

## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

21 JUNE 2016

### UPDATE ON MEDWAY NHS FOUNDATION TRUST

Report from: Barbara Peacock, Director of Children and Adults

Author: Michael Turner, Democratic Services Officer

#### Summary

This report informs the Committee of progress made since the Chief Executive and the Chairman of the Trust attended the March 2016 meeting of the Committee.

#### 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. The Chief Executive and the Chairman of Medway NHS Foundation Trust (MFT) attended the last meeting of the Committee in order to introduce the action plan developed by the Trust in response to the latest Care Quality Commission inspection report published on 7 January 2016. This report can be viewed at:

<http://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=30170>

2.2 At the end of the discussion it was agreed that consideration would be given outside of the meeting as to whether or not an invitation needed to be extended to the Chief Executive and Chairman of the Trust to attend the June meeting to give a further update. It was agreed at the agenda planning meeting held on 24 May that an invitation should be extended and Lesley Dwyer (Chief Executive), Shena Wining (Chairman) and Amanda Gibson (Lead Matron for Discharge) from the Trust will be in attendance.

2.3 The report from the Trust at appendix 1 gives an update on developments since the March meeting.

### **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 directly arising from this report.

### **5. Recommendations**

5.1. The Committee is asked to comment on progress report produced by Medway NHS Foundation Trust (Appendix 1).

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#### **Appendices**

Appendix 1 – Progress report from Medway NHS Foundation Trust.

#### **Background papers:**

None.

## Health & Adult Social Care O&S Committee

Date: 21 June 2016

### UPDATE ON MEDWAY NHS FOUNDATION TRUST

Report from: Lesley Dwyer  
CEO, Medway NHS Foundation Trust

#### Summary:

This report seeks to inform the Health & Adult Social Care Overview & Scrutiny Committee of the progress that has been made since Shena Winning, our Trust Chairman, and I last attended the Committee on Thursday, 17 March.

#### Background

As the Committee will recall, the Care Quality Commission (CQC) published a report on the Trust in January 2016, based on inspections it had carried out in August and September 2015. The CQC judged the Trust to be inadequate overall and gave us three months to demonstrate real change. Following that, we launched a comprehensive plan to improve the hospital, based around six commitments.

- 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.

A huge amount of effort and commitment from staff was put into implementing the plan. We were beginning to see positive results, when we appeared in front of the Committee in March. This paper provides an update on progress since then.

## **Progress with our Trust Recovery Plan**

### Latest CQC assessment

The most significant development of the last three months has been the CQC's fieldwork carried out at the hospital on 29/30 March and the letter of 28 April from the Chief Inspector of Hospitals, Sir Mike Richards, to Health Secretary Jeremy Hunt, setting out his assessment, based on the fieldwork.

In Sir Mike's letter, he reported signs of considerable improvement since the CQC's 2015 inspection. Specifically, he reported that:

- The hospital was safer for patients
- Leadership had improved
- Staff engagement among senior and middle managers had improved although low staffing levels are impacting on the morale of frontline staff.

We were naturally pleased that we had been able to demonstrate measurable improvements within the three month period but I am also clear that there is a huge amount still to do, most notably around improving our staffing levels and increasing our efficiency.

### Medical Model

On 14 March, we introduced our new Medical Model, a set of changes to the way patients admitted on an emergency basis are treated. The aim was to improve patient care and experience, and reduce patients' average length of stay in hospital. The changes entail:

- Patients now undergoing a comprehensive clinical assessment within 15 minutes of arriving in the hospital's Emergency Department.
- Only those who really need to be admitted, being admitted, with others referred to care elsewhere, such as the onsite GP practice, Medway on Call Care (MedOCC).
- A single named consultant taking responsibility for the care of each patient admitted onto a ward, until they can be seen by a specialist or discharged. Patients ideally should have no more than two consultants managing their care; the initial admitting consultant and a subsequent specialist.
- Patients being given an expected date of discharge when they are admitted, enabling them and their families to plan accordingly, and to get back home sooner.

As a result of the Medical Model, we have already witnessed a 30 to 40 per cent reduction in the number of patients admitted on to acute wards - mainly because more patients are being seen, assessed and discharged on the same day.

In addition, there has been an increase in the number of patients on acute wards staying less than 48 hours. The average length of stay on acute wards also has gone down from 11 days to less than four days.

## Home First

On 4 April, we, together with Medway Council and Medway Community Health, launched “Home First”, an initiative to change the way that patients are supported in leaving hospital and returning to the community.

Home First is available for patients who are medically fit to go home, but still require additional support at home. Once the patient is assessed as medically fit to leave hospital, staff discharge the patient by calling a central Home First number. Each patient is then given a home assessment within two hours of their discharge. This includes a personal care plan for their therapy, goals, carer provision and any equipment that they require.

Since the launch of Home First, we have been able to reduce by 50% the number of patients who are medically fit to go home but are in limbo, stuck in beds at Medway Maritime Hospital, waiting for support at home.

## Staffing

As noted above, the CQC commented on our staffing levels in their assessment in April. We have continued to step up our recruitment and retention drives with a number of activities:

- On 25 April, we launched our new Vision and Values. The vision is *Best of Care: Best of People* and the values are *Bold, Every Person Counts, Sharing and Open, and Together*. The Vision and Values were shaped through consultation and engagement with staff, and are designed to bring about a positive change in culture and in the way that staff interact with patients and other staff. We hope that this will result in improved morale and better retention.
- In late March, we introduced a new in-house staff “bank”. This offers all our existing staff the opportunity to either work flexibly or take on additional shifts. This means our staff will be called upon first, and given priority over workers who are recruited via external agencies.
- We recently hosted another successful open day for potential new nurses.
- We have launched a new management development programme – the first such programme at the Trust for a couple of years.

## Emergency Department

We continue work on the refurbishment of our emergency department. On 9 May, we began an eight week programme to straighten the road in front of the Department, with the aim of improving access for ambulances.

This is the precursor to the start of works to redevelop the “majors” area of the Department – that is, the area where people with major injuries and life-threatening conditions are seen. This will start later in the year.

We also continue to improve the way in which the Department operates. We have streamlined the process for taking decisions on how and when to admit patients to the wards, and enhanced learning and development for staff working in the Department, aided by the employment of a consultant nurse who is able to deliver university-accredited educational programmes.

Like most other Trusts, we are still falling some way short of the national target to see, treat, admit or discharge 95% of patients within four hours of arrival. However, performance on other indicators is showing signs of improvement, such as the length of time it takes to see patients arriving by ambulance.

### Next phase of the Recovery Programme

Over the next few months, we will continue to embed the changes we have made as well as embarking on a fresh round of improvements. As well as placing emphasis on improving our financial position (see also below), we will focus on:

- Reducing the amount of time patients have to stay in hospital, and specifically the number of people staying overnight
- Improving our outpatient departments, for example, cutting waiting times
- Ensuring that our operating theatres are used as efficiently as possible
- Staffing, seeking to reduce our vacancy and turnover rates

### **Finance**

Our annual accounts are still being finalised, but we are projecting a deficit for the 2015/16 year end of around £52.5 million. This is worse than what we had planned, when we put together our half-year forecast in autumn 2015.

The deficit has continued to grow because, in response to the CQC's findings over the last few months, we took the decision to invest in initiatives to improve the quality of patient care. The financial pressures have been exacerbated by record numbers of people coming into our Emergency Department, an increase in the number of patients waiting for community support and a consequent reduction in elective activity. We are determined to stabilise our financial position. The next phase of our recovery plan will focus in delivering greater efficiency and cost reduction, while not compromising on patient safety and quality.

### **Strategy**

We continue to work with our partners to develop the Sustainability and Transformation Plan (STP) for Kent and Medway, as well as formulating our own Trust medium-long term strategy, which aligns with the STP. At the heart of our strategy will be a commitment to partnership and to moving away from the situation of the past few years, in which the Trust has operated with too little reference to what is taking place in the rest of Kent and Medway or what other stakeholders are doing.

We will work with providers and commissioners to improve the health and wellbeing of the population, with a focus on prevention, as well as treating ill health. We will commit to enabling staff to deliver to the best of their ability, to innovation and improved use of technology, and to becoming financially sustainable and deliver value for money.

We are establishing a Trust Strategy Group which will oversee the development of the Trust's strategy and ensure our aspirations are reflected in, and complementary to, the wider parts of the health system across Kent and Medway.

### **Going smoke-free**

I am delighted that we will be going completely smoke-free as a Trust on 17 October. This means that all patients, staff and visitors, will be prohibited from smoking in buildings, car parks and the hospital grounds. We have a comprehensive plan to ensure we are successful, which is being driven by a group of clinical and non-clinical staff from around the Trust, supported by representatives from the council's stop smoking service.

### **Next steps**

We will continue the hard work on all of these initiatives in the months to come. We anticipate that the CQC will return for a full inspection in November.

I look forward to meeting the Committee again on 21 June.