

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

**1 OCTOBER 2015**

## **CQC REPORT - MEDWAY NHS FOUNDATION TRUST**

Report from: Barbara Peacock, Director of Children and Adults

Author: Rosie Gunstone, Democratic Services Officer

### **Summary**

This report is to inform the Committee of the latest Care Quality Commission inspection of Medway NHS Foundation Trust and to update Members on collaborative action being taken across the local healthcare system to support Medway NHS Foundation Trust since that inspection.

### **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, and in particular, relevant information provided to it by a local Healthwatch. 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 Attached to this report as Appendix A is a short update on the Care Quality Commission inspection which took place at Medway NHS Foundation Trust in August 2015.
- 2.2. Appendix B is the report which was submitted as an urgent item for the Health and Wellbeing Board meeting held on 15 September 2015 about the inspection. This sets out the collaborative support being put in place for the Trust in the past weeks.
- 2.3. The Chief Operating Officer and the Chief Nurse from Medway NHS Foundation Trust will attend the meeting to answer questions. An advance question has already been sent to them following the pre-agenda meeting to

ask them to report verbally at the meeting about the measures put in place since the inspection.

### **3. Risk management**

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

### **4. Legal and Financial Implications**

- 4.1. There are no legal or financial implications for the Council that has not already been covered in this report.

### **5. Recommendations**

- 5.1. The Committee is invited to question representatives of Medway NHS Foundation Trust about the inspection by the Care Quality Commission.

#### **Lead officer:**

Rosie Gunstone, Democratic Services Officer

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#### **Appendices**

Appendix A – report from Medway NHS Foundation Trust

Appendix B – report to Health and Wellbeing Board 15 September 2015

Appendix C – sub appendix to Appendix B letter from NHS England to Cllr Brake

#### **Background papers:**

None.

## MEDWAY HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

1<sup>st</sup> October 2015

### MEDWAY NHS FOUNDATION TRUST

Report from: Lesley Dwyer  
Chief Executive, Medway NHS Foundation Trust

Author: Katy White  
Head of Governance and Risk,  
Medway NHS Foundation Trust

#### Summary

This report has been requested to provide the Committee with an update on the recent Care Quality Commission (CQC) inspection at Medway NHS Foundation Trust

#### Update as at 16<sup>th</sup> September 2015:

Medway Foundation Trust was inspected by the CQC over the period 25-27 August. While the Trust is still awaiting a formal report from the CQC, which is due in the first week of October, an interim statement has been provided by Mike Richards' (Chief Inspector of Hospitals) on the regulator's initial findings:

*'Following a recent inspection of Medway Foundation Trust by the CQC the Trust has asked for more support from across the local healthcare system to help them in making the improvements needed.'*

*In the latest inspection we were concerned by a lack of active clinical leadership in the accident and emergency department and the subsequent risk to patient safety. In the busiest times, the Emergency Department was not able to cope with the numbers of patients attending; patients in need of treatment were waiting too long to see a doctor, or were being left unattended while they waited.*

*We raised our immediate concerns with the trust and local commissioners. We have been kept fully aware of all action taken by local clinical commissioning groups, local authorities and NHS England to ensure that the trust's urgent and emergency services can cope with the*

*demand to deliver safe, effective, compassionate and high quality care, and we are continuing to work closely with all agencies.*

*We will publish the details findings of our inspection in due course. In the meantime, we will continue to monitor the trust closely. If we had any further concerns about the safety of the service, we would consider using our urgent powers to protect the continued safety and wellbeing of people who rely on this service.'*

Whilst the Trust awaits the CQC's formal report, it has asked for support from the local healthcare system for a limited diversion of ambulances between 7am-12pm on 16 and 17 September. During this period, ambulance patients will be taken to either Maidstone Hospital, Darrent Valley Hospital or the Kent and Canterbury Hospital. The Trust will continue to receive ambulance patients who are categorised as maternity, cardiac, paediatric or suspected aneurysms.

The temporary diversion will allow the Trust to provide additional training for clinical staff in the ED, and to work with local authorities and community health teams to help to improve the flow of patients through the hospital.

The Trust remains committed to the delivery of excellent patient care and will work with their healthcare partners in NHS England, and across Kent, to deliver this.



## **MEDWAY HEALTH AND WELLBEING BOARD**

**15 SEPTEMBER 2015**

### **RESPONSE TO LATEST CARE QUALITY COMMISSION (CQC) INSPECTION OF MEDWAY NHS FOUNDATION TRUST**

Report from: Dr Peter Green, Chief Clinical Officer, NHS Medway CCG

Author: Dr Peter Green, Chief Clinical Officer, NHS Medway CCG

#### Summary

This report advises the Health and Wellbeing Board of collaborative action being taken across the local healthcare system to support Medway NHS Foundation Trust following a Care Quality Commission (CQC) Inspection of the Trust at the end of August 2015.

#### **1. Budget and Policy Framework**

- 1.1 The Health and Wellbeing Board seeks to provide collective leadership to improve health and wellbeing across the local authority area, enable shared decision-making and ownership of decisions in an open and transparent way. The Board has a responsibility to encourage persons who arrange for the provision of any health and social care services in the area to work together in an integrated manner for the purpose of advancing the health and wellbeing of the people of Medway.
- 1.2 The Chairman of the Health and Wellbeing Board has agreed to accept this report as an additional urgent item for consideration at this meeting as the next meeting is not until 3 November 2015 and it is important that the Board receives an immediate update on developments arising from a CQC Inspection of Medway NHS Foundation Trust which took place at the end of August.

#### **2. Report**

- 2.1 Following the latest CQC Inspection of Medway NHS Foundation Trust (MFT) at the end of August, the Trust is keen to make improvements and have asked for support from across the local healthcare system to help them in

doing this. The hospital has been rated as inadequate by the CQC since May 2014 and had been placed in special measures by the Commission before that following a Keogh review. The Council has been supporting the Trust and Commissioners in the improvement journey since that time.

- 2.2 The CQC findings will not be formally reported until later in the year. In the meantime the Chief Inspector of Hospitals has said the CQC was concerned by the lack of clinical leadership in the accident and emergency department and the subsequent risk to patient safety. The CQC found that in the busiest times the Emergency Department was not able to cope with the numbers of patients attending; patients in need of treatment were waiting too long to see a doctor, or were being left unattended while they waited.
- 2.3 In response to MFT's request for support NHS England and local Commissioning Groups are working actively with health providers across Kent, Medway and South East England to consider how best to provide this support to the Trust. Attached as appendix A is a letter from NHS England to the Chairman of the Health and Wellbeing Board explaining the proposed action in this regard. There has been an emphasis on putting in place the most appropriate actions to fully support the Trust, whilst ensuring the ongoing quality and safety of care for patients across the local area.

### 3. Risk management

- 3.1 Risk management is an integral part of good governance. The Council and partners have a responsibility to identify and manage threats and risks to achieving strategic objectives and enhancement of the value of services they provide to the community.

Risk	Description	Action to avoid or mitigate risk
Failure to secure improvements required to consistently deliver safe effective and high quality care in the Emergency Department at Medway Maritime Hospital	Medway NHS Foundation Trust, in collaboration with Commissioners and other health and social care providers need to respond to the CQC findings in order to secure safe effective and high quality care in the Emergency Department. Otherwise the CQC will consider using its urgent powers to protect the continued safety and wellbeing of people who rely on this service.	NHS England and local Clinical Commissioning Groups are actively coordinating a plan of action to support MFT.

### 4. Consultation

- 4.1 NHS England is engaging with stakeholders to evaluate and agree the action required to support Medway NHS Foundation Trust to make required improvements following the latest CQC Inspection of the Trust.

## **5. Financial implications**

- 5.1 NHS England, local Clinical Commissioning Groups and MFT are working together to assess and address any financial pressures arising for the latest CQC findings following its inspection of MFT in August 2015.

## **6. Legal implications**

- 6.1. The Care Quality Commission was established by the Health and Social Care Act 2008 as the independent regulator of health and social care in England. The Commission monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. The CQC publishes its findings, including performance ratings, to help people choose care. Medway NHS Foundation Trust is under an obligation to respond to areas of concern identified by the CQC, to develop an action plan to address them and make improvements. The CQC has a range of powers including authority to use requirement notices or warning notices or to place a provider in special measures.

## **7. Recommendations**

- 7.1. The Health and Wellbeing Board is asked to consider and comment on the action being taken to address CQC interim findings following an inspection of MFT in August 2015.

### **Lead officer contact**

Dr Peter Green, Chief Clinical Officer, NHS Medway CCG  
[Peter.green@nhs.net](mailto:Peter.green@nhs.net)

### **Appendices**

Annex A – letter from NHS England to Chairman of Health and Wellbeing Board

### **Background papers**

None





Our Ref: CB.14.09.15

Councillor David Brake

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**By email:** [david.brake@medway.gov.uk](mailto:david.brake@medway.gov.uk)

14 September 2015

Dear David

I am writing to let you know about a short-term service change which will be implemented at Medway NHS Foundation Trust.

The Care Quality Commission (CQC) carried out an inspection of Medway NHS Foundation Trust at the end of August. As a result of this inspection the Trust asked for support from healthcare partners to help them in addressing concerns which were raised about the performance of the Trust's A&E department.

NHS England, Clinical Commissioning Groups (CCGs) and the CQC have agreed to put in place an ambulance divert at Medway Maritime Hospital for a short period to provide support to the Trust whilst ensuring patient safety and quality of care.

The ambulance divert will assist in alleviating pressures in the emergency department and help to move patients through the emergency care pathway, as well as allowing clinical leaders within the department a period of time to review existing processes and procedures in the department.

On Wednesday 16th September and Thursday 17<sup>th</sup> September ambulances will not take patients to Medway Maritime Hospital between the hours of 7am and Middy.

This will not apply to some patients according to clinical need including cardiac arrest, maternity, AAA (abdominal aortic aneurysm) and paediatric patients who will continue to be taken to Medway Maritime Hospital for treatment. Walk in patients attending the emergency department will also still be treated there.

The ambulance divert is being managed in a way which allows temporary changes to be put in place across the wider healthcare system to facilitate this measure.

We are also working with partners across the healthcare system to put in place further measures to support staff at the hospital. This includes additional training for clinical staff in the emergency department and bringing in experience clinical staff to work in Medway Maritime's A&E department to allow staff time to attend this training. We are also working with local authorities and community health teams to help to improve the flow of patients through the hospital.

I, along with the Medical Director and Director of Nursing at NHS England South (South East), have been actively engaging with the CQC with regards to the concerns raised. In the light of those discussions the CQC confirmed they felt a collaborative approach and introducing the ambulance divert and other support would be a good short-term solution.

NHS England and the CCGs are working with South East Coast Ambulance Service NHS Foundation Trust (SECAMB), Medway Foundation Trust, other healthcare providers and the local authorities to put the ambulance divert in place. The majority of patients will be diverted to Maidstone Hospital or Darent Valley Hospital in Dartford for treatment. We are also working with community health providers and local authorities to improve the flow of patients across the healthcare system.

The main impact of the divert will be on South East trusts. It is not intended to divert any ambulances to London. However the London Ambulance Service will not be taking any patients to Darent Valley Hospital, which often accepts patients brought in by the London ambulance service, during this time.

Medical directors in NHS England have undertaken a full clinical risk assessment of the proposed divert to ensure the safety and quality of care for patients.

NHS England, CCGs and providers are working together to consider a longer term solution. I will update you as soon as further information on this is available. If you have any questions on this in the meantime please do not hesitate to contact my business office at [england.southeast@nhs.net](mailto:england.southeast@nhs.net)

Yours sincerely



Felicity Cox  
**Director of Commissioning Operations**  
**NHS England South (South East)**