

UPDATE ON URGENT CARE IN MEDWAY AND A & E PERFORMANCE AT MEDWAY MARITIME HOSPITAL

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Summary

The Committee has asked a number of specific questions about the function and performance of the A&E department of Medway NHS Foundation Trust, based at Medway Maritime Hospital, and the wider urgent care system. The report seeks to address those questions and to provide further information about the steps which have been taken by NHS Medway and Medway NHS Foundation Trust, to monitor the A & E department's performance and to improve the provision of emergency / urgent healthcare services available to the public in the Medway and Swale areas.

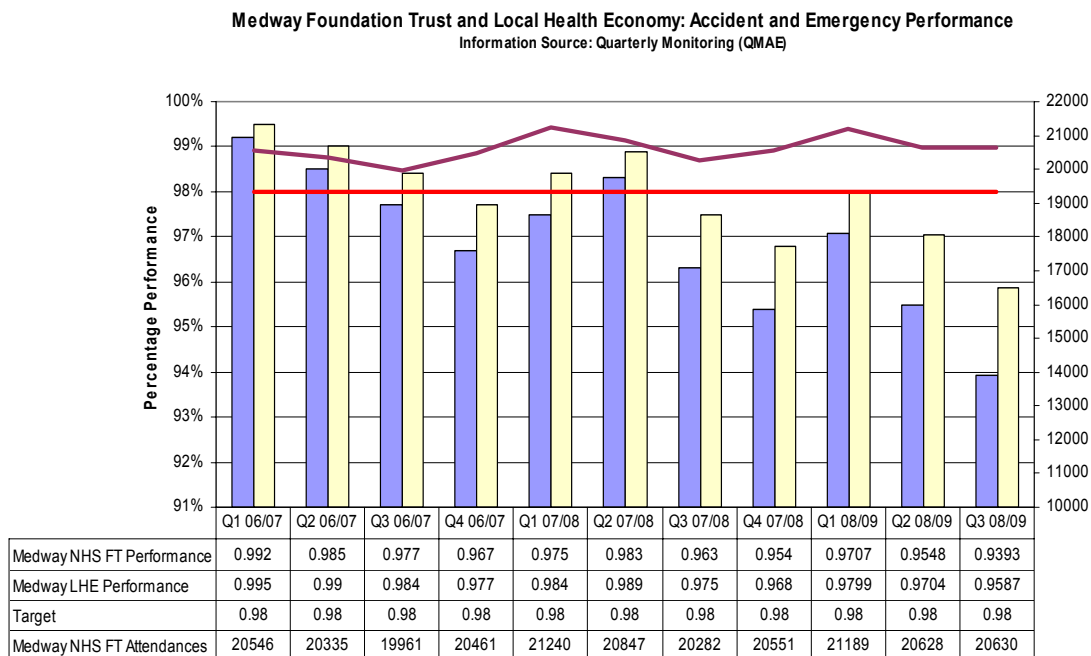
1. Background

- 1.1. At the Committee's meeting of 14 January 2009 Cllr David Brake put forward a Member item about the performance of Medway Maritime Hospital's Accident & Emergency (A&E) Department. Concerns about the service available to the public in the department had been expressed in the local press and the local community.
- 1.2. A representative of the Medway NHS Foundation Trust was present at the meeting and answered the questions put as far as she was able to do so, and agreed to seek more detailed responses to the points raised by members for presentation at a later date. The Committee resolved to hold a special meeting on 3 March 2009 for the purpose of discussing the provision of emergency / urgent healthcare services in the Medway area.

1.3. A copy of the record of the meeting of 3 March is attached as Appendix 2 for Members' information. In response to the requirement to produce an update on A&E performance to the Committee's August meeting, this report has been prepared.

2. The position in winter 2008/9

2.1 The failure to meet the national A&E four hour access target during the winter of 2008/9 was principally due to significant capacity issues across the local healthcare economy, particularly in the Emergency Department (ED) itself, in the acute bed wards in the hospital and in community services. These problems led to long waits in the ED, and may have contributed to the two "Serious Untoward Incidents" which took place at the hospital in that period. The graph below shows the performance of the hospital's ED and the rest of the Local Health Economy (LHE) from Q1 in 2006/7 to Q3 in 2008/9.



3. Reviews and external support

3.1 Working together, Medway NHS Foundation Trust and NHS Medway commissioned reviews of the key elements of the emergency care pathway: systems & processes, and nursing & clinical leadership/

decision-making. These reviews were undertaken by Mary Wells (former CEO North London Hospitals NHS Trust and Dr Ian Sturgess (Care of Elderly consultant and member of intensive support team).

3.2 In respect of systems and processes, the recommendations of the various reviews were as follow:

3.2.1 Medway NHS Foundation Trust to improve:

- Management and investigation of causes of breaches of the 4 hour target
- Procedures for escalating problems and delays to appropriately senior management
- Site and bed management
- Decision making regarding discharge

3.2.2 Medway Community Healthcare to improve:

- Intermediate care at multi-agency level
- Access to referrals to community based services by creating a single point of contact

3.2.3 NHS Medway to improve:

- Deficit in community based services for Dementia
- Mental Health liaison services
- Information provided to GPs
- Clarity on cross-border issues with Swale area

3.3 In respect of Nursing & Clinical leadership / decision making, the recommendations of the various reviews were as follow:

3.3.1 Medway NHS Foundation Trust to improve:

- Multi-disciplinary working
- Seniority of clinical decision making Ownership of the four hour target across the whole Trust
- Clinical Champions to support implementation of change

3.3.2 NHS Medway to improve:

- Senior leadership across the health economy to push change process
- Development of Emergency Care Network

4. Improvement actions completed and set in place

4.1 The PCT and the FT, working together, put in place the following measures soon after the decline in service was noted and in response to the reviews :

- The services of the Department of Health's Emergency Care Intensive Support Team were engaged
 - The local Urgent Care Board was re-energised to drive change, supported by network of workstreams across **all** partners
 - Urgent Care Action Plan agreed by both Boards
- 4.2 It was agreed by both Boards that key targets must be to achieve the 98% / 4 hour target by 30 June 2009 and reduce bed occupancy rates to 90% by 01 December 2009, and that reaching these targets would involve addressing decision making, the availability of real-time data, capacity in Medway Maritime Hospital and capacity in the community.

Medway NHS Foundation Trust

4.3 Immediate actions taken by Medway NHS Foundation Trust included:

- £1.5 m investment over three years in staffing
- Providing daily executive presence in the A&E department
- Changing the management on call rota
- Opening additional 21 beds (Eliot Ward)
- Putting specialist nurses in the A&E Department

4.4 Additionally, the FT:

- Improved decision making by
 - Reviewing operational policies for A&E
 - Focussing on expected date of discharge
 - Re-introducing 'see & treat'
- Ensured access to real Time Data by introducing new software (Symphony) in A & E
- Increased hospital capacity by
 - Stopping the practice of holding review clinics in A & E
 - Introducing Community Support Worker support in triage
 - Creating and recruiting to additional A&E posts

4.5 In respect of clinical engagement and leadership, the FT

- Increased consultant engagement by increasing interaction between the Board and the Consultants
- Revised working patterns
- Ensured that there was a Consultant lead in key areas
- Instilled the need for multi-disciplinary leadership and accountability
- Promoted the idea that clinicians should "Decide to admit, not admit to decide"

4.6 Ongoing actions in hand include

- Improving decision making by:
 - Developing a mental health liaison service in A & E
 - Establishing a clinical leadership programme
- Capturing real-time data, with a focus on patient experience

- Improving hospital capacity by developing paediatric Emergency Department

Medway Community Healthcare

4.7 Immediate actions taken by Medway Community Healthcare Trust included:

- MedOCC (Medway On-call Care Centre – out of hours GP service) increased GP, nursing and administrative capacity in A&E
- The creation of a new triage pathway from A&E to MedOCC
- MedOCC staff “in-reaching” to A&E to re-direct patients to the appropriate source of help as early as possible
- Extending MedOCC opening hours
- Designating the Physiotherapy gym as an overflow assessment area when required
- Placing an Intermediate care team in A&E & the Medical Assessment Unit
- Placing Specialist Nurses in A&E to support medical teams in the following areas:
 - Stroke
 - Respiratory
 - Cardiac care
 - Coordinated care with community nurses on discharge
- Ensuring that the Rapid Response team was proactive in the community, A&E & wards
- Increasing the use of Telehealth (remote health monitoring using ICT)

4.8 Further actions completed by Medway Community Healthcare Trust include

- Improving decision making by adopting escalation plans in line with the Foundation Trust’s escalation plan
- Capturing real-time data by improving links between community hospital and acute bed systems
- Increasing “Out of Hospital” capacity through
 - PARR , Virtual ward
 - Working more effectively with the Discharge co-ordinator

- Beginning implementation of the “Productive Ward” programme in community hospitals
- Publishing a revised directory of community services
- Drawing up an inter-agency agreement to support joint working
- Ensuring that the End of Life register is held by MedOCC
- Making Advanced Care Practitioners available 8.00am – 8.00pm, 7 days a week
- Introducing a rapid response team Intra-venous therapy service

4.9 Ongoing actions in hand by Medway Community Healthcare Trust include:

- Improving decision-making by:
 - Providing a single Professional Contact number for community services
 - Introducing on-call systems and extended hours for specialist community teams
- Using real-time data through:
 - Introduction of Summary Care records
 - Seamless electronic transfer of patients between A&E & MedOCC
 - Sharing the register of chronic disease patients between MedOCC, A&E, and the South East Coast Ambulance Trust
- Increasing out of hospital capacity by:
 - Increasing MedOCC capacity into a second Healthy Living Centre
 - Expanding MedOCC’s A&E based clinic to Saturday & Sunday evenings
 - Extending the Productive Ward programme to all St Bart’s wards & the Wisdom Hospice
 - Improving integration of End-of-Life care in community
 - Introducing an 08.00 – 20.00, 7 day a week thrombolysis rota for the Stroke team members
 - Increasing Advanced Care Practitioner support to care homes
 - Extending further the use of Telehealth

NHS Medway

4.10 Immediate actions taken by NHS Medway included:

- The commissioning of extra beds as step down facilities and interim care beds
- Improving provision of community equipment
- Suspending the Continuing Care panel

4.11 Other, intermediate actions taken by NHS Medway included:

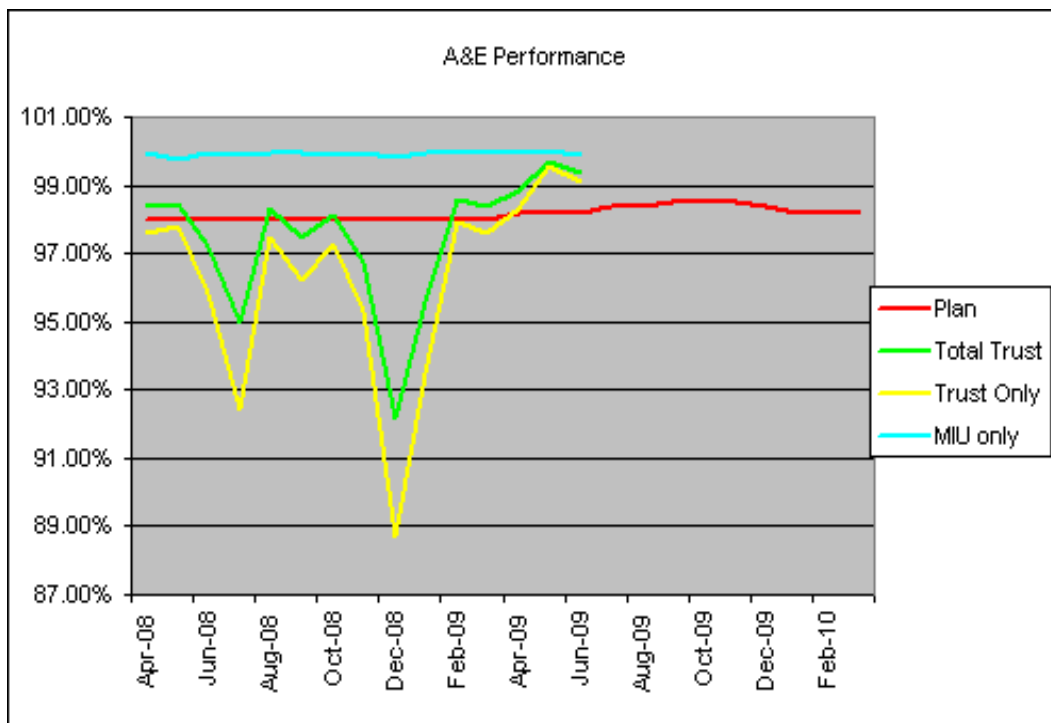
- Improving decision making by revising the form and function of the Urgent Care Board
- Ensuring access to real-time data by sharing data with GPs
- Supporting the inter-agency agreement to on joint working
- Agreeing to suspend the Continuing Care Panel when required

4.12 Ongoing NHS Medway actions include:

- Making surge plans for flu and other pressures
- Introducing a whole-system “dashboard” to inform escalation decisions
- Using whole-system modelling to inform medium & long term plans
- Engaging with Practice Based Commissioners (GPs who commission care for their patients themselves)
- Adopting a communications strategy for system and public
- Agreeing a dementia strategy
- Commissioning additional mental health services

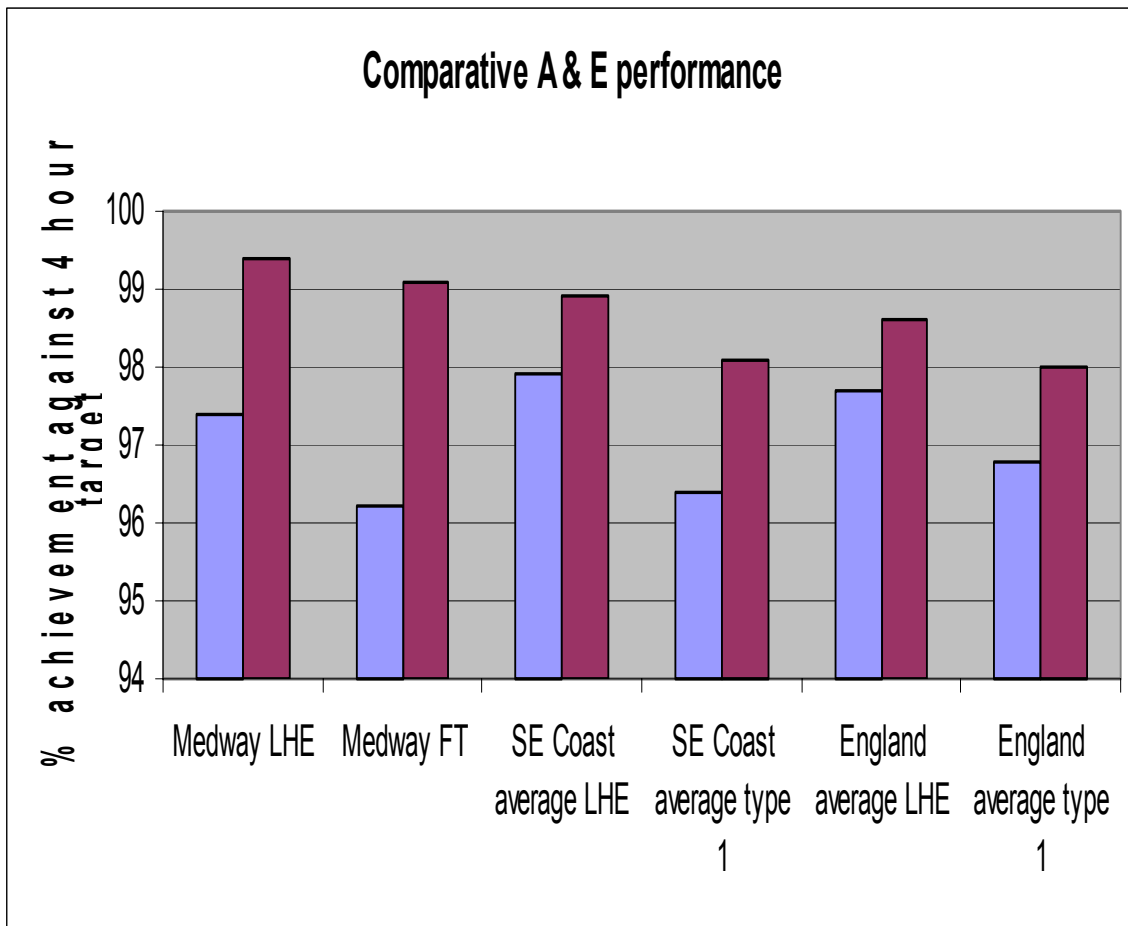
5. The impact of the changes made

5.1 Compliance with the 4-hour access target has improved considerably since January 2009. The graph below describes the performance of the Foundation Trust, the Minor Injuries Units and the whole health economy against the target and the plan



5.2 At 28 June 2009 the year to date Trust figure was 99.09%. The whole Health economy figure was 99.35%.

5.3 The Foundation Trust and the local health economy as a whole are also performing well in comparison with other hospitals nationally and in the South East Coast SHA area, as described in the graph below which shows year to date figures from across the country and the SHA area.



6. Ongoing challenges

- Recruitment of doctors & community staff – this remains difficult and below target
- Maintaining planned activity whilst managing surges in unplanned care
- Whole systems capacity planning



Medway

Medway 

NHS Foundation Trust

- Infrastructure (acute, NHS community, wider community)
- Productivity
- Increased numbers, and complexity of, patients in the community
- Re-building public confidence and managing expectations

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