



HEALTH AND WELLBEING BOARD

15 MARCH 2016

UPDATE FROM MEDWAY FOUNDATION TRUST

Report from: Lesley Dwyer
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Summary:

This report seeks to update the Health and Wellbeing Board on the findings of the Care Quality Commission's Quality Report into Medway NHS Foundation Trust, which was published in January 2016, the steps the Trust is putting in place to respond, the Trust's financial position and its participation in the local strategic planning process.







1. Introduction

1.1 The Care Quality Commission (CQC) carried out a Comprehensive Inspection of Medway NHS Foundation Trust on 25 - 27 August 2015, with further unannounced inspections taking place on 8, 9 and 13 September 2015. Its report on the inspection was published on 7 January 2016.

2. Findings

2.1 The CQC's conclusions are set out in the table below. Their overall rating for the Trust was Inadequate. They identified a number of "must do" and "should do" actions for the Trust.

Ratings

Overall rating for this trust	Inadequate 
Are services at this trust safe?	Inadequate 
Are services at this trust effective?	Requires improvement 
Are services at this trust caring?	Good 
Are services at this trust responsive?	Inadequate 
Are services at this trust well-led?	Inadequate 

2.2 The CQC did find a number of areas of good practice, including:

- The orthotics department, which had also been identified by NHS England as a service to benchmark against, because of the waiting times (90% of all patients seen the same day or next day).
- The maternity department, which has undergone significant improvement over the last two years

2.3 Notwithstanding this, we accepted the CQC's overall findings and expressed our regret that we were falling short of what the people of Medway and Swale deserve. Although we had already recognised many of the issues that the CQC identified as areas for improvement, and had action plans in place, it is clear that we need to accelerate significantly the pace of the work we are doing to turn around the Trust.

3. Quality Summit

3.1 We cannot improve the hospital without the support from a whole range of partners. In this context, it was very helpful that the day after the report, the CQC hosted a Quality Summit which brought together representatives from the Trust, other regulatory bodies and a range of other stakeholders, including Medway Council.

3.2 Over 90 people attended the summit. In round table sessions, those present explored the key challenges facing the Trust, and the ways in which they can support us to address these. Everyone present made a pledge around the action they would take.

3.3 The event was extremely positive – although everyone recognised the scale of the work needed in improving the hospital, all participants committed to working with us to bring about the changes that are needed.

4. Our improvement plan

4.1 We submitted our improvement plan to the CQC on 8 February. It is centred around six key activities:

- Modernising our Emergency Department, reducing the time it takes for patients to be seen and assessed
- Improving patient safety and care by minimising the number of different doctors that patients see during their stay in hospital
- Accelerating our recruitment drive to bring in the right people with the right skills. This will ensure consistent high quality care by reducing our dependency on interims and agency staff
- Continuing to improve our corporate and clinical governance, which will support both safe and high quality patient care and a productive working culture for staff
- Improving care for patients with cancer, reducing waiting times, replacing our scanners and providing additional clinic appointments for patients to see specialists
- Working closely with our healthcare partners to ensure patients receive the right care in the community, when they are ready to leave hospital. This will free up beds for people coming into the hospital.

4.2 We have put in place a specialist team, mainly drawn from colleagues already working within the Trust and from our buddy Trust, Guy's and St Thomas', to co-ordinate and drive the plan, and the team has made a good start in mobilising and engaging staff to generate the improvements needed. It is critical that our staff are fully engaged to generate the improvements needed.

4.3 We have a number of key milestones ahead in the next few weeks, including the roll-out of a new way of treating patients that reduces the number of doctors they see and the amount of time they spend in the hospital, the opening of a new waiting area in the emergency department and the launch of an in-house bank of locum nurses and other staff groups which will mean we are less reliant on costly agency staff.

4.4 The plan is underpinned by a range of Key Performance Indicators which we have agreed with the CQC, including average length of stay in the hospital, mortality rates and time spent in the emergency department before being seen.

5. Next steps

5.1 Following the Quality Summit, Chief Inspector of Hospitals Professor Sir Mike Richards wrote to the Health Secretary, Jeremy Hunt, informing him that the Trust would remain in special measures for a further three months, that he was impressed by the progress that we were making, but that he would be monitoring our progress closely during this period. Whilst we are not expecting a re-inspection during this period, Sir Mike has stated that he will provide further advice to the Secretary of State regarding our progress.

6. Risk management

- 6.1 The Trust holds weekly calls with its regulators to assure all parties that the improvement plan is on track.

7. The Trust's Financial implications

- 7.1 There has been some coverage in the media in recent weeks about our financial position. Like many other Trusts, we are in a difficult financial position, with a deficit expected to exceed £50m this year.
- 7.2 The deficit has been increasing because we have put a number of initiatives in place to improve patient safety, at a time when we face a lot of pressure in the hospital. There are unprecedented numbers of people coming to our emergency department; it was built to accommodate 50,000 people per year but handled around 100,000 last year. We regularly have frail, elderly people remaining in the wards, even though they are ready to be discharged because of a lack of appropriate onward care places such as nursing homes and continuing care facilities.
- 7.3 We are realistic and recognise that reducing this deficit will take some time and cannot be done in a few weeks or couple of months. However, many of the initiatives in our improvement programme, such as prioritising the recruitment of permanent staff to reduce dependency on agency workers, will have a positive effect on our finances.

8. Legal implications

- 8.1 Implications for the Trust are linked to its relationship with regulators; Monitor in terms of the provider licence (which contains obligations for providers of NHS services) and the CQC's Enforcement Policy (which sets out the approach the CQC will take to address breaches of regulations).

9 Strategic Planning

- 9.1 The Trust is working closely with the Medway Clinical Commissioning Group and other partners from Medway and Swale to put together an integrated "place-based" five year plan, setting out the future of health and social care in the local area for the period ahead. Similar place-based plans are being put in place across England, in line with the latest planning guidance issued by NHS England in December.
- 9.2 The plan will set out how all healthcare providers in the local area will work together towards improving health and wellbeing and quality of care, within sustainable finances. It will be based on the health needs of the local community as a whole rather than the priorities of individual health providers. The Trust has participated in two meetings to discuss the plan, earlier in February. The plan is due for submission at the end of June.

10. Conclusion

- 10.1 The next few months will be very challenging for the Trust as we seek to improve the quality of care we provide to patients and our financial position. We are absolutely committed to achieving the changes needed, working in close partnership with the Health and Wellbeing Board, and the community more widely.

11 Recommendation

- 11.1 The Health and Wellbeing Board is asked to note this report.

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Appendices

None

Background papers

None