements over the past year, but there is still so much more to do to reach our net zero targets and ensure we make sustained improvements in cost-savings, patient pathways and outcomes, public health and the wellbeing of our workforce. What has been achieved so far has only been possible through the sheer determination and perseverance of everyone involved, often as an addition to the day job and without additional funding. The workforce has demonstrated an unwavering and passionate commitment to reducing the impact of healthcare services on the environment and reversing the effects of climate change. However, only limited impact can be achieved with current resources and capacity, particularly in the area of estates and medicines, which generate the greatest proportion of carbon emissions.

10.2. There are only four years remaining before we need to have met the net zero target for emissions we directly control. Achieving this target will require closer system-wide collaboration across all partners within the Kent and Medway health and care system and a significantly greater investment in our estate to ensure it is not only sustainable but also fit-for-future purpose.

10.3. Sustainability and climate-adaptation (meaning to adjust to the changes already taking place) are key to NHS Kent and Medway being able to commission world-class healthcare, both now and in the future. NHS Kent and Medway is committed to ensuring it creates and embeds sustainable models of care and delivery throughout the services it commissions and ensuring its own operations and estate are working towards local, national and global ambitions to address the greatest challenge of the 21st Century.

Mike Gilbert
Executive Lead for
Estate and Sustainability

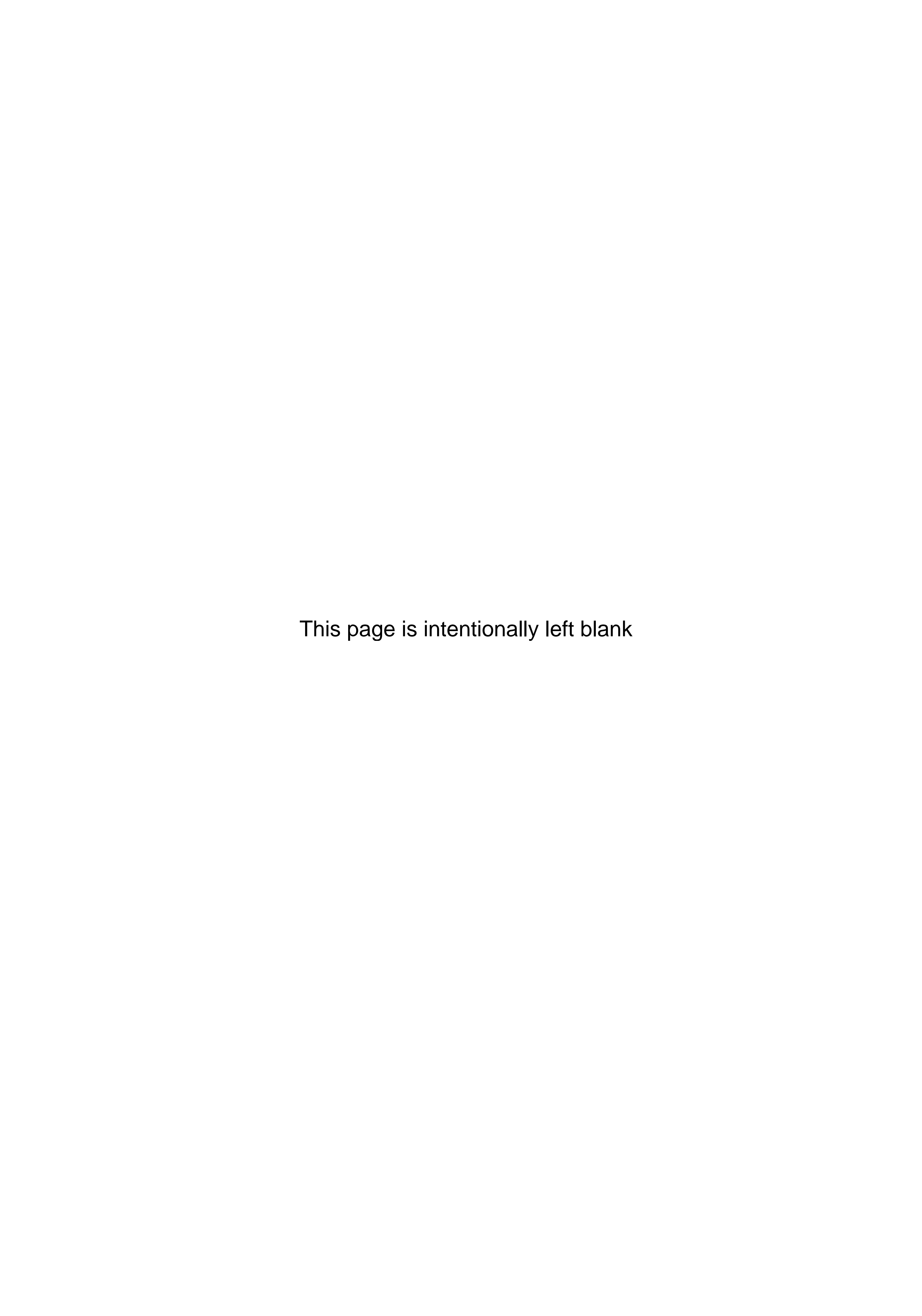
Simon Brooks-Sykes
Deputy Director for Strategic
Estate and Sustainability

Alison Watson
Greener NHS lead

NHS Kent and Medway

July 2024

[i] Health care's response to climate change: a carbon footprint assessment of the NHS in England (2021). https://doi.org/10.1016/S2542-5196(20)30271-0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Greener NHS Programme – Trust Green Plan Progress Report

(completed by Trust Green Plan Lead and submitted to ICS Environmental and Sustainability Steering Group)

Trust: South East Coast Ambulance Service NHS Foundation Trust
Reporting period: From January 24 to June 24

Priority Actions	Summary of Progress made	Lead
The introduction/trial of an electric Double Crewed Ambulance (E-DCA)	The Trust is working to establish the funding route for a E-DCA We will then create a Capital Business Improvement case which will hopefully be approved We can then place the order and look at establishing a Project team	SECAmb Fleet
The introduction of 3 E-Vito's as additional Paramedic Practitioner vehicles on the operational rota	This is and NHSE led and funded Zero Emissions Electric Vehicle Pathfinder evaluation process and both the ZEEV and SECAmb will be monitoring not only the data from these vehicles but also the thoughts of the teams who use them and how this may change during the 6 month life of the project (although we will continue to utilise the vehicles after the project) The 3 vehicles are with the Trust having all Pre delivery installation and checks completed. We are planning on releasing them to the Operational Team end of week 01/07	SECAmb Fleet
The removal of single use cups in SECAmb	The plan have now been endorsed for the removal of single use cups This deliverable should be completed by end of Q2 24/25	SECAmb Sustainability Team
The introduction of a Track and Trace system for Entonox	A business case has been submitted and approved by the board With a provisional plan to progress the project in July 24	SECAmb Medicines Team

Priority Actions	Summary of Progress made	Lead
Amending the Lease car policy, mandating the choice of Hybrid/electric vehicles and monitoring the Lease car profile	The lease car policy is under review We currently have 144 Lease/Hire cars of which 77% are Hybrid/EV	SECAmb Fleet
Reviewing the vehicles in the Support Services Fleet, producing a plan and progressing to reduce the total numbers and increase the proportion of Hybrid/Electric vehicles	We currently have 143 vehicles in the 'Grey Fleet' which includes Fleet, IT, Logistics, MR Managers, Estates, Welfare, Training on the Fleet data system (Key2) of which 5% are Hybrid	SECAmb Fleet
The potential reduction of CO^2 Emissions due to the intended target of increasing Hear and Treat from 11% to 16+%pa	The data provided evidence that from May 23 to March 24 due to the implementation of measures within the Department there has been a monthly average carbon saving of 179tCO^2e and the projected figure, if we reach 20% H&T(with a predicted growth of 15%) this figure will rise	SECAmb Integrated Care

Item: South East Coast Ambulance Service – provider update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 July 2024

Subject: South East Coast Ambulance Service – provider update

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by South East Coast Ambulance Service.

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1) **Introduction**

a) The Committee has requested an update from the South East Coast Ambulance Service (SECAmb) around performance. The Trust provides 999 and 111 services to residents in Kent, Surrey and Sussex. The last provider update was in July 2022, during which there was a discussion around call abandonment rates, high demand for category 2 and 3 calls, handover delays and staff wellbeing linked to the use of overtime. An interim CEO had been appointed following the resignation of the predecessor.

b) The latest CQC inspection report in October 2022 rated the overall Trust as "requires improvement". The Trust was rated as follows:

   i) Safe – requires improvement
   ii) Effective - requires improvement
   iii) Caring – Good
   iv) Responsive – Requires improvement
   v) Well-led – Inadequate

c) The Trust has been invited to provide an update at today's meeting.

2) Recommendation

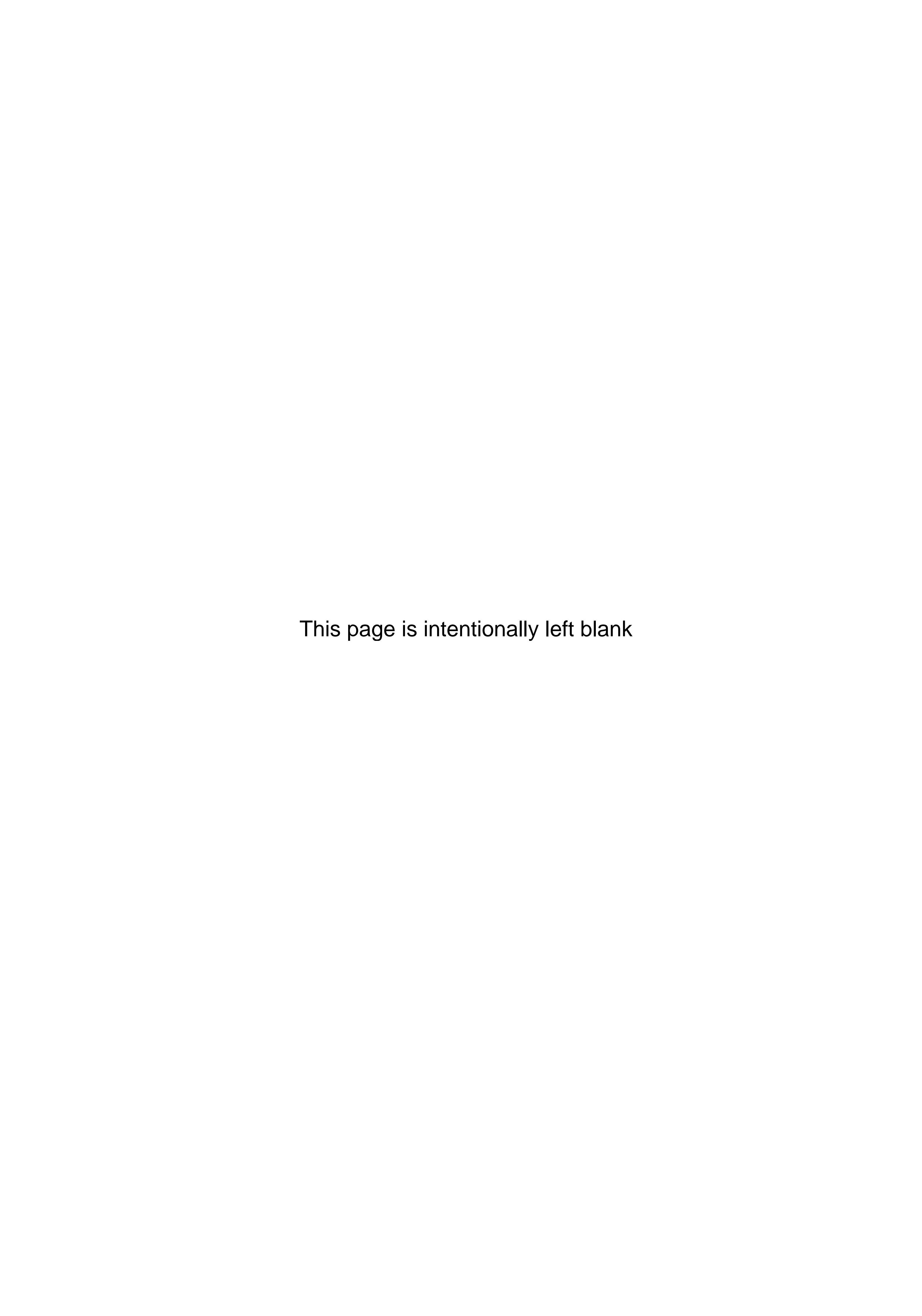
a) RECOMMENDED that the Committee consider and note the update.

Background Documents

None.

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

6 JUNE 2024

SOUTH EAST COAST AMBULANCE SERVICE NHS FT UPDATE

Report from: Matt Webb, Associate Director, Strategy & Partnerships (SECAmb)

Author: Daryl Devlia, Strategic Partnerships Manager (SECAmb)

Executive Summary

In 2023 and into 2024, the Trust has prioritised improving operational performance, meeting NHS England (NHSE) Recovery Support Programme goals, and developing a new Trust strategy. Improving response times has been a key focus, and while some of these times still fall short of national targets, the Trust has performed better than many peers, achieving notable successes.

Looking ahead to 2024/25, the Trust will concentrate on implementing its new strategy, developing a new clinical delivery model, and continuing to enhance service quality, response times, and patient outcomes.

1. Performance 999 & 111

1.1. Ambulance services faced significant challenges throughout 2023 and into 2024, with the Trust often operating at its highest levels of escalation (Surge Management Plan [SMP] and Resource Escalatory Action Plan [REAP]), mirroring national trends.

1.2. **Response Times**

1.2.1. Category 2 (C2) Performance

1.2.1.1. The Trust achieved a mean response time under 30 minutes, outperforming several peers (Appendix A).

1.2.2. Categories 1, 3, and 4

1.2.2.1. Although these categories did not meet national targets, response times improved over the past six months and were frequently within NHS England's mean times when benchmarked against other services (Appendix B).

1.3. **Factors Improving Response Times**

1.3.1. Whole Time Equivalent (WTE) frontline staffing has been increased, providing more hours (Appendix C).

1.3.2. There have been focused efforts on managing abstractions, specifically sickness and training schedules.

1.3.3. Adhering to NHS England's protocol for Category 3 and 4 incidents to be placed into a clinical queue for validation by a senior clinician has resulted in increased Hear and Treat (H&T) rates from below 10% to 14% over six months (Appendix D).

1.3.4. Collaboration with acute hospital partners has improved ambulance handover and turnaround processes.

1.4. **Emergency Call Answering**

1.4.1. Call answer times significantly improved from 47 seconds in September 2023 to 10 seconds in January 2024 (against a target of 5 seconds) due to focused

recruitment and retention, along with the new combined Emergency Operations Centre in Gillingham (Appendix E).

1.4.2. Difficulties in maintaining workforce levels have been observed at the Trust's 'West' Emergency Operations Centre in Crawley due to local employment competition.

1.5. **111 Service Performance**

1.5.1. There have been challenges in call answering and abandonment rates, however, positive performance in ambulance disposition validation and direct referrals.

1.5.2. Despite a consistent call volume from June to November 2023 and a seasonal uplift in December, the service fell short of the 95% target for calls answered within 60 seconds, partly due to a 20% gap in Health Advisor WTEs (Appendix F).

1.5.3. High levels of clinical contact, reduction in ambulance dispositions, and high Direct Access Booking rates have consistently exceeded NHS England's national averages, with the service recognised as having the lowest number of ED referrals and highest ambulance validation percentage (Appendix G).

2. Handover

2.1. Engagement with Acute Trust Partners

2.1.1. The Trust continues to work with acute Trust partners across Kent to manage ambulance handover delays and improve crew turnaround times. Strategic engagement with the Integrated Care Board (ICB) aims to enhance patient flow through hospitals and into community services. Overall, hours lost due to handovers have significantly decreased compared to 2022 (Appendix H).

3. Urgent and Emergency Care – Unscheduled Care Hubs

3.1. New Models of Working

3.1.1. The Trust has been piloting multidisciplinary Integrated Unscheduled Care hubs in Kent, supported by ambulance Advanced Paramedic Practitioners and clinicians from Urgent Community Response (UCR), virtual wards, and acute hospital Trusts.

3.2. Pilot Hubs

3.2.1. East Kent (Ashford) Hub: This 'pre-dispatch' model focuses on 999 calls coming into the Trust with real-time assessment and coordinated clinical responses.

3.2.2. West Kent (Maidstone) Hub: This 'post-dispatch' model contacts ambulance crews at the patient's side to provide a coordinated clinical response and identify appropriate referral pathways if ED transport is not necessary.

3.2.3. Medway (Gillingham) Hub: A planned 3-month trial over Quarter 2 of 2024, based on the West Kent 'post-dispatch' model. An agreed post-trial evaluation is currently in progress.

3.3. Early Results

3.3.1. All pilots show early evidence of reduced conveyance to emergency departments (Appendix I), improved patient outcomes, and enhanced collaboration among health providers.

3.4. Evaluation and Expansion

3.4.1. A working group of Subject Matter Experts (SMEs) is reviewing the success and sustainability of the hubs, ensuring alignment with the Trust's strategic direction and the ICB's Joint Forward Plan. Discussions are underway with the ICB and partner

providers to develop 3 hubs covering East Kent, West Kent and North Kent and Medway.

4. Community Provider Access to Category 3 & 4 Incidents

4.1. Daily Touchpoint Calls

4.1.1. The Trust, in collaboration with commissioners, NHS England, and community partner providers, established daily ‘touchpoint’ calls in 2023. These calls allowed community providers to view the Trust’s clinical stack of category 3 and 4 incidents and discuss potential direct referrals to Urgent Community Response teams or Virtual Wards. While successful, the 30-minute window limited the approach’s full potential.

4.2. Portal Access Initiative

4.2.1. Building on the success of the touchpoint calls, the Trust recently launched a portal access initiative. This allows community trusts to directly access the clinical stack of category 3 and 4 incidents through a secure web browser, enabling the Urgent Community Response team to view and self-refer incidents throughout their operational hours.

4.3. Expansion and Impact

4.3.1. Sussex was the first ICs to go live with portal access, followed by Kent, Surrey, and Northeast Hampshire.

4.3.2. Kent community providers have had more limited engagement with the portal access programme due to prioritising the hub workstreams, which has enhanced working relationships, and optimised pathways utilisation with community service providers through co-location.

5. Improvement Journey (NHSE Recovery Support Programme)

5.1. Programme Overview

5.1.1. The Trust’s Improvement Journey Programme began in 2022 following Care Quality Commission reports published in July and October. This programme continues to guide the Trust in delivering exceptional patient care through strategic initiatives and concerted efforts.

5.2. Key Improvements

5.2.1. Significant improvements have been made across key areas of the organisation:

5.2.1.1. Enhanced Quality and Responsiveness

5.2.1.2. Supportive Culture

5.2.1.3. Sustainable Partnerships

5.3. Strategic Pillars

5.3.1. Quality Improvement

5.3.1.1. QI has been widely applied across existing practices and new pilots. Through 2023/24.

5.3.1.2. Initiatives include future-proofing medicines management, responding to patient feedback, and robust risk identification to foster a proactive response culture and continuous improvement.

5.3.2. Responsive Care

5.3.2.1. Patient safety remains paramount throughout the Trust.

5.3.2.2. Operational Efficiency: Optimised on-scene time, expanded remote response capabilities, and improved dispatch processes and resource allocation to enhance responsiveness has strengthened the trust and reliability of our services.

5.3.3. People and Culture

5.3.3.1. The Culture Transformation programme continues to promote a culture of openness, transparency, and accountability.

5.3.3.2. Comprehensive leadership development training and empowerment of leaders is fostering improved trust and respect.

5.3.3.3. A focus on wellbeing and professional development, zero tolerance for poor behaviours, and encouraging staff to voice concerns ensures a supportive working environment.

5.3.3.4. There has been significant progress in the Trust's speak-up culture, strengthened by the Freedom to Speak Up (FTSU) framework and enhanced training.

5.3.3.5. Improvements within the NHS Staff Survey 2023 were noted in person-centred care (+8%), motivation (+5%), and willingness to speak up about concerns (+8%) (Appendix J).

5.3.4. Sustainability and Partnerships

5.3.4.1. Prioritising frontline care and reducing carbon footprint is being achieved through resource optimisation:

5.3.4.2. The Trust remains committed to patient-centric pathways and collaborative partnerships, working with ICS partners.

5.3.4.3. A new Five-Year Plan outlines a trajectory toward delivering sustainable, high-quality care, ensuring a clear future direction.

6. Strategy Development Programme

6.1. Overview

6.1.1. In early 2023, the Trust embarked on developing a long-term strategy aimed at delivering high-quality, equitable, and efficient care within a sustainable financial framework. This strategy also prioritises enhancing the experience of our people, supporting our partners, and committing to environmental stewardship.

6.2. Guiding Principles

6.2.1. Clinical Leadership and Patient-Centred Approach: The strategy has been co-designed with our patients, people, and partners, and grounded in evidence and practical implementation.

6.3. Strategy Programme Phases

6.3.1. Phase 1: Diagnose & Forecast

6.3.1.1. The Trust has worked to understand the current environment, challenges, and stakeholder perspectives, anticipating future needs to build a compelling case for change.

6.3.2. Phase 2: Generate Options & Prioritise

6.3.2.1. In Q3 (2023/24), strategic options were formulated and evaluated, with the Trust Board selecting the preferred strategic direction based on robust evaluation criteria.

6.3.3. Phase 3: Deliver & Evolve

6.3.3.1. This phase further developed the selected strategic option, identifying required capabilities; establishing delivery and evaluation structures to ensure ongoing relevance and success.

6.4. **Commitment to Engagement**

6.4.1. Engaging with our people, patients, and partners to inform the clinical direction, diagnostic assessments, and integrated care systems' strategic priorities has been fundamental.

6.5. **Case for Change**

6.5.1. Population growth, ageing, and complexity of health conditions will lead to a 15% growth in patient demand over the next five years.

6.5.2. The existing service model is insufficient to address these challenges, adversely impacting patient outcomes and staff well-being.

6.5.3. Maintaining the status quo is unsustainable, requiring an unrealistic workforce expansion. Radical change is therefore essential for future-proofing services and safeguarding patient and staff welfare.

6.6. **Strategic Options and Selection**

6.6.1. Extensive engagement has supported the Trust's understanding of key issues and co-designing the three strategic options.

6.6.2. Preferred Strategy Direction (February 2024):

6.6.2.1. Addresses diverse patient needs with tailored end-to-end care.

6.6.2.2. Promotes effective collaboration with health and care partners, positioning the Trust as a system leader in UEC.

6.6.2.3. Empowers staff with the necessary skills, support, and career opportunities.

6.6.2.4. Builds on existing strengths for a radical yet achievable service model change.

6.7. **Next Steps**

6.7.1. The implementation stage (2024/25) involves:

6.7.1.1. Executing the strategic delivery framework with a refined vision and defined outcomes.

6.7.1.2. Detailing plans for workforce development, digital innovation, clinical design, and a clear execution roadmap.

6.7.1.3. Officially unveiling the new strategy in the first quarter of 2024, marking a new era of service excellence and sustainability.

7. Patient Safety Incident Response Framework

7.1. **Framework Launch**

7.1.1. In January 2024, the Trust implemented NHS England's Patient Safety Incident Response Framework (PSIRF).

7.2. **Framework Objectives**

7.2.1. PSIRF replaces the current Serious Incident Framework, enabling the Trust to develop more effective responses to patient safety incidents. The primary aim is to enhance learning and improve patient safety.

7.3. **Leadership and Oversight**

7.3.1. A newly created senior position, the Deputy Director for Patient Safety and Care, heads the PSIRF team, ensuring dedicated leadership and oversight.

8. Recommendations

8.1. **The committee is requested to:**

8.1.1. Note the update provided.

8.1.2. Provide comments and feedback on the contents of the report.

Lead Officer Contact

Daryl Devlia, Strategic Partnerships Manager (SECAmb)

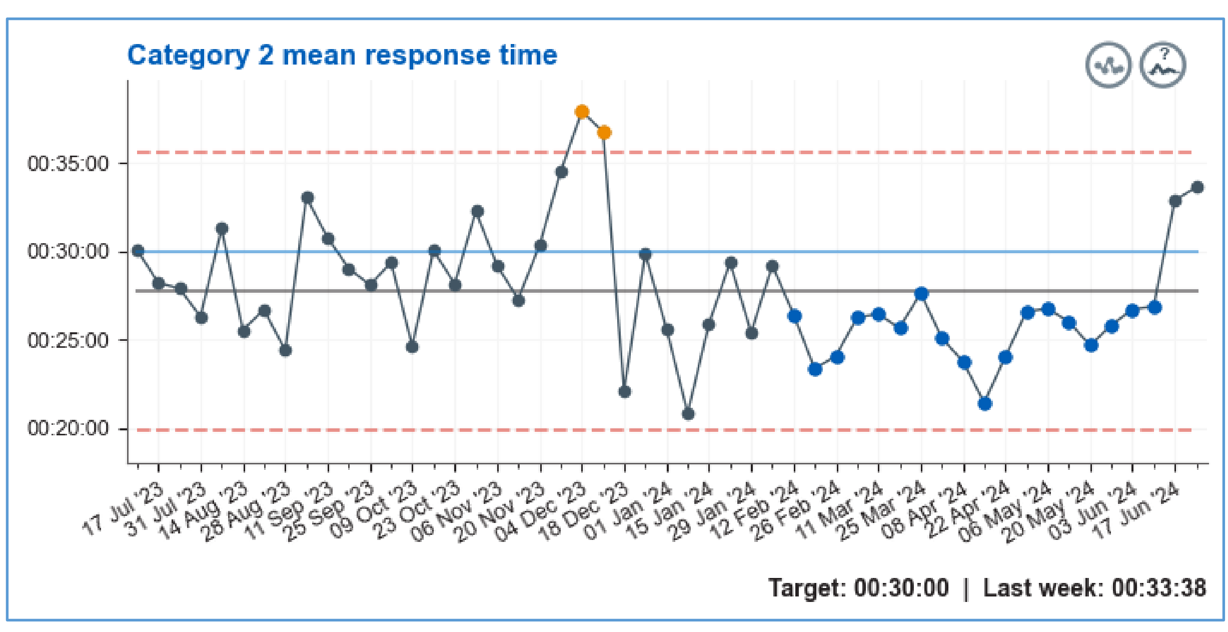
Background papers

None

Appendices

Appendix A

Category 2 Performance - Mean



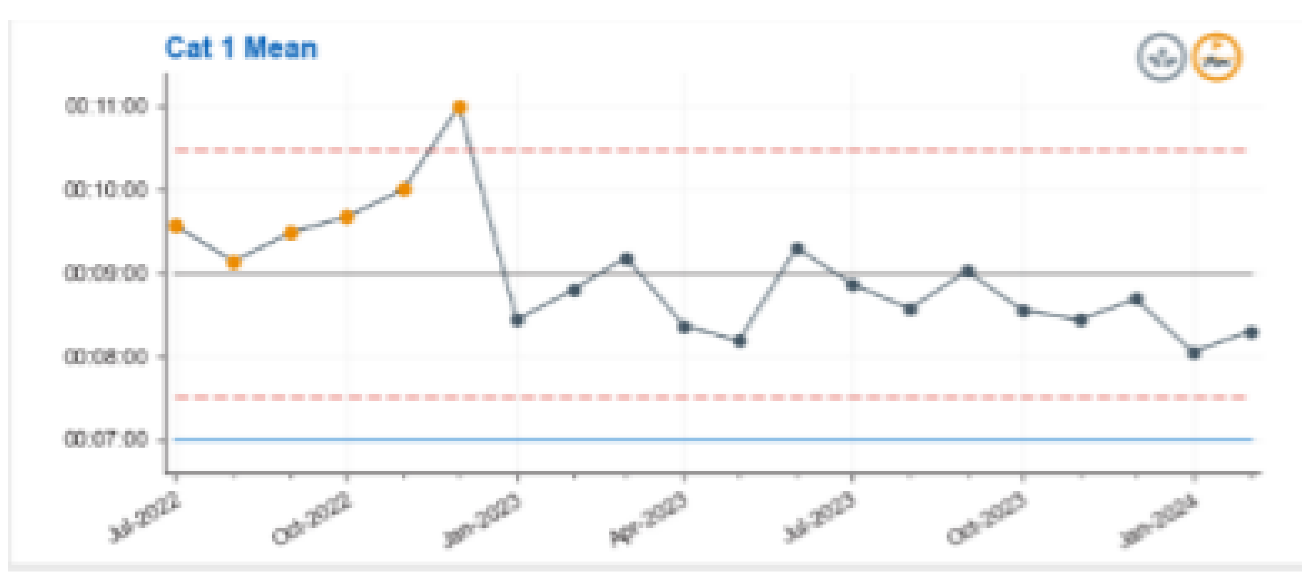
National Ambulance Quality Indicators

C2		Mean
England		00:33:50
1	North West	00:24:22
2	South East Coast	00:26:20
3	Yorkshire	00:29:28
4	Isle of Wight	00:30:24
5	South Central	00:31:49
6	West Midlands	00:33:01
7	London	00:33:11
8	North East	00:33:20
9	East of England	00:39:06
10	East Midlands	00:43:06
11	South Western	00:45:54

C2		90th
England		01:11:51
1	North West	00:48:32
2	South East Coast	00:52:44
3	South Central	01:02:30
4	Yorkshire	01:05:52
5	North East	01:07:35
6	Isle of Wight	01:08:31
7	West Midlands	01:13:01
8	London	01:14:05
9	East of England	01:24:10
10	East Midlands	01:31:19
11	South Western	01:36:54

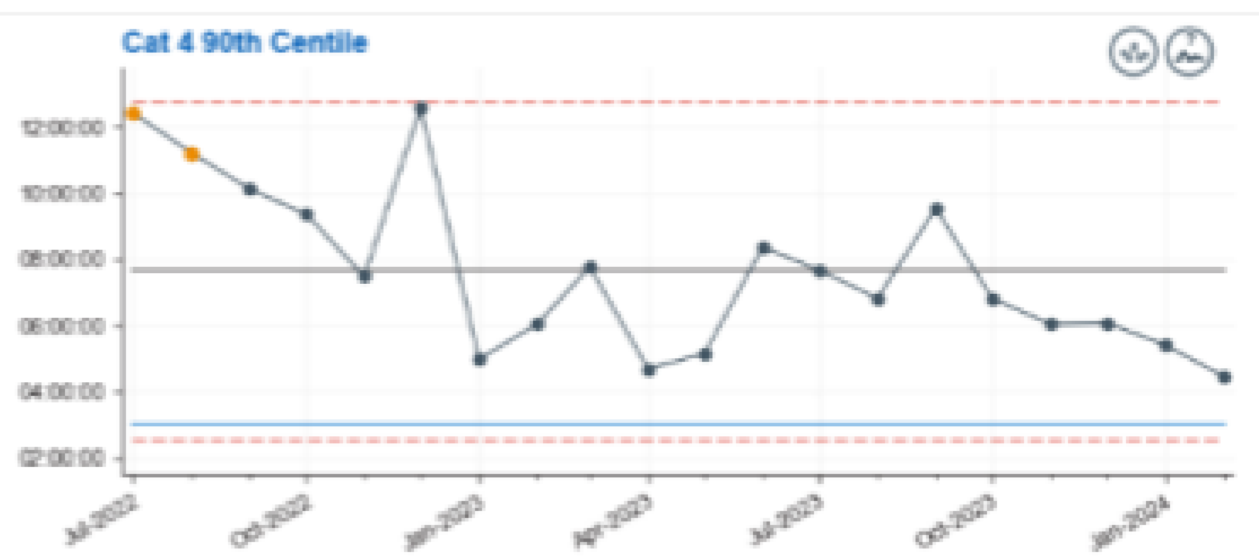
Appendix B

Category 1 Performance - Mean



Category 3 Performance – 9oth Percentile

Category 4 Performance – 90th Percentile



National Ambulance Quality Indicators

	C1	Mean
	England	**00:08:20**
1	North East	00:06:58
2	London	00:07:11
3	North West	00:07:56
4	Yorkshire	00:08:07
5	West Midlands	00:08:14
6	South East Coast	00:08:23
7	South Central	00:08:38
8	East of England	00:08:49
9	Isle of Wight	00:09:07
10	East Midlands	00:09:13
11	South Western	00:09:53

	C1	90th
	England	**00:14:48**
1	London	00:12:14
2	North East	00:12:18
3	North West	00:13:16
4	Yorkshire	00:14:01
5	West Midlands	00:14:31
6	South East Coast	00:15:30
7	South Central	00:15:36
8	East Midlands	00:16:25
9	East of England	00:16:28
10	Isle of Wight	00:17:21
11	South Western	00:18:28

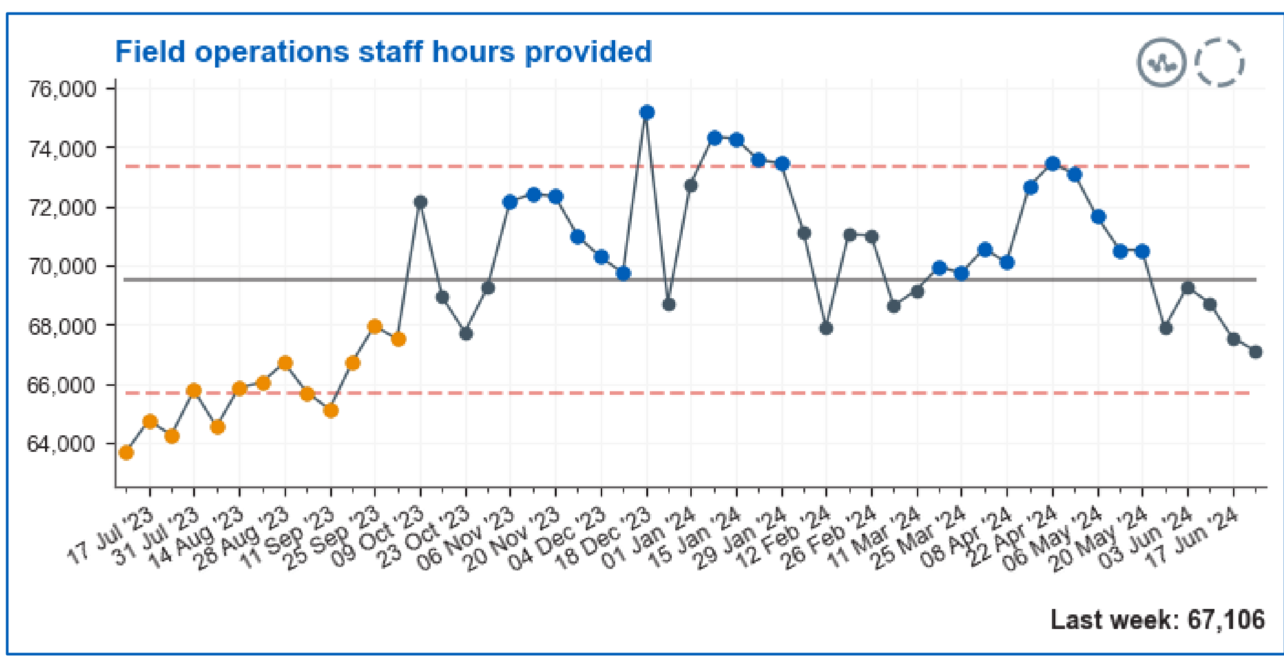
	C3	Mean
	England	**02:03:47**
1	London	01:05:48
2	Isle of Wight	01:18:04
3	Yorkshire	01:31:48
4	North East	01:41:07
5	North West	01:55:08
6	South East Coast	01:55:18
7	East of England	01:57:18
8	South Western	02:09:32
9	South Central	02:42:05
10	West Midlands	02:53:47
11	East Midlands	03:00:33

	C3	90th
	England	**04:52:42**
1	London	02:42:55
2	Isle of Wight	03:01:06
3	Yorkshire	03:22:46
4	North East	03:49:43
5	North West	04:10:23
6	South East Coast	04:14:30
7	East of England	04:32:13
8	South Western	05:33:13
9	South Central	06:12:13
10	East Midlands	07:07:24
11	West Midlands	07:30:30

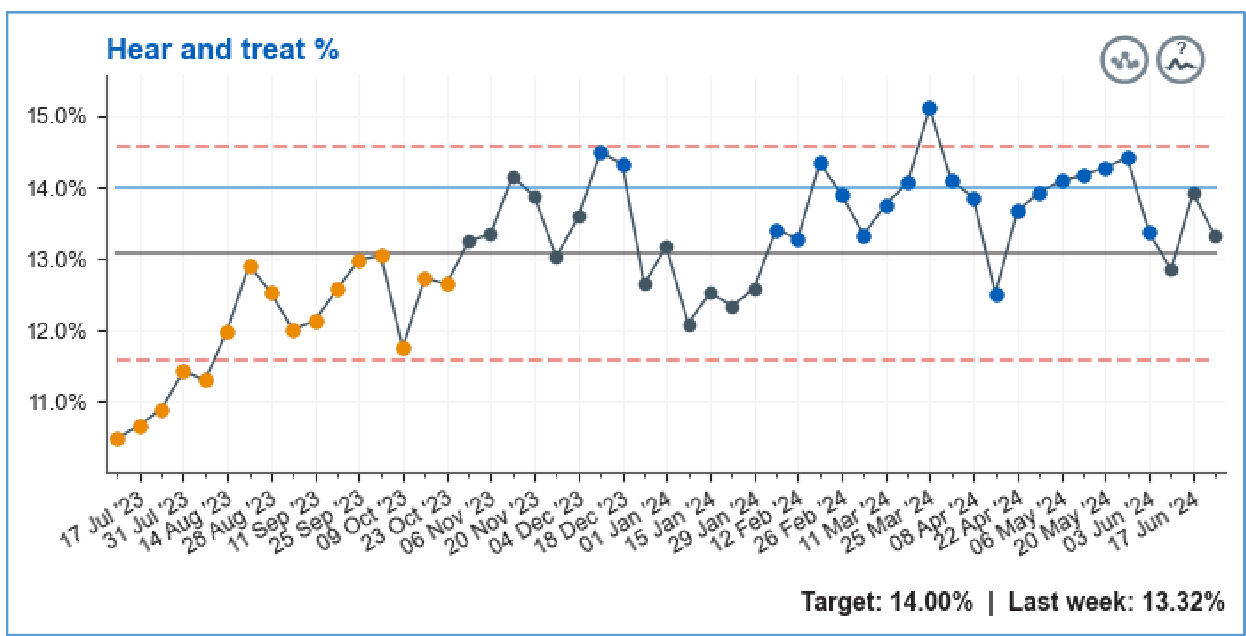
C4		Mean
England		**02:29:48**
1	Yorkshire	01:37:15
2	North East	01:37:44
3	London	02:00:43
4	Isle of Wight	02:04:28
5	North West	02:22:40
6	South East Coast	02:23:49
7	East of England	02:42:18
8	East Midlands	02:44:04
9	South Western	02:48:55
10	South Central	03:29:03
11	West Midlands	03:41:22

C4		90th
England		**06:02:39**
1	Yorkshire	03:34:40
2	North East	03:46:03
3	London	04:05:39
4	Isle of Wight	04:17:48
5	South East Coast	05:19:21
6	North West	05:32:43
7	East Midlands	06:19:37
8	East of England	07:24:13
9	South Western	07:51:06
10	South Central	08:22:27
11	West Midlands	11:15:08

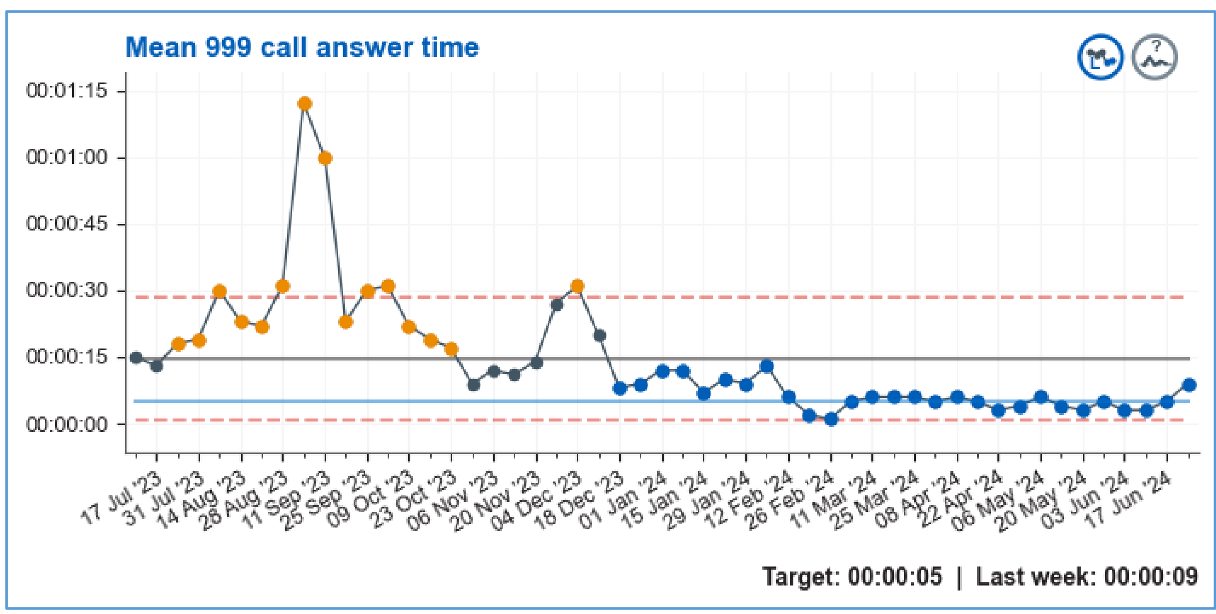
Appendix C – 999 Frontline Hours Provided



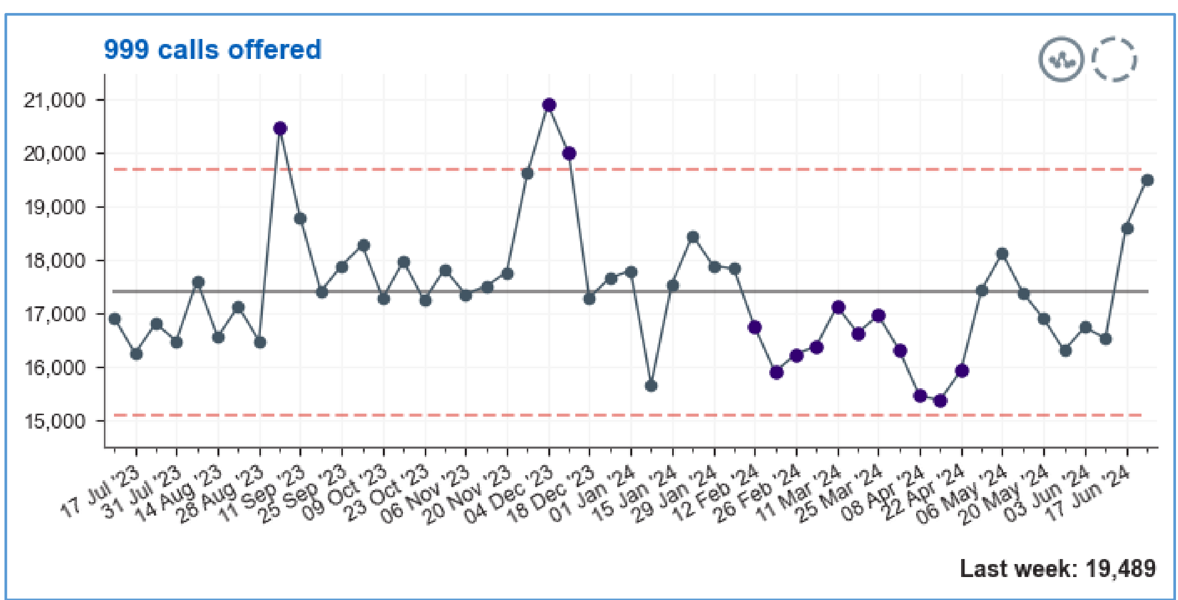
Appendix D – Hear and Treat



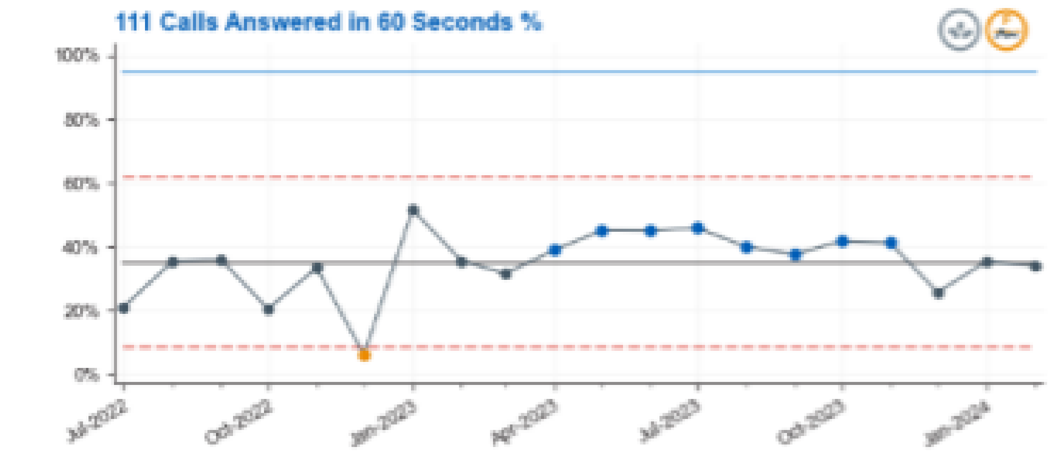
Appendix E – 999 Call Answering – Mean



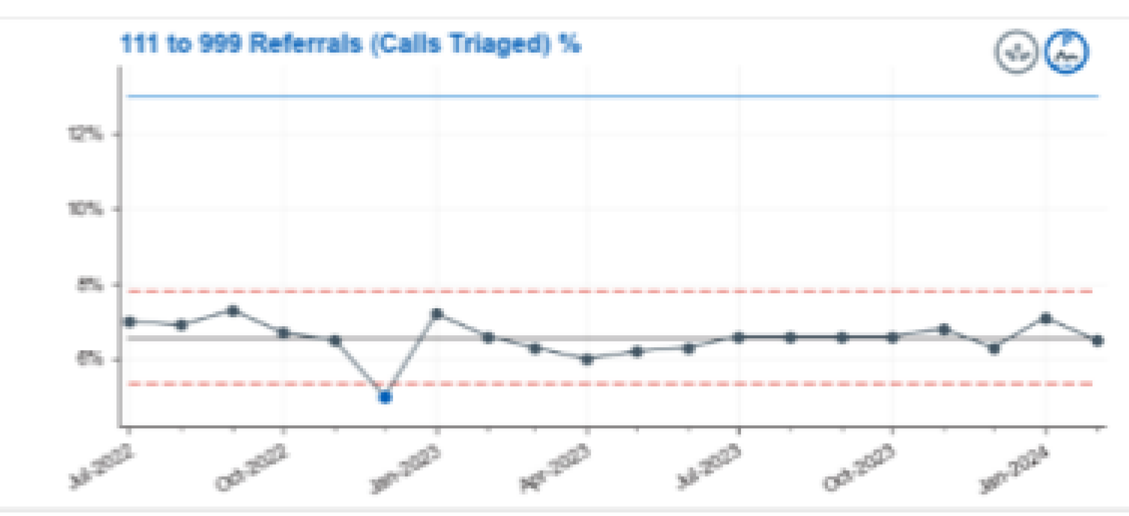
Appendix F – 111 Calls Offered



111 Calls Answered in 60 Seconds

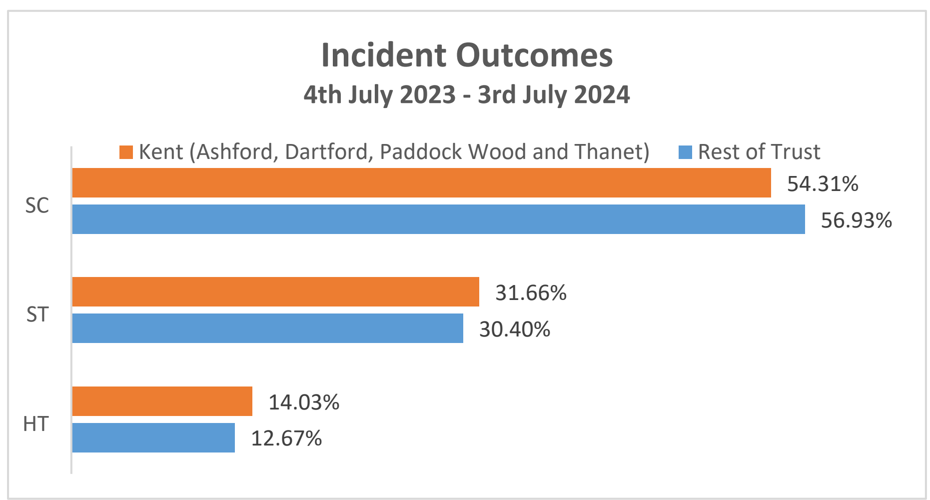


Appendix G – 111 to 999 Referrals

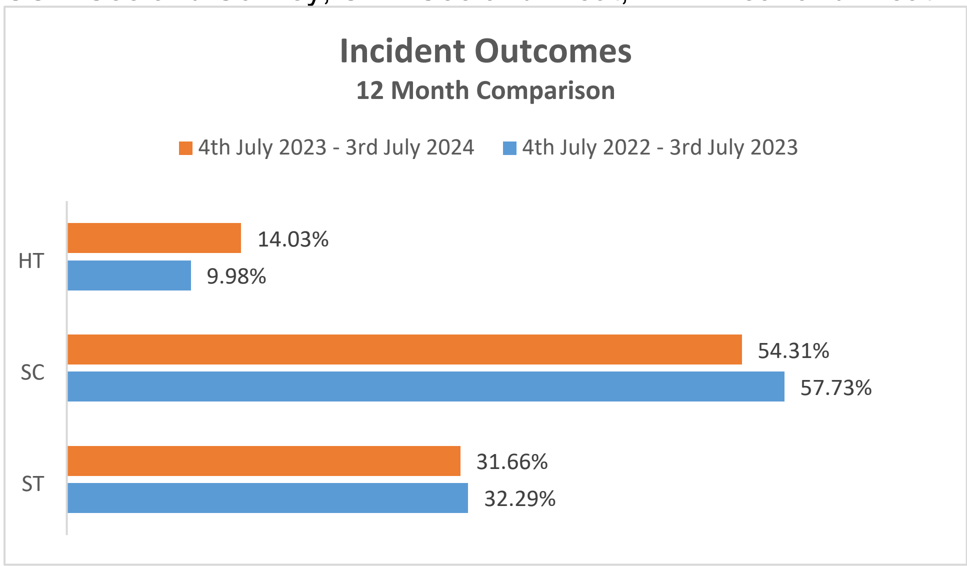


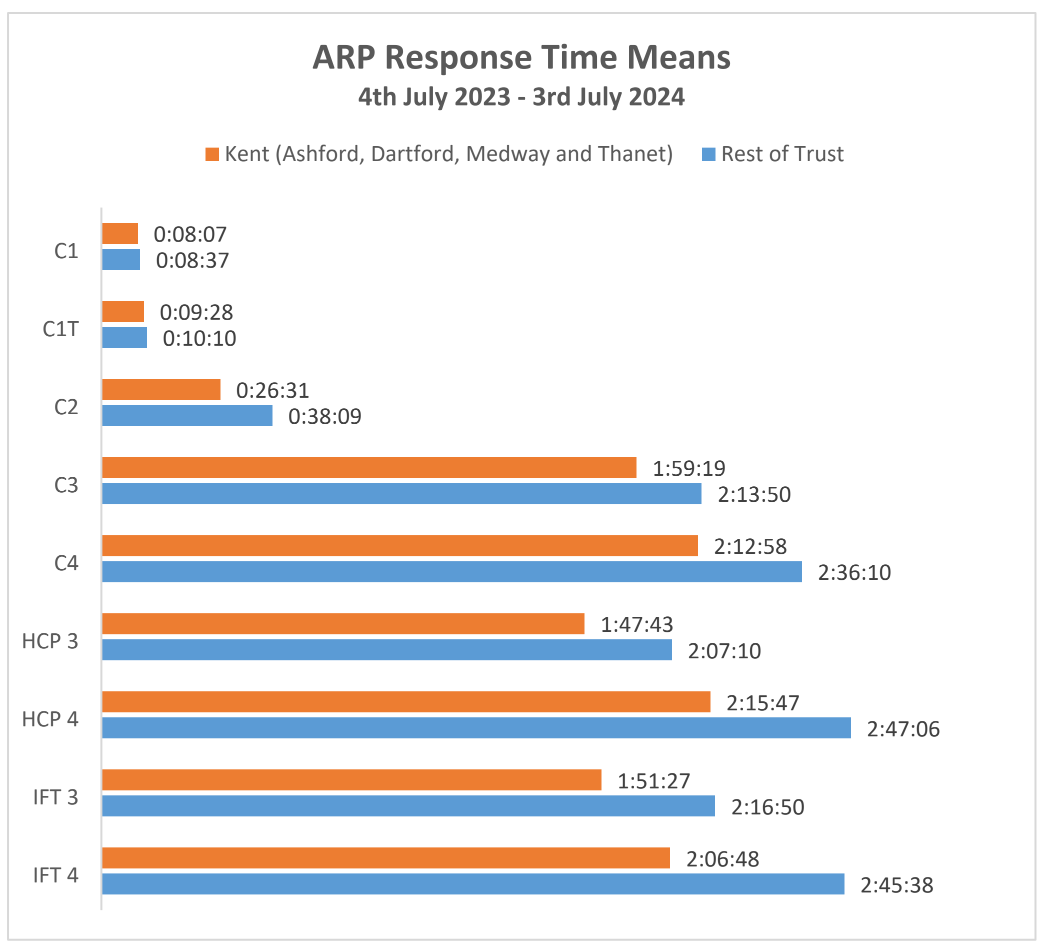
Appendix H – Number of Hours Lost at Hospital Handover

Appendix I – Kent performance figures vs the whole of SECAmb region



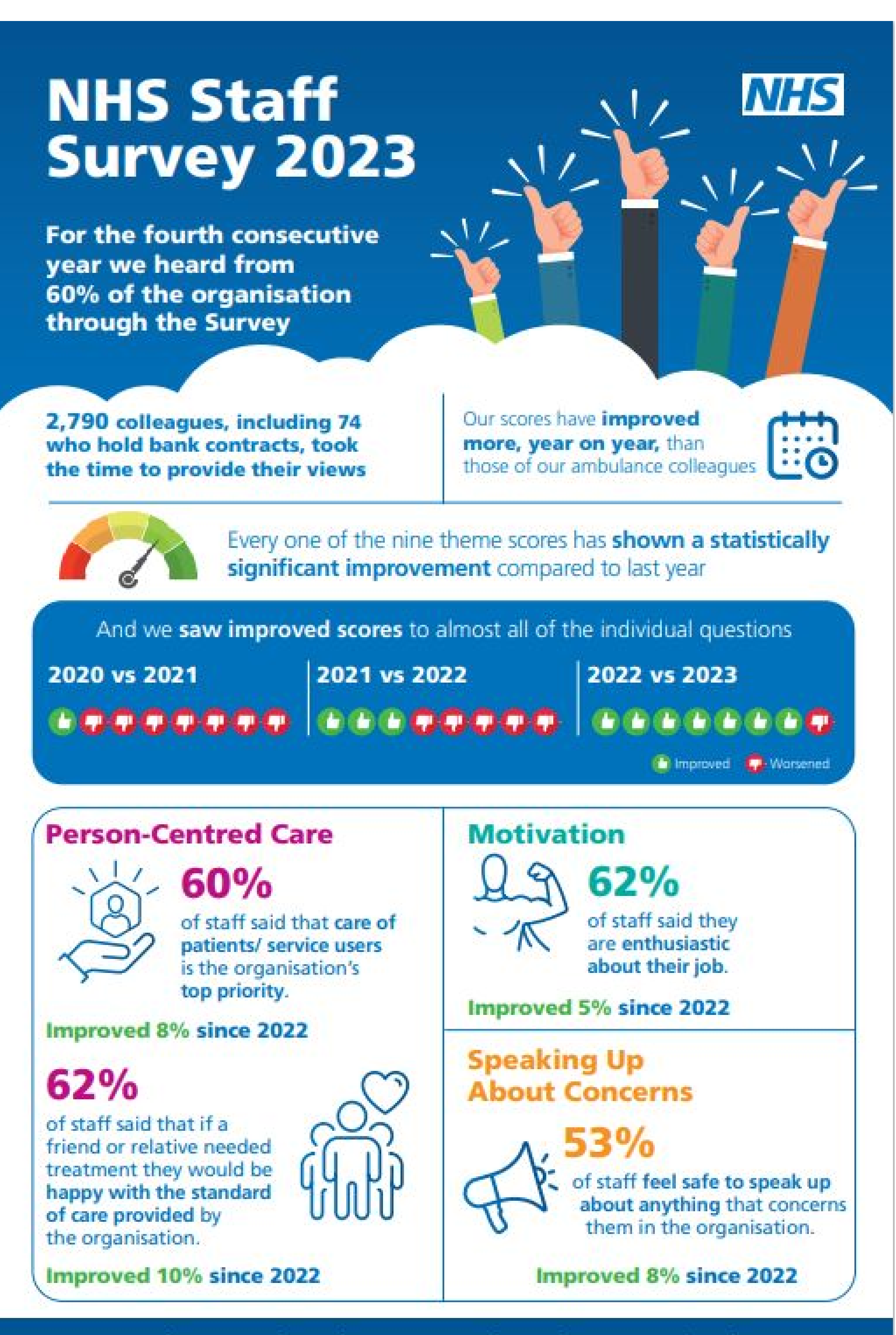
SC = See and Convey, ST = See and Treat, HT + Hear and Treat





ARP Response Time Means
4th July 2023 - 3rd July 2024
Kent (Ashford, Dartford, Medway and Thanet)
Rest of Trust
C1
0:08:07
0:08:37
C1T
0:09:28
0:10:10
C2
0:26:31
0:38:09
C3
1:59:19
2:13:50
C4
2:12:58
2:36:10
HCP 3
1:47:43
2:07:10
HCP 4
2:15:47
2:47:06
IFT 3
1:51:27
2:16:50
IFT 4
2:06:48
2:45:38

Appendix J – NHS Staff Survey 2023 – Highlights



Item: Winter rehabilitation and reablement pilot in east Kent

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 July 2024

Subject: Winter rehabilitation and reablement pilot in east Kent

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by KCHFT. The Committee has yet to determine if the proposals constitute a substantial variation of service.

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1) Introduction

a) Kent Community Health NHS Foundation Trust (KCHFT) presented a paper to HOSC in October 2023 setting out plans to modernise the approach to delivering rehabilitation, recovery and reablement in community hospitals in east and west Kent.

b) The case for change was to be informed by a 6-month pilot over the 2023 winter period in two east Kent community hospitals (Westbrook House in Margate and West View Integrated Care Centre in Tenterden).

c) KCHFT have been invited to present an update on the plans at today's HOSC meeting, following a review of the 6-month pilot.

2) Potential Substantial variation of service

a) The Committee is asked to review whether this proposal constitutes a substantial variation of service. There is no formal criteria setting out what a substantial variation of service is, and it is down to the Committee to decide.

b) Where the Committee decides a proposal is substantial, the NHS is required to consult with it prior to a final decision being made. The NHS always remains the decision-maker though must take the comments of the Committee into account.

c) In considering substantial variations of service, the Committee will take into account the resource envelope within which the relevant NHS organisations operate and will therefore take into account the effect of the proposals on the sustainability of services, as well as on their quality and safety.

3) Recommendation

a) *If the proposals relating to Community Hospitals in east and west Kent are deemed substantial:*

RECOMMENDED that:

i. the Committee deems that the changes to Community Hospitals in east and west Kent are a substantial variation of service.

ii. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

b) *If the proposals relating to Community Hospitals in east and west Kent are not deemed substantial:*

RECOMMENDED that:

i. the Committee deems that the changes to Community Hospitals in east and west Kent are not a substantial variation of service.

ii. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

Background Documents

Kent County Council (2023) Health Overview and Scrutiny Committee (05/10/23),
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9318&Ver=4

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

Evaluation of winter rehabilitation pilot – integrated working in east Kent

Situation:

The purpose of this paper is to provide Kent Health Overview and Scrutiny Committee members with an update on a winter pilot to trial an integrated model of rehabilitation in two community hospitals.

Kent Community Health NHS Foundation Trust (KCHFT), East Kent Hospitals University NHS Foundation Trust (EKHUFT) and Kent County Council (KCC) – working as part of an East Kent Provider Collaborative – agreed to mobilise 30 additional beds from December 2023.

The pilot ran for five-and-a-half months in Westbrook House, in Margate and for three months at West View Integrated Care Centre, in Tenterden. The beds were funded by KCC's Urgent and Emergency Care Fund for three months, with additional funding found to extend the Westbrook House beds until the end of June.

The pilot aimed to:

1. improve system flow, improve people's independence and reduce the reliance on packages of social care
2. achieve greater integration with health and social care by working more efficiently together
3. empower people to be more active to reduce their length of stay in community hospitals.

Background:

In October 2023, a provider collaborative was established between KCHFT, KCC and EKHUFT with a view to improving how we work together to improve patient and service user outcomes. The focus of the provider collaborative includes how we deliver more effective rehabilitation, recovery and reablement to:

- support the wider system and deliver a more sustainable model for the future
- test an integrated health and social care model of delivery
- provide more rewarding and attractive careers for our colleagues.

The first opportunity to adopt this approach coincided with the need to rapidly mobilise additional beds and increase usage of existing beds in east Kent for winter 2023/24. Two pilot sites – Westbrook House and West View Integrated Care Centre were chosen, which offered co-located health and social care teams, plus fit for purpose sites for effective rehabilitation.

The Westbrook House beds opened on 11 December 2023 and the West View beds opened on 2 January 2024 to support the east Kent system at the point of highest activity and industrial action.

Due to system pressure, patients were accepted outside our normal criteria, which slightly compromised the model being tested. It also caused an increase in the number of patients accepted who were classified as no longer needing a hospital bed (no longer fit to reside – NLFTR) as people were admitted and immediately required an onward referral or assessment.

Assessment:

Below is an assessment of the pilot against our aims.

1. Support system flow and reduce dependency and packages of care

The culture on the two pilot wards was fostered to focus on rehabilitation, recovery and reablement. This was achieved by empowering people to be more involved in their own care, be more active and be more aware of the expectations on the ward with regards to getting out of bed (where appropriate), dressing themselves and being present at communal meal times.

We found:

- approximately 90 per cent of people discharged were recorded as having a reduction in their level of care needs, compared to their needs upon admission
- 47 per cent of these were discharged with no ongoing care needs, compared to approximately 16 per cent on the other KCHFT substantive wards (noting the significantly smaller sample size of the pilot wards).

We saw no significant impact on system flow between the pilot wards and KCHFT's other substantive wards. However, flow was impacted by the need to accept patients from the acute hospitals who did not need ongoing rehabilitation, but were waiting for an assessment for longer term care.

2. Achieve greater integration with health and social care

The winter pilot wards were staffed by KCHFT substantive staff and a managed service that provided agency nurses and health care assistants. Kent County Council bolstered therapy staffing by providing input via a registered practitioner and occupational therapist, however therapy input was limited.

Staff feedback

Positive feedback of their experience and working conditions was universally shared by staff on the pilot wards. Staff with experience of other, more traditional models of inpatient care favourably compared the pilot sites.

> "We're making a difference, I really think so. All patients are improving e.g. bed sores, walking. It's person-centred through enablement."

However, cultural changes take time, and it was recognised that more time was needed to improve integration on the wards and the sites as a whole.

3. Reduce length of stay in community hospitals and empower people to be more active

We saw significant variation in length of stay (LOS) within the winter pilot escalation beds, possibly related to the short measurement period and small sample size. The median length of stay at Westbrook House was similar to other KCHFT substantive wards and West View was slightly higher. While it is difficult to attribute direct cause, contributing factors could include the admission of approximately 20% of patients awaiting packages of care to support system patient flow, as well as the limited therapy and medical cover due to the short-term temporary nature of the beds.

Patient experience

Patient interviews were carried out at the two winter pilot sites. The pilot found nearly 70 per cent of patients achieved their “what matters to me” goals.

The majority of patients felt their family were involved in their care.

All patients accessed physiotherapy, help to get washed and dressed and took part in a range of activities to support their independence. Delivering rehabilitation in a fit for purpose ward environment that facilitates the effective delivery of rehabilitation and reablement played a significant part in supporting patient outcomes. Both sites have individual en suite rooms and large, shared central spaces.

Feedback showed more needs to be done to support people’s transition from acute care, so people are better informed about their rehabilitation expectations and improvements are needed to speed up discharge time.

“There are lots of activities to do and the staff help us every day to keep our minds busy”
“Staff encourage us to do things on our own”
“Some of us have been here for too long”

Conclusion:

In conclusion, while only open for three to five months the clinical model tested has proven beneficial to patients and has been a positive experience for staff. Initial steps towards integration have been taken and numerous opportunities to develop these further have been identified.

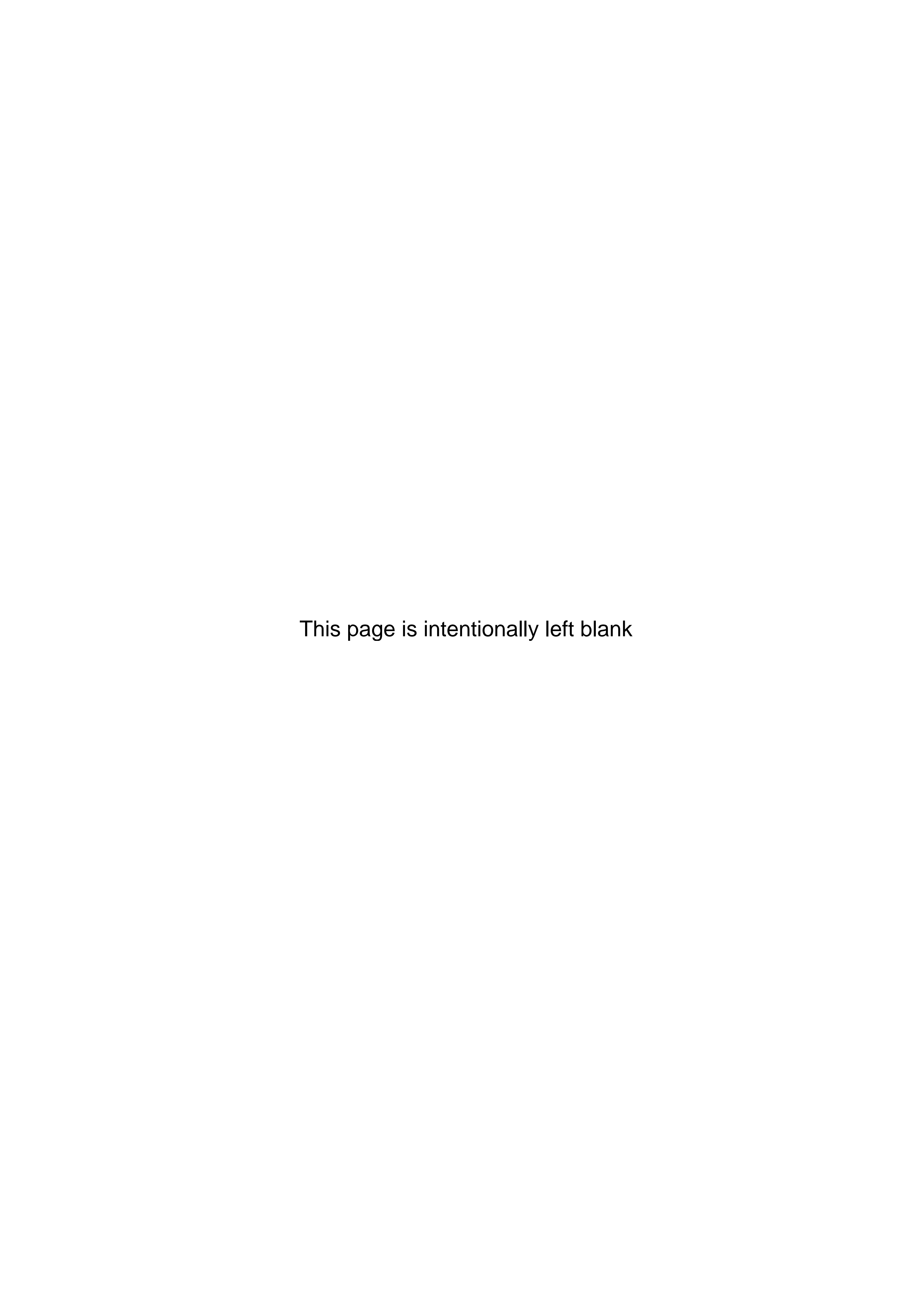
There is a real commitment to maintain the early momentum achieved and to adopt further tests of change, which will continue to inform future models of integrated care.

There are tangible patient and system benefits from the rehabilitation and reablement approach adopted with a reduction in care package requirements of patients discharged from the wards. This model provides a positive and effective alternative to a prolonged stay in an acute escalation bed, where further deconditioning and therefore increased care requirements, are the likely outcome. Therefore, it is the right thing to do for patients in the absence of adequate short-term care provision in the community.

The specific impact upon system flow is difficult to measure and allocate directly to the wards. While this pilot compares favourably to the previous year’s winter escalation beds, the rapid mobilisation and the short-term nature of the pilot is challenging to maintain.

As a provider collaborative, our intention is this pilot informs a longer-term model with the ambition to deliver the right number of beds for the system to meet the demand all year round and reduce the need for escalation beds during the winter period.

Rachel Dalton
Chief Allied Health Professions Officer
Kent Community Health NHS Foundation Trust
July 2024



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Item: Temporary changes at Sevenoaks Hospital

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 July 2024

Subject: Temporary changes at Sevenoaks Hospital

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Kent Community Health NHS Foundation Trust (KCHFT).

It is a written briefing only and no guests will be present to speak on this item.

---

1) Introduction

a) Kent Community Health NHS Foundation Trust (KCHFT) provide wide-ranging NHS care for people in the community, in a range of settings including people's own homes, nursing homes, health clinics, community hospitals, urgent treatment centres and mobile units. They provide services to residents across Kent, East Sussex and London.

b) Sevenoaks Community Hospital is a 19 bed in-patient unit that provides rehabilitation and intermediate care services. There are two bays – Holmesdale (female) and Stanhope (male).

c) On 19 June 2024, the Trust announced that following a planned evacuation exercise, they were making urgent temporary changes to move inpatient rehabilitation beds from Sevenoaks Hospital to alternative sites.

d) As set out in paragraph 17.151 of the Constitution, the NHS is not required to consult with the Committee where the NHS has acted because of a risk to patient safety or to ensure the welfare of patients or staff. Where this has been the case, the Committee shall be informed as soon as possible. The Trust has therefore provided the attached update for the Committee's information. The Chair agreed this would be a written update, with any questions passed to the Trust via the clerk after the meeting.

2) Recommendation

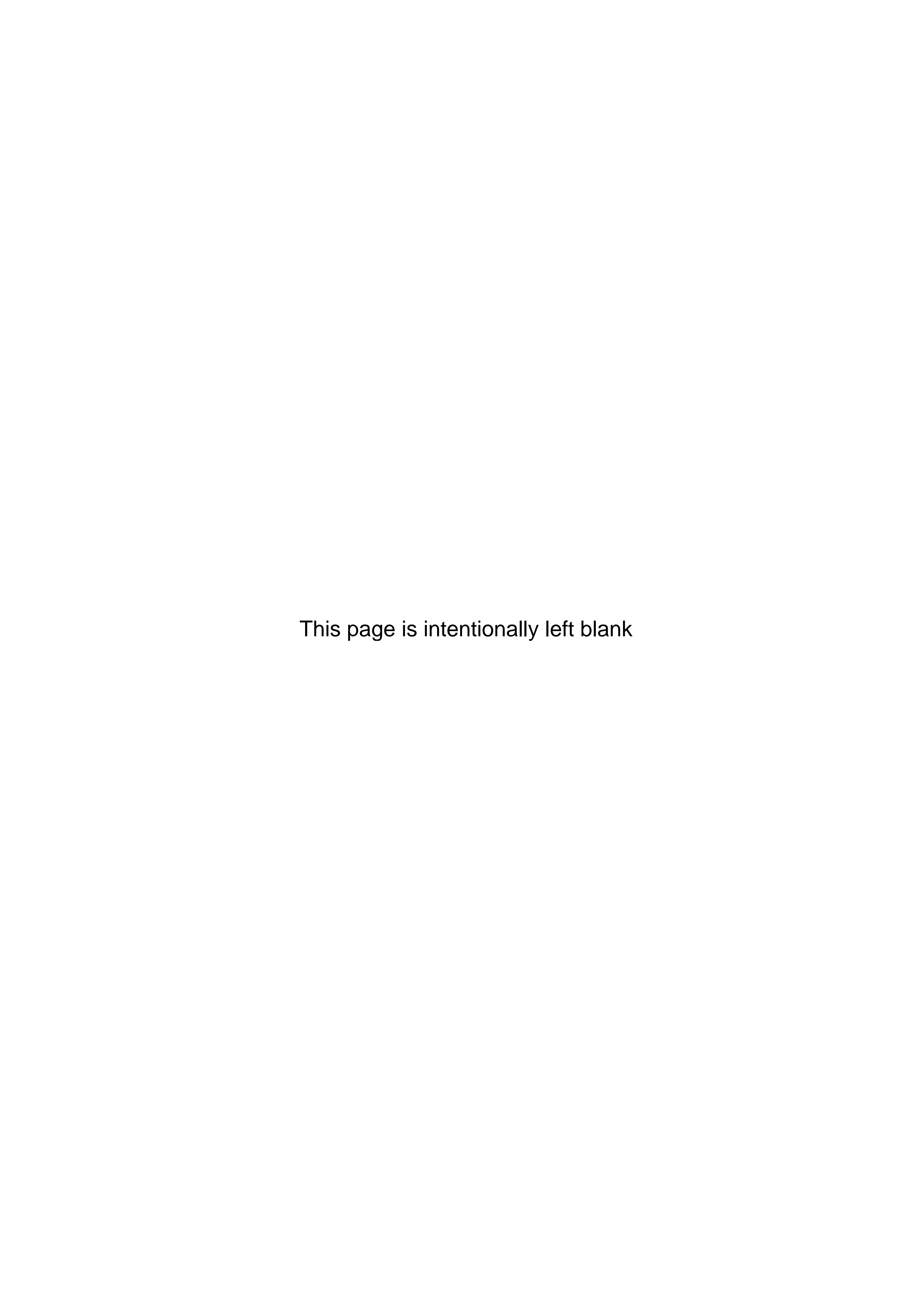
a) RECOMMENDED that the Committee consider and note the report.

Background Documents

Sevenoaks Hospital | Kent Community Health NHS Foundation Trust (kentcht.nhs.uk)

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512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8 July 2024

Temporary changes at Sevenoaks Hospital

The purpose of this paper is to provide Kent Health Overview and Scrutiny Committee members with a briefing on the decision to temporarily move inpatient beds from Sevenoaks Hospital in June, due to a fire safety risk.

Sevenoaks Hospital is made up of two buildings: a main building with a 19-bedded inpatient ward and an outpatient building. It is only the inpatient ward on the first floor, which is affected as many of our patients are frail and elderly and would need support to evacuate, in the event of a fire.

Three stroke patients were transferred to Tonbridge Cottage Hospital for ongoing rehabilitation and a phased opening of a 15 bed-ward at West View Integrated Care Centre, in Tenterden is underway to support the system.

When the decision was made

Following a planned fire evacuation exercise at Sevenoaks Hospital, KCHFT's Executive Team took the decision on Friday, 14 June to make urgent temporary changes to move our inpatient rehabilitation ward to other local hospitals.

This was not a decision KCHFT took lightly, however the safety of patients, staff and volunteers will always be the trust's first priority. The HOSC's chair, Cllr Paul Bartlett, was informed on the same day.

At the time of the decision, there were 11 occupied beds and over the week of 17 to 24 June, staff, patients and stakeholders were spoken to about the decision. Three stroke patients were transferred to Tonbridge Cottage Hospital, all other patients were ready and well enough to go home, through routine discharges.

Why the decision was made

Together with Kent Fire and Rescue Service (KFRS), KCHFT carried out the evacuation exercise on Friday, 7 June 2024. The exercise followed a survey by KCHFT and a fire safety audit by KFRS, which highlighted issues with fire compartmentation.

Once initial issues were highlighted, the trust acted immediately to ensure the safety of patients, staff and volunteers in the short-term, while it investigated further. The trust reduced the number of patients receiving support on the ward, increased staffing levels to allow faster evacuation in the case of a fire and used the planned evacuation exercise to test the robustness of these measures.

After the evacuation exercise, it was clear the speed and ease at which staff could safely evacuate frail, elderly patients from the first-floor ward of the 100-year-old hospital in the event of a fire, was not fast enough.

As a result, to ensure their safety, KCHFT made the decision to temporarily move inpatients to other hospitals to continue their rehabilitation. Kent Fire and Rescue Service put plans in place to increase its response to the hospital in the event of a fire, should this occur before patients could be moved.

In an opinion letter from KFRS, the service said they would inspect the building on 22 October to ensure compliance.

What is being provided now and where will patients be cared for

The majority of people who are cared for at Sevenoaks Hospital for rehabilitation are discharged from Maidstone and Tunbridge Wells NHS Trust.

As soon as we were aware of the increased fire risk, KCHFT took the decision to stop inpatient admissions and worked with our acute colleagues to manage any potential impact.

Many patients were fit and well enough to go home, therefore, three stroke patients were transferred to Tonbridge Cottage Hospital, which has eight specialist beds and staffing to support stroke care, plus additional beds for fractured neck of femur (hip) patients.

It should be noted that Sevenoaks Hospital provides rehabilitation support for people across west Kent, and outside of west Kent where appropriate or needed, not just for Sevenoaks patients. None of the three stroke patients who were transferred to Tonbridge live in Sevenoaks. We liaised closely with patients being cared for on the ward and their families and carers, as well as our staff, to make their moves go as smoothly as possible and put in additional plans to carefully monitor their care.

All our other services, including the Urgent Treatment Centre, and outpatient clinics remain on the Sevenoaks site.

KCHFT is in the process of opening 15 frailty beds at West View Integrated Care Centre, in Tenterden. This has been a phased opening, during the past couple of weeks. In addition, in west Kent KCHFT also runs the community hospital in Hawkhurst.

Communications and engagement with patients, public, staff and stakeholders

While the temporary move was made swiftly due to the risk to health and safety, every effort has been made and is continuing to be made, to inform and involve patients and carers, staff, public and stakeholders. Patients, carers and staff welfare has been carefully considered.

During the week of the move, our communications and involvement plan, included:

- individual conversations with patients, families and carers impacted by a senior member of the team, supported by letters explaining the rationale for the decision
- briefings to our lead governor and letter to our full council of governors
- our chief executive attended Sevenoaks League of Friends and members understood the rationale for the decision
- letters and conversations to our volunteers who support us on the ward and across the hospital’s service
- briefing to our staff unions
- 10 face-to-face and virtual briefings with KCHFT and Maidstone and Tunbridge Wells NHS Foundation Trust staff (who provide specialist stroke rehabilitation), FAQs, follow up one-to-one meetings and tailored support to enable staff to continue to provide care at alternative hospitals
- letters and briefing to key stakeholders

- open and honest communications with the public through the media, stakeholder and member bulletins, as well as our website www.kentcht.nhs.uk/sevenoaksward.

A patient reference group is being set up to look at the impact and any action that can be taken to mitigate while the temporary move is in place. We will continue to monitor NHS Friends and Family Test data and matrons and operational leads are monitoring feedback on a daily basis and continuing to engage with patients, carers and their families. We have followed up with all patients transferring to ensure there has be no issues with visiting by carers and families and will continue to monitor this.

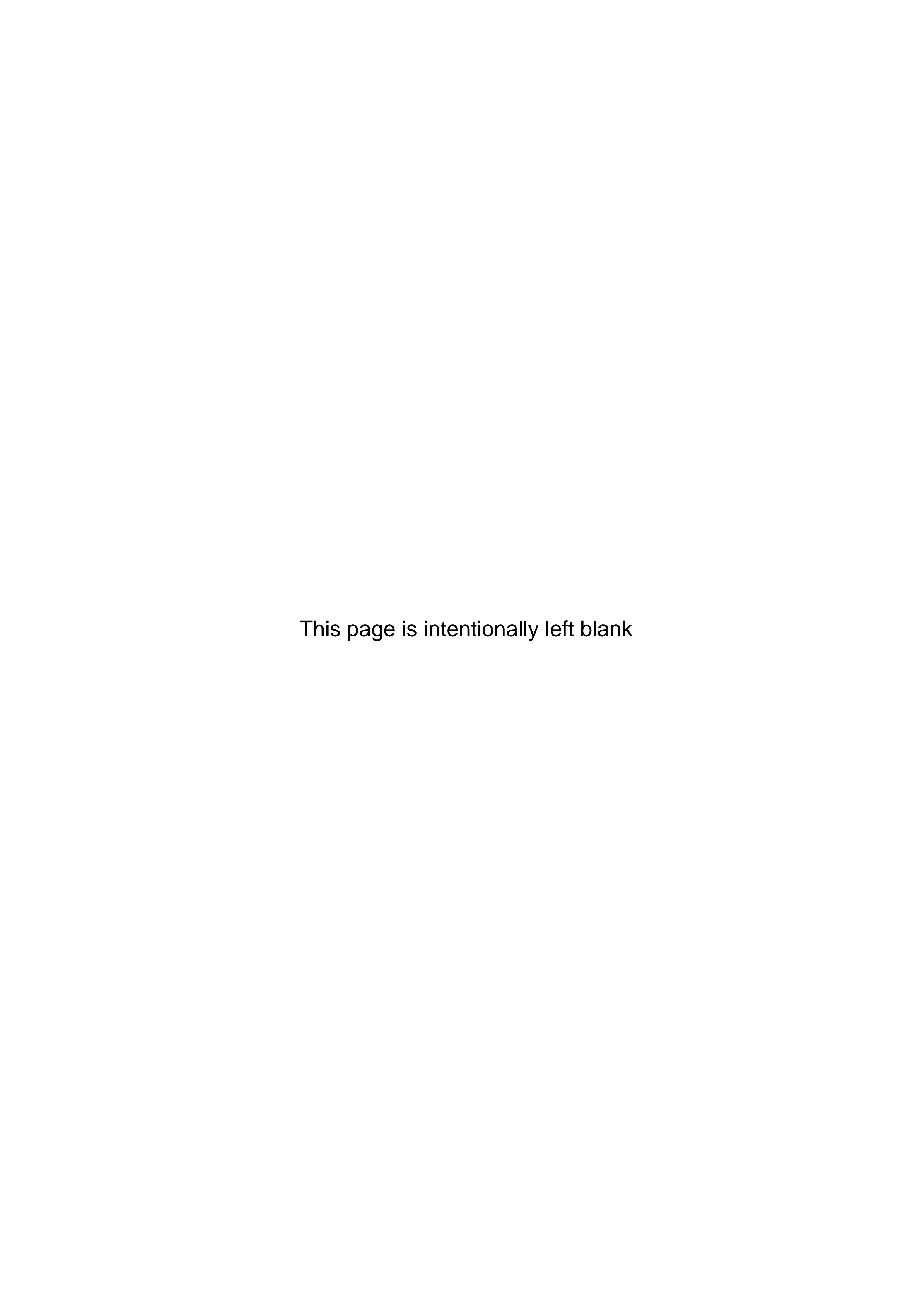
Next steps

We need to make significant upgrades to our building to stop fire and smoke spreading quickly, and make it easier to evacuate people. This means the building will need substantial investment and moving the ward is a temporary measure, while we consider the options available to us. It should be noted that the Kent and Medway system faces unprecedented financial challenges and system capital has been reduced. We estimate the temporary move is months, rather than weeks.

KCHFT would like to reassure HOSC that safety of our patients and staff will always come first and that we are doing everything possible to keep any disruption to a minimum, while we look at the options for the future.

We are committed to keeping patients and carers, public, staff and all stakeholders informed and involved as we progress with the next steps.

Pauline Butterworth
Deputy Chief Executive and Chief Operating Officer
Kent Community Health NHS Foundation Trust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Item: Gypsy, Roma and Traveller Communities School Aged Immunisations

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 July 2024

Subject: Gypsy, Roma and Traveller Communities School Aged Immunisations

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Summary: This report invites the Health Overview and Scrutiny Committee to note the outcomes of a project by Kent Community Health NHS Foundation (KCHFT) to increase vaccine uptake and reduce inequalities amongst the Gypsy, Roma and Traveller (GRT) community.

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1) Introduction

a) The Kent and Medway School Aged Immunisations service (provided by KCHFT) received funding in December 2022 from NHSE to undertake three programmes for decreasing health inequalities related to immunisations. One of these projects focussed on Eastern European communities, including Roma populations in Thanet, and another project focussed on British and Irish Gypsy Traveller Groups in West Kent. The programme completed in December 2023.

b) The Health Overview and Scrutiny Committee (HOSC) has long held an interest in monitoring the health inequalities experienced by the GRT community, and for this reason KCHFT have been invited to attend today's meeting and provide the outcomes of the two programmes.

c) HOSC received a written report on the Health Inequalities of the local GRT community on the 11 May 2022. It was noted in both the report and item discussion that the ease of access to health services, particularly primary care, for the GRT community was of concern. It was recognised that many members of the GRT community face several barriers to health care and often experience poor health outcomes.

d) One of the outcomes in the Kent and Medway Integrated Care Strategy is to "tackle the wider determinants to prevent ill health" which includes the need to address inequalities. HOSC plays a strategic role in scrutinising how effectively local NHS services are achieving this outcome.

2) Recommendation

a) RECOMMENDED that the Committee note and comment on the contents of the report.

Background Documents

Kent County Council (2022) Health Overview and Scrutiny Committee (11/05/2022), https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8763&Ver=4

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

Date: 29 February 2024

Report to Kent Health Overview and Scrutiny Committee

Gypsy, Roma and Traveller Communities School Aged Immunisations

Background

Gypsy, Roma and Traveller communities are recognised as an important inclusion health group. NHS England define inclusion health groups as "an umbrella term used to describe people who are socially excluded, who typically experience multiple interacting risk factors for poor health, such as stigma, discrimination, poverty, violence, and complex trauma."[1] These communities experience a number of these risks alongside adverse living, working and social environments and engage in health behaviours which are linked with poorer health. People in these groups also have poorer access, experience and outcomes from services. As a result the community experience significantly worse health outcomes than the general population. They are also less likely to be visible in the datasets.

The term Gypsy, Roma and Traveller communities is an overarching term used to describe multiple communities, recognising they can face similar inequalities and experiences of racism. However, the different groups have different histories, beliefs and ways of life.

Kent Public Health Observatory recently published a "Gypsy, Roma and Traveller Populations" Joint Strategic Needs Assessment (JSNA).[2] This identified that Kent has a higher percentage of Gypsy and Traveller people than the England average, living in communities across Kent. There are also a number of significant Roma communities in Kent, focused in Margate, Dover, Folkestone and Gravesend.
It is widely recognised that uptake of childhood immunisations in these communities is lower than the general population, putting them at risk of developing a range of preventable diseases and increasing health inequalities.[2] The reasons for the lack of uptake can vary by community. The JSNA identifies from the literature that for Gypsy and Traveller Communities the lack of uptake is linked to reduced access to healthcare; through challenges to register with a GP, the mobility of the population, lower health literacy and lack of services that are sensitive to cultural needs. However, engagement with local families did identify some cultural issues related to uptake of immunisations, particularly the HPV vaccine due to the link with sexual health. In the Roma communities, access to services is similarly a major challenge which may be complicated when children are not born in the UK with a vaccination record. Local stakeholder work identified that low uptake can be as a result of misinformation. Data for this community is not available due to lack of coding for Gypsy, Roma and Traveller communities.

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[1] NHS England (2023) A national framework for the NHS – action on inclusion health. Available at: NHS England » A national framework for NHS – action on inclusion health. [Accessed 9 February 2023]
[2] Kent Public Health Observatory (2023) *Kent 'Gypsy, Roma and Traveller Populations' Joint Strategic Needs Assessment.* Available at: Ethnicity - Kent Public Health Observatory (kpho.org.uk) [Accessed 9 February 2023]

The Kent Community Health NHS Foundation Trust (KCHFT) School Aged Immunisations Service (SAIS) deliver the NHS vaccination schedule to school-aged children across Kent and Medway. This mainly occurs in a school setting, alongside outreach into communities. KCHFT delivers one of the biggest immunisation programmes in the country, the eligible cohort for Flu alone is 311,274 children. The immunisations delivered are:

- Influenza Vaccine (delivered for Reception Year to Year 11 of Secondary School)
- Human Papillomavirus Vaccine (HPV) (12-13 years)
- Tetanus, Diphtheria and Polio Vaccine (Teenage booster) (14 Years)
- Meningococcal ACWY (14 years)

The service will start operating under a new contract from August 2024. The new specification has an emphasis on reducing inequalities in uptake to immunisations.

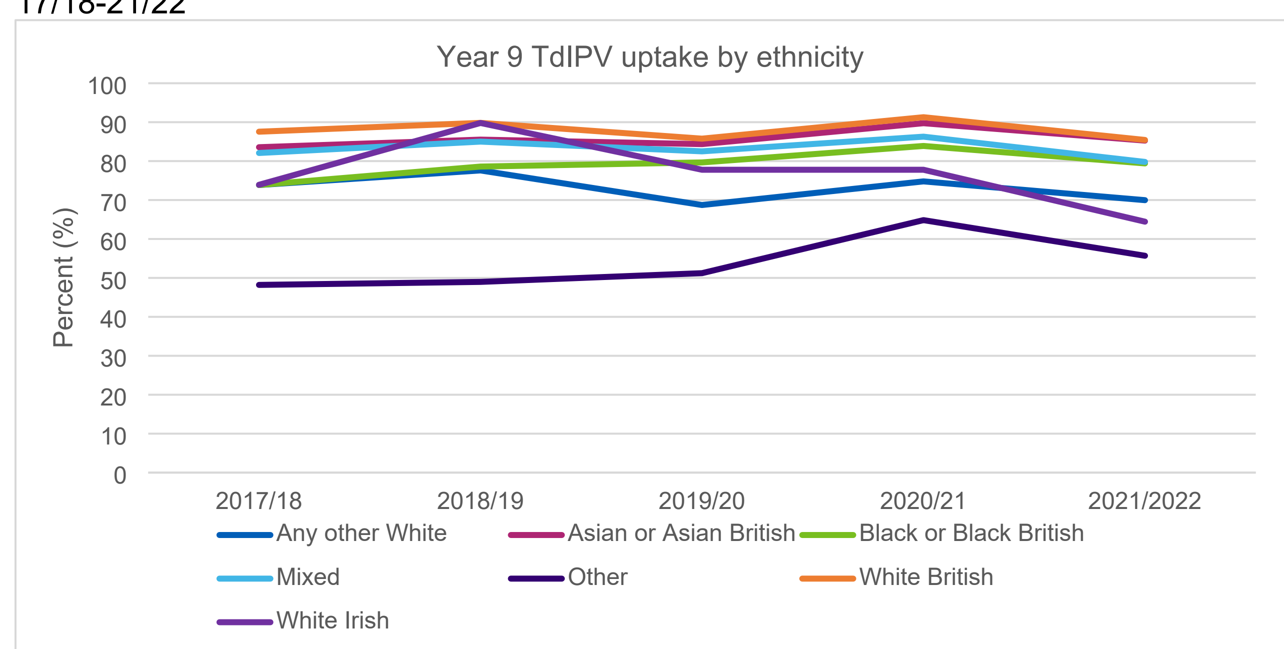
In the Autumn of 2022 the team were invited by their NHS England Commissioners to bid for additional funding to reduce health inequalities related to immunisation uptake. The team were successful and awarded funding to carry out projects related to digital poverty on the Isle of Sheppey, the Eastern European population in Thanet (including the Roma population) and Gypsy and Traveller Communities in West Kent. This paper presents an overview of the Thanet and Gypsy Traveller projects. These projects ran from January-August 2023. The team faced a number of challenges regarding staffing in this period which impacted on the delivery of the projects within the timeframe.

Eastern European Population in Thanet

The main aim of the project was to engage and work collaboratively with the Eastern European and Roma communities in Thanet to identify and understand barriers to immunisations. The team would then take action based on the local findings and other evidence in the literature.

The below graph illustrates the difference in immunisation uptake between the White Other category and the White British population in Kent and Medway, using the teenage booster as an example. It should be noted Eastern European populations sometimes define themselves as White Other when asked for their ethnicity. However, local insights have also suggested people may code themselves as other, or White British.

Diagram 1: Variation in uptake by Year 9 for Teenage Booster by Ethnic Group 17/18-21/22



The service worked with the Compas charity to engage with the local community. Compas work with marginalised and migrant communities, particularly those from Roma communities. They interviewed 66 people from the eastern European community including people from the Roma community. Just under half of those interviewed thought their children had been vaccinated at school. This was followed by parent engagement workshops supported by Margate and Mocketts Primary Care Network (PCN).

They found that nearly three quarters of the people interviewed were not likely to immunise their children, despite being immunised themselves in their home countries. The reasons for this was that they were more able to trust the health system and immunisations in their home country, particularly as they had all the information in their native language. Many people could not remember being contacted about school-based vaccinations.

Nearly all the parents interviewed felt the most uneasy about the HPV vaccine and some had linked it to HIV. They did not feel their children needed this vaccine due to the link to sexual health.

The interviewees felt uncertainty about the delivery of immunisations by nurses in school, due to the lack of the “clinical” nature of the setting and nurses who administer the vaccine. This issue was also identified in a workshop with Roma participants co-organised with the Margate and Mocketts Wood PCN.

A significant finding was that parents from these communities were not happy for their children to consent to their own vaccinations. This is allowed under UK law where a child is assessed to be mature enough to make decisions that affect them. The immunisations team use this provision regularly to allow children to make decisions about immunisations when a parent has not responded to a request to consent to a vaccine.

Additional findings from other workshops were related to unease about the difference in vaccines and schedules in their home country compared to the UK. The lack of any parent held record for immunisations made people spoken to uneasy about children missing or having a vaccination twice.

The below table presents the areas of focus, actions taken and future action planned.

Theme	Action Taken	Future Action
Ensuring all communications are culturally appropriate, available in native languages and speak to community specific barriers to immunisation.	A literature review was undertaken to identify barriers and potential solutions to uptake. The service carried out a further co-production workshop with 5 families from the Roma community, to identify amendments to the online consent forms and invitation letter. Changes were made to the consent form. Guidance on how to change language has been included on the immunisations landing page. The invitation letter includes instructions of how to translate the immunisation website and consent form. Also includes reassurance about delivery of vaccine in school by a nurse. A survey was undertaken to understand the most common languages spoken in schools to focus communication. Local schools have received NHSE vaccination resources in the most commonly used languages in their school.	Further work is being undertaken to ensure translated and culturally targeted communications reach the eastern European and Roma population across Kent.
Working with the PCN and other partners to develop a presence in the community	The service attended a local PCN cancer awareness event to promote vaccines.	The service continues to work with the PCN to identify opportunities for

	The service attends monthly coffee mornings for parents from the eastern European community organised by the PCN. The service has supported a health visitor in Thanet to work with Roma families to increase the uptake of vaccinations. They are also working with the local PCN.	promotion and access to vaccines.
Facilitating members of the community to become immunisation ambassadors		The service continue to explore the concept of vaccine ambassadors and how this can be implemented.
Working with schools to collaboratively to support communities to access immunisations.	Local immunisation teams now have additional capacity to work with local schools to increase uptake. Further engagement with the population provided insight into the role of schools in supporting immunisation e.g. filling in online consent form.	Immunisation team members continue to strengthen links with schools, and support them in the most appropriate way.

Gypsy and Traveller Communities in West Kent

This programme faced the most barriers to achieve what it set out due to challenges in the workforce and changes. The table below presents the main aims of this programme actions taken and future action planned.

Theme	Action Taken	Future Action
Staff to receive cultural competency training delivered by a Gypsy and Traveller charity.	All staff received cultural competence training from Friends, Families and Travellers.	Exploring the possibility of delivering the training to other Public Health Services.
To deliver immunisations flexibly in ways that would increase uptake by the Gypsy and Traveller Community.	The service has discussed the needs of the Gypsy and Traveller populations with schools that have large populations belonging to the community. A clinic was held at Ulcombe School in Maidstone for families, where there is a large	The Swale Health Visiting team have recently taken the public health outreach bus to a Gypsy and Traveller site. The service will investigate

	Gypsy and Traveller population. This helped to build relationships with the community and resulted in children being vaccinated. Older children were also administered the HPV vaccination.	the opportunities that this could provide. The service will continue to build relationships at Ulcombe school, and take learning from this approach to replicate in other schools with large Gypsy and Traveller populations. Three other events are planned. The service will continue to work with local partners to identify Gypsy and Traveller sites to administer vaccinations at.
Work with system partners to understand the needs of the population and work collaboratively to deliver care.	The service engaged with the KCC led Gypsy, Roma and Traveller working group which was set up to support the needs assessment. This provided links to key stakeholders.	Continue to take part in the working group to expand the service's networks and associated opportunities to deliver care. The service plans to work with general practices in key areas to work collaboratively with communities to deliver vaccines across the age groups.

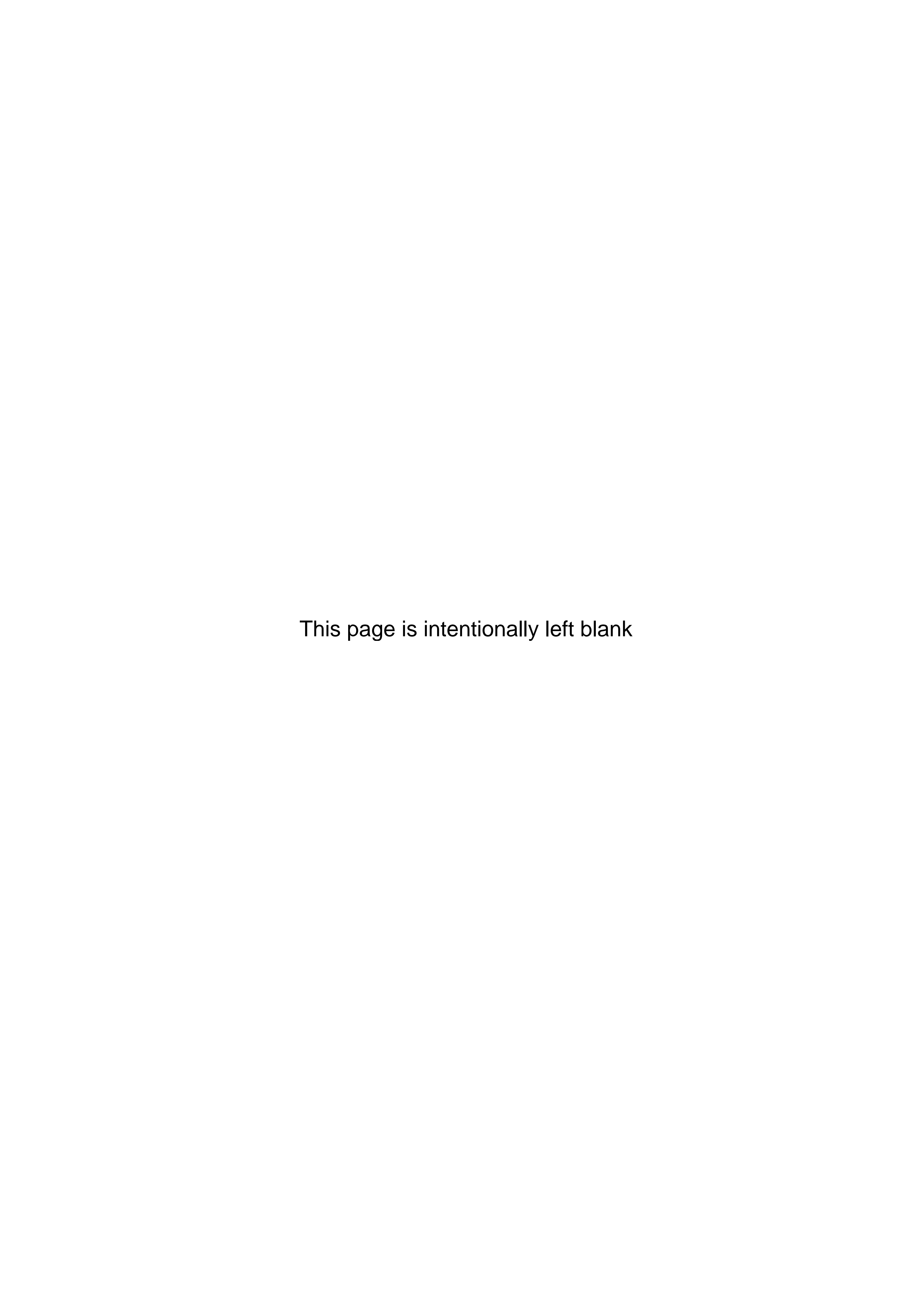
Conclusion and Next Steps

The funding available for the projects ended in August 2023, however as the future actions outlined earlier in the paper evidence, the service has continued to implement and embed learning as part of their business as usual delivery. The service continues to closely monitor the uptake of immunisations to evaluate the impact of the actions taken. A health equity audit was undertaken to baseline uptake data and this is currently being updated. Initial findings have been shared with KCC Public Health to support their system wide work.

Reducing inequalities is a key plank of the service's future strategy in line with the new contract specification. Gypsy and Traveller and Roma populations have been identified as a focus for future work.

Name: Samantha Bennett

Job Title: Associate Director Population Health and Prevention/Consultant in Public Health. Kent Community Health NHS Foundation Trust.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Item: Urgent Care Review Programme - Swale

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 July 2024

Subject: Urgent Care Review Programme - Swale

Summary: This report provides the background to the agenda item and attached information provided by the Kent and Medway ICB.

The Committee has determined that the proposals do not constitute a substantial variation of service.

This is a written update and no guests will be present at the meeting.

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1) Introduction

a) The Local Urgent Care Programme commenced in 2014. It was in response to an NHS England requirement for all areas to have an Urgent Treatment Centre (UTC) to try and reduce the pressure on A&E departments.

b) The review refers to face-to-face urgent care services, as opposed to telephony services. Urgent care relates to injuries or illnesses that are not life-threatening but that require urgent clinical assessment or treatment on the same day.[1]

c) Historically in Swale, there were two Minor Injury Units (MIUs) (based at **Sheppey** Community Hospital and **Sittingbourne** Memorial Hospital) and a GP Walk in Centre (WIC) (based at Sheppey Community Hospital). The programme will result in two UTCs, one in Sheppey and one in Sittingbourne.

d) The programme was broken into 3 phases.

   i) Phase 1 – aligning existing Minor Injury Unit and Walk in Centre services. *Work completed*.
   ii) Phase 2 – providing an interim Walk in Centre when the incumbent contract ends. *Completed Nov 2021* with *Minster Medical Group providing a GP WIC at Sheppey Community Hospital.*
   iii) Phase 3 – Establishing the final Urgent Treatment Centre Model. This involves integrating the **Sheppey** MIU and WIC to become a UTC, and transforming the **Sittingbourne** MIU into a UTC. *Underway.*

e) At HOSC's update on 2 March 2022, the ICB were aiming for an opening date of 1 September 2023. In July 2023, a further update was provided, explaining:

   i) Following a national review into the alternatives to Emergency Departments, there would be a greater in-depth review of the services

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[1] Kent County Council (2019) Health Overview and Scrutiny Committee, Swale CCG Urgent Care update (19/09/19)

currently provided in Medway and Swale. This external audit was expected to deliver a full report and recommendations during May 2023.

ii) The **Sheppey** MIU and WIC integration had been delayed due to estates works requiring a retendering of phase 2 works. There was a timeline for completion and mobilisation in June 2023, however as part of the audit a review would be undertaken to consider whether this would be better initiated once all changes were made.

iii) The **Sittingbourne** MIU continued to be delivered by KCHFT.

iv) Minster Frailty Ward had opened in January 2023 in the Sheppey Hospital. The 22-bed ward was to be used primarily for patients in Swale, to increase capacity in Medway Maritime Hospital and provide care closer to home.

f) The ICB ran a survey between March 2024 and May 2024 to hear residents' views and experiences of using UTCs or MIUs. A report is expected to be published in June 2024.

g) The ICB have prepared the attached written update for the Committee. Questions can be directed via the Clerk after the meeting.

2) Recommendation

RECOMMENDED that the report be noted.

Background Documents

Kent County Council (2014) 'Health Overview and Scrutiny Committee (10/10/2014)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5400&Ver=4

Kent County Council (2016) 'Health Overview and Scrutiny Committee (26/01/2016)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6256&Ver=4

Kent County Council (2017) 'Health Overview and Scrutiny Committee (27/01/2017)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7507&Ver=4

Kent County Council (2017) 'Health Overview and Scrutiny Committee (14/07/2017)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7530&Ver=4

Kent County Council (2018) 'Health Overview and Scrutiny Committee (23/11/2018)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7923&Ver=4

Kent County Council (2019) 'Health Overview and Scrutiny Committee (25/01/2019) https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7924&Ver=4

Kent County Council (2019) 'Health Overview and Scrutiny Committee (23/07/2019) https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8282&Ver=4

Kent County Council (2019) 'Health Overview and Scrutiny Committee (19/09/2019) https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8283&Ver=4

Kent County Council (2021) ‘Health Overview and Scrutiny Committee (4/03/2021)
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8500&Ver=4

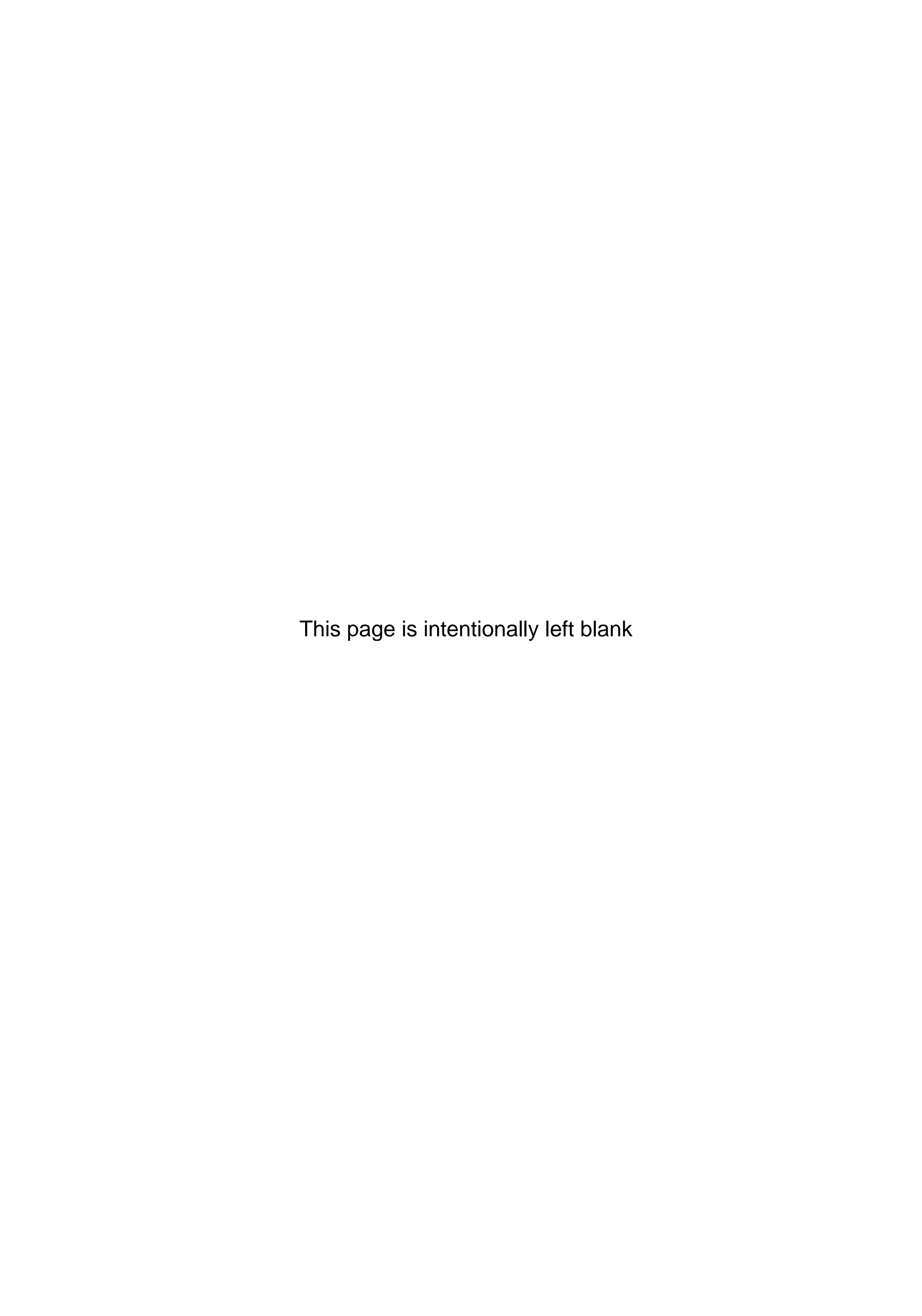
Kent County Council (2021) ‘Health Overview and Scrutiny Committee (10/06/2021)
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8501&Ver=4

Kent County Council (2022) ‘Health Overview and Scrutiny Committee (02/03/2022),
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8762&Ver=4

Kent County Council (2023) ‘Health Overview and Scrutiny Committee (19/07/2023),
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9054&Ver=4

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512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To: Health Overview and Scrutiny Committee

From: NHS Kent and Medway

Subject: Medway and Swale urgent treatment centres

Date: 13 March 2024

This paper aims to brief members of the Health Overview and Scrutiny Committees of Kent County Council and the Health and Adult Social Care Overview and Scrutiny Committee of Medway Council on the re-procurement of urgent treatment centre (UTC) provision in the Medway and Swale Health and Care Partnership area.

UTC redesign programme

The NHS in England is establishing urgent treatment centres (UTCs) across the country. This is intended to reduce the confusing mix of urgent care services, including walk-in centres, minor injury units and urgent care centres.

UTCs, wherever they are located, should be able to treat patients of all ages for minor ailments and injury, with senior clinical leadership, in line with a set of national standards.

During recent months, NHS Kent and Medway has reviewed our UTC provision across the ICB footprint to make sure services are meeting the national standards outlined by NHS England (NHS England » Urgent treatment centres – principles and standards). The objectives of the urgent treatment centre redesign programme are as follows:

- Ensure all our UTCs meet national standards and to create a standardised service offer for co-located and for standalone/community UTCs, creating equity in provision and access.
- Ensure that UTCs can effectively divert activity from emergency departments (ED).
- Optimise sites from which services are delivered.
- Ensure patients are seen and treated in the right service as part of the integrated urgent care system at place-level.
- Listen to the views and experiences of local people and of staff to find out how they think improvements can be made.
- Ensure value for money through more efficient contracting and delivery models.
- Improve ICB oversight and performance monitoring.
- Encourage more sustainable, robust, and flexible services to meet system pressures.

Medway and Swale UTC re-procurement

To meet the above objectives, NHS Kent and Medway, acting on guidance from procurement and legal experts, is following a competitive procurement exercise for a new model of UTC provision in Medway and Swale.

This includes:
- elements of ED and Medway on Call Care (MedOCC), provided by Medway Community Healthcare at Medway Maritime Hospital
- Minor Injury Unit (MIU) at Sheppey Community Hospital (currently provided by Kent Community Health Foundation Trust)
- MIU at Sittingbourne Memorial Hospital (currently provided by KCHFT)
- the GP Walk-in Centre at Sheppey.

The aim is to create a new networked model of UTC provision across the three sites:
- A co-located UTC at Medway Maritime (sitting alongside the ED and acting as the 'front door').
- A stand-alone/community UTC at Sheppey.
- A stand-alone/community UTC at Sittingbourne.

Please note the walk-in centre at Sheppey was always planned as a temporary measure. In the new model, this activity will be part of the networked UTC model outlined above.

Improvements

We expect local communities will see the following benefits:

- Consistent treatment at all three sites for
  - minor illness (a medical condition that is not urgent or life-threatening but requires medical attention, such as colds/sore throat that can improve with or without over-the counter remedies)
  - minor injury (cuts and wounds - including those that may need stitches, minor burns and scalds, sprains, broken bones - x-ray and plaster application).
- GP/medically led services across all three sites.
- Urgent treatment services for children, as well as adults at all three sites.
- Consistent opening hours (in line with national standards) – the co-located UTC operating 24-hours-a-day, and standalone UTCs operating 12-hours-a-day.
- An improved 'front door' to urgent and emergency care at Medway Maritime Hospital that streams patients to the right service, first time and reduces pressure on the Emergency Department.
- A networked model with a sole/lead provider - improving workforce resilience, more joined up operations, shared data, and improved reporting.

Changes to services

We are confident the new service will enhance provision across the existing sites. There is no intention to withdraw or reduce services in Medway or Swale.

We have identified the following areas for improvement:

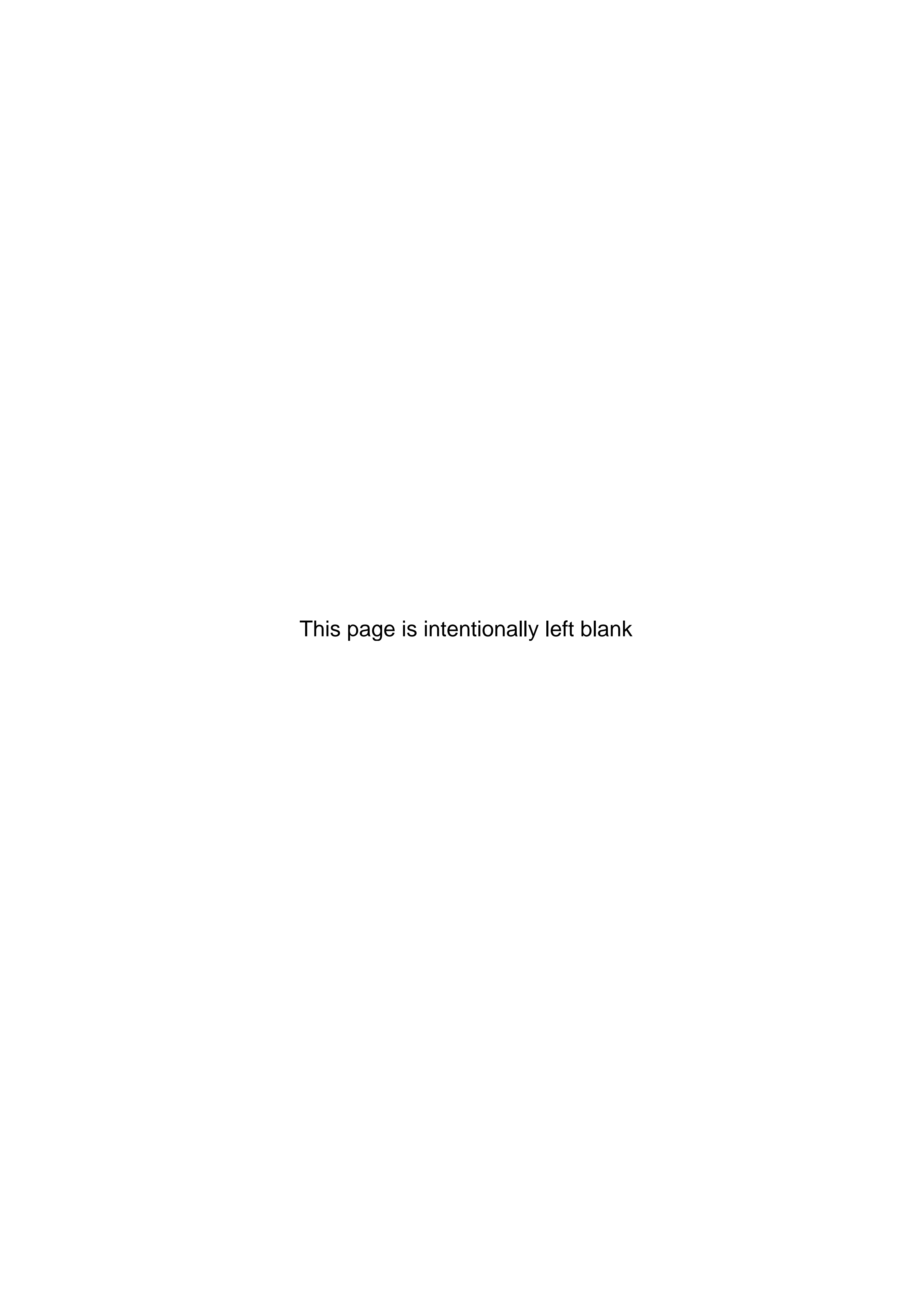
- Ensuring operating hours are in line with local need and national principles.
- Increasing clinical provision at Sheppey and Sittingbourne.
- Simplifying access to urgent care services and ensuring consistent access to clinicians thereby reducing ED attendances.
- NHSE guidance is that minor injury units should be phased out. Sittingbourne and Sheppey are currently designated as MIUs:
  - MIUs are not medically led and do not treat minor illness
  - They have limited access to diagnostics due to diagnostics services closing earlier than the MIU at certain times of the week
  - Issues with staffing resilience has sometimes meant services are temporarily reduced.
  - Patients in Swale have to travel to Medway Maritime Hospital or other urgent treatment centres more often than they should have to
  - Not all MIUs treat children of all ages – meaning families often have to travel further
  - The GP walk-in centre and the MIU at Sheppey do not operate as an integrated service.
- Improved data sharing and accurate performance reporting
- Service specifications are required to be refreshed to meet the current national standards as part of the procurement developing.

We are engaging with patients, communities, and staff to make sure their views are heard and taken into account as the UTC network is established.

NHS Kent and Medway is in the pre-procurement phase of the process, which includes:

- notifying current providers (letters sent w/c 19 February 2024)
- completing the service specification, being written to ensure compliance with latest national standards and with clinical input including learning from others across Kent and Medway ICB.
- working with our Medway and Swale health and care partners, carrying out local engagement to:
  - understand how people find current urgent treatment services in Medway, Sittingbourne, and Swale
  - find out how staff think services could be improved
  - engage with local leaders and representatives to increase awareness of the changes and the reasons behind them.
- finalising contract value and activity plans.

We intend to advertise to the market, and launch the tender process in April 2024, with the contract awarded in late summer 2024. The mobilisation period is yet to be finalised but a go-live in the 2024/25 financial year is expected.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Item: Orthotic Services and Neurorehabilitation

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 July 2024

Subject: Orthotic Services and Neurorehabilitation

Summary: This report provides the response to a Member enquiry. It is a written briefing only and no guests will be present to speak on this item.

Recommendation: The Health Overview and Scrutiny Committee is asked to NOTE the report and its contents.

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1. Introduction

1.1. In late 2020, the Chair asked the NHS two questions about orthotic and neurorehabilitation services. He wanted to understand:

1.1.1. How the care offered meets the NICE guidance for the basic management of spasticity for the under 19's.

1.1.2. How the guidelines for the intensive rehabilitation for under 19's for post brain surgery are met, including physiotherapy.

1.2. Due to a combination of pandemic pressures and finding the most appropriate service, a response has taken some time to achieve. However, answers are now available and are shared below for the Committee's information.

2. Background

2.1. **What is neurological rehabilitation?:** Neurological rehabilitation aims to improve function, reduce symptoms and improve the wellbeing of people with diseases, trauma or disorders of the nervous system. Two physiotherapy techniques used to improve upper limb function and reduce spasticity after neurological damage are constraint-induced movement therapy (CIMT) and functional electrical stimulation (FES).

2.2. **What are the local services for neurological rehabilitation in Kent and Medway?:** There are different providers across Kent and Medway, such as Kent Community Health NHS Foundation Trust (KCHFT), Kent and Medway NHS and Social Care Partnership Trust (KMPT), and various acute trusts. The regional neuroscience centre is at King's College Hospital in London.

2.3. **What does NICE recommend for stroke rehabilitation?:** NICE recommends considering CIMT for people with stroke who have some movement of wrist and fingers, and a trial of electrical stimulation for people who have muscle contraction but cannot move their arm against resistance.

2.4. **What are orthotic services and what are the challenges?:** Orthotic services provide prescription insoles, braces, splints, and other devices that help people recover from or avoid injury or live with lifelong conditions. Nationally, there is a shortage of staff and data, as well as a large variation in waiting times, product entitlements and outcome measures.

2.5. **What has been done to improve the quality of orthotics services in England?:** In 2015, NHS England released guidance to help local CCGs address service variation. Locally, Medway NHS Foundation Trust orthotic service was the first in the UK to be a Centre of excellence for the provision of orthotics.

2.6. **What is the referral pathway for accessing services?** Referral criteria for KCHFT's Children's Therapies is available on their website, [Children's Therapies | Kent Community Health NHS Foundation Trust (kentcht.nhs.uk)](). Referrals for physiotherapy and occupational therapy must be made by a health, education or social care professional.

3. Response from KCHFT

3.1. How the care offered meets the NICE guidance for the basic management of spasticity for the under 19's.

3.1.1. Kent Community Health NHS Foundation Trust (KCHFT) confirmed that their Children's Therapies inclusion criteria was for children aged 0-19, and included post head injury with spasticity impacting on their gross motor and/or function. The criteria was as follows:

3.1.1.1. Present with an identified neurodevelopmental condition or physical disability, which is impacting on or has the potential to impact upon their gross motor development and/or function.

3.1.1.2. Demonstrate non-typical development of posture and movement resulting in difficulties with movement and functional skills (e.g. asymmetry, abnormal muscle tone).

3.1.1.3. Present with developmental delay (e.g. not sitting independently by 8 months, not walking by 18 months).

3.1.2. The levels 2 – 5 care pathways were followed for patients receiving a referral. An integrated pathway was used based on an assessment of a child's needs.

3.1.3. The level 5 care pathway was for urgent referrals received from a professional within a hospital setting. The response time was within 5 working days. There would be an immediate intervention of up to one month following major surgery/Botox intervention/tertiary centre discharge. This could be a responsive and integrated approach adhering to the basic management of spasticity in 0-19's; postural management including equipment as necessary, orthoses, graded therapy activities and individualised programme with task orientated functional activities, as well as the integrated therapy team.

3.2. How the guidelines for the intensive rehabilitation for under 19's for post brain surgery are met, including physiotherapy.

3.2.1. Following an initial period on a level 5 Care Pathway, a patient's care can be continued on a Level 4 care pathway for Parents – Early and School Years. This could include:

3.2.1.1. Ongoing intervention and review – a child/young person may require therapy equipment, regular home/nursery/school support and medium to long term therapy involvement.

3.2.1.2. Rehabilitation according to referral and guidance from Consultant/Specialist/Tertiary centre and with child's needs at centre, through a holistic, integrated approach;

3.2.1.3. Postural management including equipment as necessary, orthoses, graded therapy activities and individualised programme with task orientated functional activities, hip surveillance, integrated therapy team assessments, blocks of treatment across variety of settings, according to the patient's need and agreed Care Pathway.

3.2.2. If prolonged intensive rehabilitation is required, this is greater than KCHFT's service offer, and currently an individual case would need to be raised.

3.2.3. KCHFT are not a specialist head injury service, however children presenting with neuro-disability affecting their ability to function and participate, would be included in their neuro-disability caseload.

3.2.4. Following a traumatic brain injury, any subsequent acute surgery or Botulinum Toxin occurs at a specialist / tertiary centre such as The Evelina Children's Hospital, London and Kings College Hospital, London. There would be collaboration across the multi-disciplinary team within the Integrated Care System.

3.3. Recommendation

3.3.1. RECOMMENDED that the Committee consider and note the report.

Background Documents

- NICE Spasticity in under 19s: management, Clinical guideline [CG145] Published: 25 July 2012 Last updated: 29 November 2016
- Head injury: assessment and early management, NICE guideline [NG232] Published: 18 May 2023

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

Item: Work Programme 2024

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 July 2024

Subject: Work Programme 2024

Summary: This report gives details of the proposed work programme for the Health Overview and Scrutiny Committee.

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1. Introduction

a) The proposed Work Programme has been compiled from actions arising from previous meetings and from topics identified by Committee Members and the NHS.

b) HOSC is responsible for setting its own work programme, giving due regard to the requests of commissioners and providers of health services, as well as the referral of issues by Healthwatch and other third parties.

c) The HOSC will not consider individual complaints relating to health services. All individual complaints about a service provided by the NHS should be directed to the NHS body concerned.

d) The HOSC is requested to consider and note the items within the proposed Work Programme and to suggest any additional topics to be considered for inclusion on the agenda of future meetings.

2. Recommendation

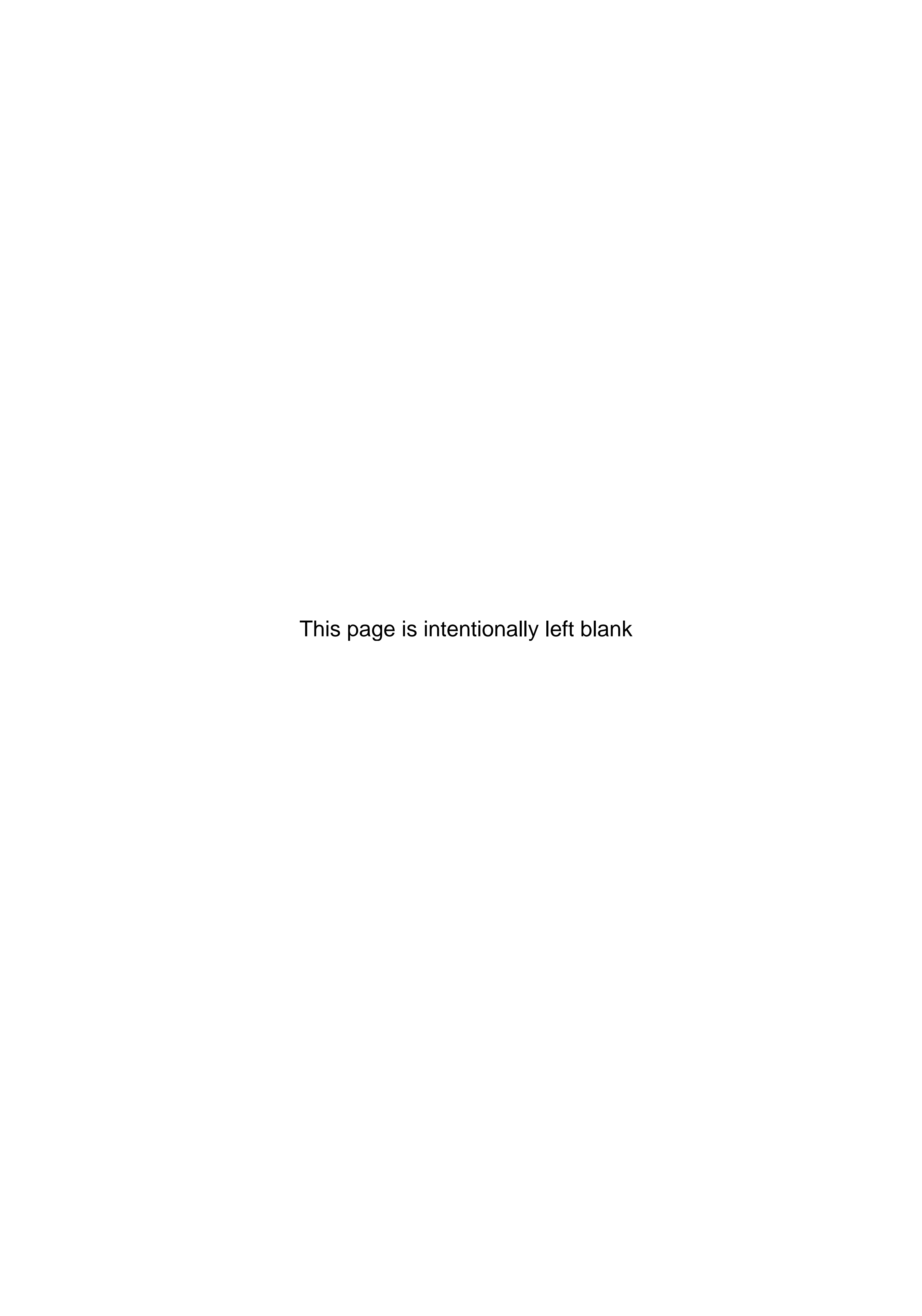
The Health Overview and Scrutiny Committee is asked to consider and note the work programme.

Background Documents

None

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512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Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

2 October 2024		
Item	**Item background**	**Substantial Variation?**
East Kent Hospitals – financial performance update	To receive an update on performance.	-
ICB Digital Transformation Strategy	Members have asked to view the Strategy once available.	-
Edenbridge Memorial Health Centre	The committee has requested an update once the centre has been open for one year.	-

2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
Maidstone and Tunbridge Wells NHS Trust – outcome of review into serious incident	The Committee would like to understand what lessons have been learnt following the review into a child death at Tunbridge Wells Hospital.	-
Ophthalmology Services (Dartford, Gravesham, Swanley)	To receive updates about the long term provision of the service.	No
Podiatry Services	To receive an update on the service following its relocation.	No
Transforming mental health and dementia services in Kent and Medway	To receive information about the various workstreams under this strategy.	TBC
Mental Health Transformation - Places of Safety	The committee has requested an update once the unit has been operational for a meaningful period of time.	-
Hyper Acute Stroke Service (HASU) implementation update	To receive an update on the implementation, particularly a timetable for the William Harvey Hospital HASU.	-

3. Items that have been declared a substantial variation of service and are under consideration by a joint committee

No proposals are currently under scrutiny by the Kent and Medway Joint HOSC.