



**Scrutiny (Community & Regeneration) Committee**  
**Tuesday 19 September 2017 at 6.00pm**  
**Key Lines of Enquiry for East Kent Hospitals University  
Foundation Trust**

---

**Key Lines of Enquiry**

Impact of the Emergency Transfer of Acute Medicine from Kent & Canterbury Hospital

- Q1. What happens to patients who would normally be taken to the Urgent Care Centre at Kent & Canterbury Hospital?
- Q2. Are the changes to services at Kent & Canterbury Hospital permanent or temporary and if temporary, what is the end date for the emergency transfer of acute medicine?
- Q3. Can you reassure members that this is not part of a plan to permanently reduce services at Kent & Canterbury Hospital?
- Q4. Can the measures being used to create capacity at William Harvey and QEQM be applied to Kent & Canterbury Hospital?
- Q5. How is EKHUFT intending to provide more capacity in community care settings for people who are well enough to leave hospital but are not yet able to return home given the shortage of GPs?
- Q6. What is being done to offer more services at Buckland Hospital?
- Q7. What affect will the changes to services at Kent & Canterbury Hospital have on waiting lists?
- Q8. How has the savings resulting from the closure of 24 beds at Kent & Canterbury Hospital been spent?
- Q9. How do you intend to achieve the extension of 7 day services to therapies, pharmacy and cardiac catheterization laboratories given staffing and other pressures?
- Q10. What use is being made of private medical facilities, such as Chaucer Hospital or French hospitals, during the transfer of services from Kent & Canterbury Hospital?

Future Service Provision

- Q11. Does EKHUFT and its partners have sufficient funding and staff to deliver the promised improved healthcare in East Kent for the future?

- Q12. What services does EKHUFT intend to permanently remove from Kent and Canterbury Hospital in the longer term?
- Q13. Does the reduction of hospital beds at KCH, WHH and QEQM form any part of the proposals to reduce the number of hospital beds by 300 as part of the Sustainability and Transformation Plan?
- Q14. Are there any plans to sell the Kent & Canterbury Hospital site?

#### Training and Retention of Clinical Staff

- Q15. Why can't the training of doctors be conducted at the Kent & Canterbury Hospital rather than moving the doctors to other sites?
- Q16. What is being done to recruit and retain permanent consultants and how is this different from normal recruitment and retention practices?
- Q17. How is EKHUFT tackling unexpected long-term sickness and resignations due to career changes at Kent & Canterbury Hospital?
- Q18. Is EKHUFT trying to reduce the use of expensive agency staffing and if so, how?
- Q19. What measures are you taking to retain newly qualified doctors, especially given the widely reported increase in the number taking up jobs abroad?
- Q20. How realistic are the proposals for a medical school in Kent and when would you expect it to be operational? Are there any plans to expand existing training provision, such as at Canterbury Christchurch University?

#### Emergency Care

- Q21. How does the number of Accident and Emergency and Urgent Care units in East Kent compare with the provision elsewhere (for similar population sizes) in England?
- Q22. As a result of the emergency transfer of acute medicine from KCH, how many patients have had to be taken by ambulance to QEQM or WHH instead of KCH?
- Q23. What is the current ambulance capacity at William Harvey and QEQM and what will it be in 6 months and 12 months' time?
- Q24. In the report to the Kent Health Overview and Scrutiny, it was stated that ambulance travel times from the K&C were 28 minutes to William Harvey Hospital and 38 minutes to QEQM Hospital. How were these times calculated?