HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

27 JANUARY 2015

MEDWAY FOUNDATION TRUST

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Summary

This report has been requested to provide the Committee with an update on the outcome of the 9th December 2014 Care Quality Commission Inspection visit, information on Winter Pressures and measures in place to deal with these at the hospital, together with an overview of the current position on delayed discharges from the Council's perspective.

1. Budget and Policy Framework

1.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

2. Background

2.1 Non-Elective care pressures have continued at Medway NHS Foundation Trust (MFT) across 2014/15. A tripartite approach from Monitor, the Clinical Quality Commission (CQC) and NHS England is in place to monitor actions and support improved performance. Whole system working across providers and commissioners in Medway and Swale is coordinated via the Medway and Swale Executive Programme Board.

3. Care Quality Commission (CQC) Inspection

3.1 A further CQC Inspection was conducted at MFT on 9th December 2014. The results of this inspection have not yet been made available.

4. Winter Pressures – update provided by Medway Clinical Commissioning Group

4.1 Planning for winter started earlier than any previous year this year. This year the Operational Resilience Capacity Plan (ORCP) was signed off on 3rd July by overview and scrutiny Committee. A significant proportion of the plan was reliant on additional winter funds. The Executive programme Board took the decision to start some schemes early in August going at risk. The funding was eventually agreed in tranches with final sign off agreed following re-submission of the plan in December.

Funding allocation	Allocation £000	Date
Ist tranche	1,722	Oct
2nd Tranche	3,097	Oct
Mental health funding	295	Dec

4.2 This year there has been significant NHS England scrutiny and there is a monthly submission made on the 15th of each month with records progress in terms of Key performance delivery, risks and expenditure against budget. The Medway & Swale system faces significant challenges. These were summarised at the Star Chamber on 13 November 2014. Medway foundation Trust was required to produce one single recovery plan to address Monitor requirements, Keogh recommendations and the improvements specified by CQC following their most recent review. The three challenges outlined following the Star Chamber form the tenets of both the Trust single action plan and revised the System Operational resilience plan.

4.3 The agreed month by month (average performance) 4 hour trajectory is set out below. This trajectory recognises that whilst there will be a continued operational drive to ensure existing pathways are working at an optimum level (internal and external) the new models / pathways will come on line during January

	Nov	Dec	Jan	Feb	Mar
Planed Average monthly performance	**80%** *(un-validated)*	**85%**	**85%**	**90%**	**95%**
Actual performance to date	**80.16%**	**76.56%**	**N/A**	**N/A**	**N/A**

4.4 Performance for December has been a national issue with unprecedented demands placed on emergency departments across the country. Medway Foundation Trust has struggled to increase performance against a back drop of challenges these are summarised into the following categories with mitigating actions being undertaken:

a. ***Trust leadership and governance****.* Monitor has been working with the Trust and has supported the Trust through the engagement of a substantive Chair and subsequent Trust led growth of an executive team to populate the revised structure. They have facilitated a 12 week period of support in Autumn 14

from University Hospitals Birmingham (UHB) with the delivery of both clinical and management support to the Trust, culminating in improvement plans across a number of areas in the Trust. The Trust declared a serious incident under the North Kent escalation plan over Christmas holiday period and was on black status. System wide daily conference calls have been implemented to address system blockages

b. ***Workforce*** *(availability and recruitment*) ORCP funding has provided additional workforce resources in Emergency Department, on wards and in terms of management support.
c. ***Peak in attendance***. Attendances were above forecast plan by 23% during 26th and 27th December. An additional communication plan specific to the event was implemented on 29th December. ORCP communications began during December with target specific marketing intensifying in January. Further work is currently being led by public heath forecasting future demand and modelling impact.
d. ***Increase in acuity***. The trust Emergency Department consultants have indicated that patients coming through the emergency department appear to have higher levels of acuity with a significant number of frail elderly patients requiring support. Following the ECIST visit in November The ORCP Frailty pathway programme will provide Geriatricians within the Emergency department in January. To increase capacity in the emergency department. Further ORCP investment has been made to increase primary care provision. The MedOCC service has been extended to seven days a week with an increased support from paramedic practitioner. This currently is working well increasing numbers referred month on month
e. ***Hospital flow*** –Work has begun within the hospital to understand what restricting performance in terms of internal waits. Subsequently ORCP investment has been made to increase areas of concern in terms of equipment and staff. A new AMU short stay facility is now in place but has not been fully functioning due to bed capacity issues. An increased focus on discharge implemented internally within the trust with some system wide mapping work Started on the 14th January.
f. ***External*** The Oak group International Making Care Appropriate for Patients (MCAP) have been commissioned to undertake an audit to understand in more detail the decisions around lower levels of care, capacity and service gaps. The audit started at the beginning of January and is due to reach conclusion by the end of January. This will inform future commissioning requirements.

Conclusion

4.5 Most of the high impact schemes for the trust come on line in January. MFT has a PMO in place and has identified resources to ensure performance is tracked and managed within the plan. Delivery of schemes to date is broadly on track, but impact on the 4-hour target is not yet evident.

5. Delayed Discharges – update provided by Director of Children and Adults

5.1 Prior to the creation of the Integrated Discharge Team (IDT), Medway Council had a team of care managers based at Medway Hospital who worked closely with MFT staff to ensure that discharges happened as speedily as possible. The team worked with a clear referral and assessment process with the result

that from the beginning of 2011 to the end of 2013 there was only one delayed discharge attributable to Adult Social Care. During this period the number of delays attributable to health varied between 1 and 29, with an average week figure of 10.

5.2 Since the creation of IDT the number of social care staff within the team has increased, partly to allow for extended working hours, but the additional resource has been overtaken by the increased pressure on MFT, with the number of discharges that the team have to deal with rising exponentially. In order to cope with this the team no longer adhere strictly to the agreed referral process in all cases, as they are required to respond more speedily for people who can be discharged more quickly. One example of this would be people who can be discharged with the same care package that there were receiving prior to admission, with a quick call to the agency to restart the care.

5.3 At given points in time the team receive lists of people who no longer need to be in an acute bed, which can vary between 30 and 100+. A lot of time is wasted following up on this, often to find that patients are not, for example, medically fit for discharge, the occupational therapy or other health input is required or that the ward staff have not completed the assessment.

5.4 Although the process for recording and reporting actual delays has changed since the creation of IDT, the basis for this remains unchanged where a weekly SITREP report is produced. In the six weeks from 5 December to 9 January there were between 14 and 21 reportable delays, only two of which were officially attributable to Adult Social Care. These figures are likely to be more reflective of actual delays than the lists produced by the wards.

5.5 Both of the delays that were attributable to ASC were during the week of 9 January and the SITREP report indicates that confirmation of funding was needed. The Council does not restrict or hold up funding. A review meeting is held each Tuesday morning where older people's cases are presented and expenditure is accounted for but if, for example, a patient is ready for discharge on a Tuesday afternoon or Friday morning this will be authorised by the service manager and formalised the following Tuesday. The records indicate that one of these patients moved on 12 January and in the other case there were financial, rather funding, issues to be resolved with the family. Every report includes people who are at the point of being discharged, for example the report for 5 December included three people whose discharge had already been arranged but not actually taken place.

5.6 Although the SITREP report continues to show few delays attributable to ASC it is clear that several delays are caused by social reasons. Some people are delayed for genuine health reasons: they are eligible for continuing healthcare funding and that team is arranging their discharge, waiting for equipment to be delivered or people are awaiting specialist health beds, e.g. neuro rehab.

5.7 Using the last six weeks as a snap shot, the number of people being delayed because their home of choice was not available was between 3 and 8 each week. Several self-funding people have been awaiting discharge and it does appear that people who will be funding their own future care needs take

longer to identify and arrange this and are less prepared to accept an alternative. Social care staff work with all discharges but are more able to persuade those people who will be publicly funded to accept alternatives. There is one patient who has been a delayed discharge for 112 days who would be self-funding and sabotages all attempts to move him on.

5.8 In the weeks leading up to Christmas there was increased pressure on residential and nursing home placements across Medway and in those homes on our immediate boundaries. This did result in some delays and, although the number of vacancies has increased somewhat, choice is still rather limited. The situation has been exacerbated by the closure of one residential home on 8 January and another unable to accept new residents or hospital discharges due an embargo on placements. In the immediate run-up to Christmas homecare agencies did struggle to accept highly complex care packages and, although this last for only a short time, this did impact on delays.

6. Risk Management

6.1 There are no specific risk implications for Medway Council arising directly from this report.

7. Legal and Financial Implications

7.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch organisation. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution. The Committee may make reports and recommendations to relevant NHS bodies and health service providers who can be required to respond formally within 28 days of a request for a response.

7.2 Recently published Department of Health guidance to support Local Authorities and their partners to deliver effective health scrutiny (published June 2014) emphasises the primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.

7.3 The guidance states that local authorities will need to satisfy themselves that they keep open effective channels by which the public can communicate concerns about the quality of NHS and public health services to health scrutiny bodies. In the light of the Francis report local authorities are advised in the guidance to consider ways of independently verifying information provided by relevant NHS bodies and relevant health service providers – for example, by seeking the views of local Healthwatch.

8. Recommendations

8.1 That the Committee consider the report.

Background papers:

None.

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